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
445033

(Y2) Multiple Construction
A. Building
B. Wing
03 - BIRMINGHAM

(Y3) Date of Revisit
6/22/2015

Name of Facility
NASHVILLE COMMUNITY CARE & REHABILITATION AT BORDE

Street Address, City, State, Zip Code
1414 COUNTY HOSPITAL RD
NASHVILLE, TN 37218

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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix Reg. # NFPA 101 LSC K0038	Correction Completed 05/10/2015	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 State Agency: √ Reviewed By: JP Date: 7/6/15
Signature of Surveyor: Jendy Allen /JP Date: 6/22/15
Reviewed By CMS RO: Reviewed By: Date:
Signature of Surveyor: Date:

Followup to Survey Completed on: 3/11/2015

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

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix Reg. # **NFPA 101** LSC K0025	Correction Completed **05/10/2015**	ID Prefix Reg. # **NFPA 101** LSC K0038	Correction Completed **05/10/2015**	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** MP **Date:** 7/6/15 **Signature of Surveyor:** Jenny Grant RN **Date:** 6/22/15

Reviewed By CMS RO **Reviewed By** **Date:** **Signature of Surveyor:** **Date:**

Followup to Survey Completed on: 3/11/2015

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