AH Form Approved
3/4/2009

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
TN1920	A. Building B. Wing	3/4/2009

Name of Facility	Street Address, City, State, Zip Code
BORDEAUX LONG TERM CARE	1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218

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 N0410 Reg. # 1200-8-6-.04(5) LSC	Correction Completed 03/04/2009	ID Prefix N0645 Reg. # 1200-8-6-.06(3)(k) LSC	Correction Completed 03/04/2009	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 SP	Date: 3/4/09	Signature of Surveyor: Jan Pridg	Date: 3/4/09
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 2/5/2009

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