

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 445033	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/3/2016	Y3
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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 05/06/2016	ID Prefix F0252 Reg. # 483.15(h)(1) LSC	Correction Completed 05/06/2016	ID Prefix F0278 Reg. # 483.20(g) - (j) LSC	Correction Completed 05/06/2016
ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 05/06/2016	ID Prefix F0322 Reg. # 483.25(g)(2) LSC	Correction Completed 05/06/2016	ID Prefix F0333 Reg. # 483.25(m)(2) LSC	Correction Completed 05/06/2016
ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 05/06/2016	ID Prefix F0412 Reg. # 483.55(b) LSC	Correction Completed 05/06/2016	ID Prefix F0431 Reg. # 483.60(b), (d), (e) LSC	Correction Completed 05/06/2016
ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 05/06/2016	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 <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) <i>SW</i>	DATE <i>6/13/16</i>	SIGNATURE OF SURVEYOR <i>Shehna, PHNCA/EM</i>	DATE <i>6/3/16</i>
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 4/7/2016	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO         </span>
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