

State Form: Revisit Report

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

(Y2) Multiple Construction
A. Building
B. Wing 02 - STATE BUILDING

(Y3) Date of Revisit
11/26/2012

Name of Facility

BORDEAUX LONG TERM CARE

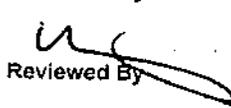
Street Address, City, State, Zip Code

1414 COUNTY HOSPITAL RD
NASHVILLE, TN 37218

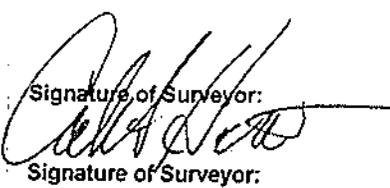
This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code 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 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	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	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By
State Agency
Reviewed By
CMS RO

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