State Form: Revisit Report

- Provider / Supplier / CLIA / Identification Number: TN1920
- Multiple Construction: A. Building
- Address: 02 - STATE BUILDING

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).

<table>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
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<tbody>
<tr>
<td>ID Prefix</td>
<td>N00831</td>
<td>ID Prefix</td>
<td>LSC</td>
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<td>1200-8-6-08 (1)</td>
<td>ID Prefix</td>
<td>LSC</td>
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</table>

Correction Completed: 09/14/2012

Correction Completed: LSC

Reviewed By: IMS RO
Reviewed By: IMS RO

Followup to Survey Completed on: 8/13/2012

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

STATE FORM: REVISIT REPORT (5/99) Page 1 of 1 Event ID: T0622