

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
TN1920

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
1/31/2014

Name of Facility

BORDEAUX LONG TERM CARE

Street Address, City, State, Zip Code

1414 COUNTY HOSPITAL RD
NASHVILLE, TN 37218

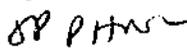
This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code 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 N0727 Reg. # 1200-8-6-.06(6)(b) LSC	Correction Completed 01/18/2014	ID Prefix N0767 Reg. # 1200-8-6-.06(9)(i) LSC	Correction Completed 01/18/2014	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
CMS RO

Reviewed By 
Reviewed By

Date: 2/10/14
Date:

Signature of Surveyor: 
Signature of Surveyor:

Date: 1/31/14
Date:

Followup to Survey Completed on:
12/18/2013

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