Post-Certification Revisit Report

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 the 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 26654, Baltimore, MD 21229; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number
445447

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/5/2011

Name of Facility
MISSION CONVALESCENT HOME

Street Address, City, State, Zip Code
118 GLASS ST
JACKSON, TN 38301

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-2557, 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-2557 (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>
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<tbody>
<tr>
<td>ID Prefix F0276</td>
<td>Correction Completed 12/03/2011</td>
<td>ID Prefix F0279</td>
<td>Correction Completed 12/03/2011</td>
<td>ID Prefix F0315</td>
<td>Correction Completed 12/03/2011</td>
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<td>Reg. # 483.20(a) (1)</td>
<td>LSC</td>
<td>Reg. # 483.20(a), 483.20(k) (1)</td>
<td>LSC</td>
<td>Reg. # 483.25(d)</td>
<td>LSC</td>
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<td>ID Prefix F0320</td>
<td>Correction Completed 12/03/2011</td>
<td>ID Prefix F0428</td>
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<td>Reg. # 483.25(e) (1)</td>
<td>LSC</td>
<td>Reg. # 483.60(e) (2)</td>
<td>LSC</td>
</tr>
</tbody>
</table>

Reviewed By
State Agency
Reviewed By
CMS RO
Follow up to Survey Completed on: 11/17/2011

Reviewed By
Signature of Surveyor:
Date: 12/5/11
Signature of Surveyor:
Date: 12/5/11

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2557) sent to the facility? YES NO

Form CMS-2557B (9-92)