State Form: Revisit Report

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

(Y2) Multiple Construction
A. Building
B. Wing
01 - RIBEIRO

(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 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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix N0831 Reg. # 1200-8-6-.08 (1) LSC	05/10/2015	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency ✓ Reviewed By OP Date: 7/6/15 Signature of Surveyor: Jendy Ames 1/OP 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