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 needed data, 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 202004, Baltimore, MD 21202-0004 and to the Office of Management and Budget, Paperwork Reduction Project (0938-0990), Washington, DC 20503.

1. Provider / Supplier / CLIA / Identification Number
   445033

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

3. (Y3) Date of Revisit
   6/20/2011

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).

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Reviewed By
State Agency Reviewed By
Reviewed By

Date: 6/20/2011
Date: 6/20/2011
Date: 6/20/2011

Signature of Surveyor:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2557) Sent to the Facility? YES NO

Followup to Survey Completed on: 5/16/2011
Form CMS - 2567B (9-92) Page 1 of 1 Event ID: 7GRH22