STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED

(C) 01/20/2011

NAME OF PROVIDER OR SUPPLIER

BAILEY PARK CLC

STREET ADDRESS, CITY, STATE, ZIP CODE

2400 MITCHELL STREET
HUMBOLDT, TN 38343

(X4) ID PREFIX TAG

F9999 FINAL OBSERVATIONS

Intake: TN00027273

During the annual survey conducted on 1/18/11-1/20/11, complaint #27273 was investigated. The facility was found to be in compliance with state and federal regulations as related to the compliant.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.