

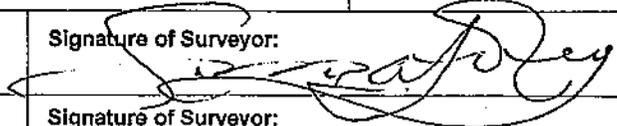
State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number TN1920	(Y2) Multiple Construction A. Building B. Wing 01 - RIBEIRO	(Y3) Date of Revisit 5/7/2010
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Name of Facility BORDEAUX LONG TERM CARE	Street Address, City, State, Zip Code 1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218
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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 N0901 Reg. # 1200-8-6-.09(1) LSC	Correction Completed 05/04/2010	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
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Reviewed By <input checked="" type="checkbox"/> State Agency	Reviewed By <input type="checkbox"/> State Agency	Date: 5/18/10	Signature of Surveyor: 	Date: 5/7/10
Reviewed By <input type="checkbox"/> CMS RO	Reviewed By <input type="checkbox"/> CMS RO	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 3/28/2010	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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