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 the collection of information, including suggestions for reducing the burden, to CMS, Office of Information Management, P.O. Box 26084, Baltimore, MD 21224, and to the Office of Management and Budget, Paperwork Reduction Project (0938-0990), Washington, DC 20503.

(Y1) Provider / Supplier / CLIA / Identification Number
445233

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
9/25/2012

Name of Facility
WHITEHAVEN COMMUNITY LIVING

Street Address, City, State, Zip Code
1076 CHAMBLISS ROAD
MEMPHIS, TN 38116

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-567, 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-2597 (prefix codes shown to the left of each requirement on the survey report form).

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Reviewed By: [Signature]
Reviewed By: [Signature]
Date: 9/15/2012

Reviewed By: [Signature]
Reviewed By: [Signature]
Date: 9/15/2012

Form CMS - 2567B (9-92) Page 1 of 2 Event ID: RWBL12
Post-Certification Revisit Report

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(Y1) Provider / Supplier / CLIA / Identification Number
445233

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
9/25/2012

Name of Facility
WHITEHAVEN COMMUNITY LIVING

Street Address, City, State, Zip Code
1076 CHAMBLISS ROAD
MEMPHIS, TN 38116

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments programs, 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).

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Reviewed By
State Agency
Reviewed By
Reviewed By
CMS RO

Reviewed By

Date: 8/29/2012
Signature of Surveyor: y
Date: 8/29/2012
Signature of Surveyor: y

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

Form CMS - 2567B (9-92)