**Department of Health and Human Services**  
**Centers for Medicare & Medicaid Services**

**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 the 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 200884, Baltimore, MD 21202; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

### Name of Facility

**BELCOURT TERRACE NURSING HOME**

**Street Address, City, State, Zip Code**

1710 BELCOURT AVENUE  
NASHVILLE, TN 37212

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-2587, 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-2587 (prefix codes shown to the left of each requirement on the survey report form).

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Reviewed By  
State Agency  
Reviewed By CMS RO

Reviewed By  
Date: 6/14/10  
Signature of Surveyor:  
Date: 6/14/10

Reviewed By  
Date:  
Signature of Surveyor:  
Date:

Form CMS - 2587B (9-92)  
Page 1 of 2  
Event ID: 0K8H12
**Post-Certification Revisit Report**

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**Name of Facility**

BEL COURT TERRACE NURSING HOME

**Street Address, City, State, Zip Code**

1710 BEL COURT AVENUE
NASHVILLE, TN 37212

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).

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Reviewed By: [Signature]  
State Agency:  
Reviewed By:  
CMS RO:  
Reviewed By:  
Date: 6/14/10  
Signature of Surveyor:  
Date: 6/9/10  
Signature of Surveyor:  
Date:  

Followup of Survey Completed on: 4/28/2010

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? 

**YES**  
**NO**

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Event ID: 0K6H12