

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN1902

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

(Y3) Date of Revisit
11/14/2012

Name of Facility

BELCOURT TERRACE NURSING HOME

Street Address, City, State, Zip Code

1710 BELCOURT AVENUE
NASHVILLE, TN 37212

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix N0831 Reg. # 1200-8-6-.08 (1) LSC	Correction Completed 11/01/2012	ID Prefix N1410 Reg. # 1200-8-6-.14(2)(a)5.(ii) LSC	Correction Completed 11/01/2012	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
[Signature]
Reviewed By

Date: 11-15-12
Date:

Signature of Surveyor:
[Signature]
Signature of Surveyor:

Date: 11-14-12
Date:

Followup to Survey Completed on:
10/8/2012

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

YES NO