

**State Form: Revisit Report**

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

(Y2) Multiple Construction  
A. Building 01 - RIBEIRO  
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 N0831 Reg. # 1200-8-6-.08 (1) LSC	Correction Completed 01/18/2014	ID Prefix N0901 Reg. # 1200-8-6-.09(1) 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
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Reviewed By  
State Agency  
Reviewed By  
CMS RO

✓

Reviewed By  
*OP*  
Reviewed By

Date:  
2/10/14  
Date:

Signature of Surveyor:  
*Richard Byrd OP*  
Signature of Surveyor:

Date:  
1/31/14  
Date:

Followup to Survey Completed on:  
12/17/2013

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

**State Form: Revisit Report**

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> TN1920	<b>(Y2) Multiple Construction</b> A. Building <b>03 - BIRMINGHAM</b> B. Wing	<b>(Y3) Date of Revisit</b> 1/31/2014
<b>Name of Facility</b> BORDEAUX LONG TERM CARE	<b>Street Address, City, State, Zip Code</b> 1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218	

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Reviewed By <u>✓</u>	Reviewed By <u>JP</u>	Date: <u>2/10/14</u>	Signature of Surveyor: <u>[Signature]</u>	Date: <u>1/31/14</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 12/17/2013	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		