Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	TN1938		C 11/03/2020

NAME OF PROVIDER OR SUPPLIER: NASHVILLE CENTER FOR REHABILITATION A

STREET ADDRESS, CITY, STATE, ZIP CODE: 832 WEDGEWOOD AVENUE NASHVILLE, TN 37203

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments Complaint investigations #TN00051877, #TN00051893, #TN00052070, #TN00052418 and a COVID-19 Focused Survey were conducted by the State Agency (SA) on 11/3/2020 at Nashville Center for Rehabilitation and Healing. No deficiencies were cited related to the complaint investigations #TN00051877, #TN00051893, #TN00052070, #TN00052418. The facility was found to be in compliance with infection control regulations and has implemented the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 under Chapter 1200-8-6, Standards for Nursing Homes. Total census: 97.	N 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE