**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 the burden, to CMS, Office of Financial Management, P.O. Box 26604, Baltimore, MD 21207, and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

**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-2587, 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-2587 (prefix codes shown to the left of each requirement on the survey report form).

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**Reviewed By**  
State Agency:  
Reviewed By:  
Date: 1/22/13  
Signature of Surveyor:  
Date: 1-22-13  
Signature of Surveyor:  
Date:  

Followup to Survey Completed on: 12/27/2012  
Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2587) Sent to the Facility?  
YES  NO  

Form CMS - 2567B (9-92)  
Page 1 of 1  
Event ID: FEGJ12