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

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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden estimate or suggested revisions to this collection of information, to CMS, Office of Financial Management, P.O. Box 26654, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number  
445453

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

(Y3) Date of Revisit  
8/15/2011

Name of Facility  
FOREST COVE MANOR

Street Address, City, State, Zip Code  
45 FOREST COVE  
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 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 07/21/2011</td>
<td>ID Prefix</td>
<td>Correction Completed 07/25/2011</td>
<td>ID Prefix</td>
<td>Correction Completed 08/13/2011</td>
</tr>
<tr>
<td>Reg. # NFPA 101 LSC K0054</td>
<td></td>
<td>Reg. # NFPA 101 LSC K0062</td>
<td></td>
<td>Reg. # NFPA 101 LSC K0130</td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed 07/20/2011</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. # NFPA 101 LSC K0144</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  
Reviewed By  
Reviewed By  
Reviewed By  
CMS RO  
Reviewed By

Date: 7/11/2011  
Signature of Surveyor:  
Date: 8/13/2011  
Signature of Surveyor:

Followup to Survey Completed on:  
7/11/2011

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

Form CMS-25675 (9-92)  
Page 1 of 1  
Event ID: RSC322