Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

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 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 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
445273	A. Building B. Wing	3/23/2009

Name of Facility	Street Address, City, State, Zip Code
BELCOURT TERRACE NURSING HOME	1710 BELCOURT AVENUE NASHVILLE, TN 37212

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-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).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0159 Reg. # 483.10(c)(2)-(5) LSC	03/19/2009	ID Prefix F0160 Reg. # 483.10(c)(6) LSC	03/19/2009	ID Prefix F0161 Reg. # 483.10(c)(7) LSC	03/19/2009
ID Prefix F0248 Reg. # 483.15(f)(1) LSC	03/19/2009	ID Prefix F0250 Reg. # 483.15(g)(1) LSC	03/19/2009	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	03/19/2009
ID Prefix F0312 Reg. # 483.25(a)(3) LSC	03/19/2009	ID Prefix F0315 Reg. # 483.25(d) LSC	03/19/2009	ID Prefix F0318 Reg. # 483.25(e)(2) LSC	03/19/2009
ID Prefix F0319 Reg. # 483.25(f)(1) LSC	03/19/2009	ID Prefix F0371 Reg. # 483.35(i) LSC	03/19/2009	ID Prefix F0465 Reg. # 483.70(h) LSC	03/19/2009
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	OP	3/23/09	Jan Priddy RHNCL	3/23/09
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 2/19/2009

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

AH Form Approved
3/23/2009

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
TN1902	A. Building B. Wing	3/23/2009

Name of Facility	Street Address, City, State, Zip Code
BELCOURT TERRACE NURSING HOME	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 N0767 Reg. # 1200-8-6-.06(9)(i) LSC	Correction Completed 03/19/2009	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By ✓ State Agency	Reviewed By OP	Date: 3/23/09	Signature of Surveyor: Jan Priddy PHNL2	Date: 3/23/09
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 2/19/2009

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