

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.

(1) Provider / Supplier / CLIA / Identification Number
445033

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

(Y3) Date of Revisit
11/26/2012

Name of Facility

BORDEAUX LONG TERM CARE

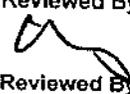
Street Address, City, State, Zip Code

1414 COUNTY HOSPITAL RD
NASHVILLE, TN 37218

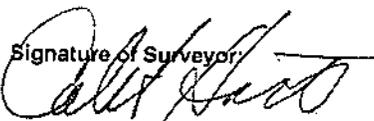
This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective 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 09/14/2012	ID Prefix Reg. # NFPA 101 LSC K0062	Correction Completed 09/14/2012	ID Prefix Reg. # NFPA 101 LSC K0066	Correction Completed 09/14/2012
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
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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
CMS RO

Reviewed By

Reviewed By

Date: 11-27-12
Date:

Signature of Surveyor:

Signature of Surveyor:

Date: 11-26-12
Date:

Followup to Survey Completed on:
8/13/2012

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

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(1) Provider / Supplier / CLIA / Identification Number
445033

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

(Y3) Date of Revisit
11/26/2012

Name of Facility

BORDEAUX LONG TERM CARE

Street Address, City, State, Zip Code

1414 COUNTY HOSPITAL RD
NASHVILLE, TN 37218

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	Correction Completed		Correction Completed		Correction Completed
ID Prefix Reg. # NFPA 101 LSC K0062	09/14/2012	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
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Date:

Signature of Surveyor

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YES NO