### Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier:** Boulevard Terrace Rehabilitation and Nursing Home

**Street Address, City, State, Zip Code:**
1530 Middle Tennessee Blvd
Murfreesboro, TN 37130

**Date Survey Completed:** 05/03/2011

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**Summary Statement of Deficiencies**

**Deficiency:** F 000

**Initial Comments:**

During entity reported incident investigation of #27372 conducted on May 3, 2011, at Boulevard Terrace Nursing Home, no deficiencies were cited in relation to the complaint under 42 CFR Part 482.13, Requirements for Long Term Care.

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**Laboratory Director's or Provider/Supplier Representative's Signature**

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**ORM CMS-2597(02-06) Previous Versions Obsolete**

Event ID: LR4R11
Facility ID: TN7502

If continuation sheet Page 1 of 1