Department of Health and Human Services  
Centers for Medicare & Medicaid Services  

Post-Certification Revisit Report

Form Approved  
OMB No. 0938-0390

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26584, Baltimore, MD 21224; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number  
445329

(Y2) Multiple Construction  
A. Building 01 - MAIN BUILDING 01  
B. Wing

(Y3) Date of Revisit  
4/12/2011

Name of Facility  
THE PALACE

Street Address, City, State, Zip Code  
305 MAIN ST  
RED BOILING SPRINGS, TN 37150

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

<table>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. # LSC</td>
<td>04/08/2011</td>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
<td>Reg. # LSC</td>
<td></td>
</tr>
</tbody>
</table>

Reviewed By  
State Agency
Reviewed By  
CMS RO
Followup to Survey Completed on: 3/14/2011

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?  
YES  
NO

Signature of Surveyor:  
Date: 4/12/11

Signature of Surveyor:  
Date: 4/21/11

Form CMS - 2557B (9-92)  
Page 1 of 1
Event ID: WX3022