

Division of Health Care Facilities

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1502 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/20/2011 |
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| NAME OF PROVIDER OR SUPPLIER BELCOURT TERRACE NURSING HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 1710 BELCOURT AVENUE NASHVILLE, TN 37212 |
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| (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 |
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| N 645 | <p>1200.9-6-.06(3)(k) Basic Services</p> <p>(3) Infection Control.</p> <p>(k) Space and facilities for housekeeping equipment and supply storage shall be provided in each service area. Storage for bulk supplies and equipment shall be located away from patient care areas. The building shall be kept in good repair, clean, sanitary and safe at all times.</p> <p>This Rule Is not met as evidenced by: Type C Pending Penalty #19</p> <p>Tennessee Code Annotated 688-11-804(c)19 The nursing home shall be kept in good repair, clean, sanitary and safe at all times.</p> <p>Based on observation and interview, it was determined the facility failed to ensure the environment was clean and sanitary as evidenced by black and white substances on shower chairs, presence of hair, greenish/black substance on a hoyer lift, brown, black and green substances on a stretcher and yellow/brown substances on toilet seats in 2 of 2 (side 1 and side 2 shower rooms) shower rooms.</p> <p>The findings included:</p> <p>1. Observations in the side 1 shower room on 7/18/11 at 5:45 PM, revealed eight black hairs in the sink, a mauve color mesh back shower chair with a large amount of white substance on the mesh part of the chair back and smears of a black substance under the toilet seat and on the polyvinyl chloride (PVC) pipe. An Invacare Reilant 450 hoyer lift with a large amount of green/black substance in a clump and smeared on the left lift</p> | N 645 | <p>N-645</p> <p>The sink in the shower room has been cleaned. The mesh back, belt and toilet seat on the mauve and green shower chairs have been cleaned. The hoyer lift and maroon geri chair have been cleaned. The stretcher has been cleaned. Shower rooms and equipment have been checked and cleaned. Nursing staff and Housekeeping staff have been re-educated on equipment cleaning procedures. The Director of Nursing, Assistant Director of Nursing, Housekeeping Supervisor and/or Designee will complete random audits of equipment for sanitation 2 times a week for 4 weeks, weekly for 4 weeks, then monthly for 2 months. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as needed. Completion Date: August 17, 2011</p> | 8-17-11 |
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Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Acceptable PIC 8/4/11 [Signature]* TITLE *Administrator* (X6) DATE *8/4/11*

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If continuation sheet 1 of 5

Division of Health Care Facilities

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1902 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/20/2011 |
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| NAME OF PROVIDER OR SUPPLIER BELCOURT TERRACE NURSING HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 1710 BELCOURT AVENUE NASHVILLE, TN 37212 | | |
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| N 645 | <p>Continued From page 1</p> <p>hook that holds the sling. A maroon color gerichair with a brown substance on the right side of the handrail. A green color mesh back shower chair with hairs in a yellow/brown color substance under the toilet seat and green/black substance under the seat and PVC pipe, and a seat belt on the left side with brown substance. A stretcher along the PVC pipe on the top left side near the foam pad with three black hairs and along the top side of the bottom left side with smeared black/green substances.</p> <p>Observations in the side 1 hall shower room on 7/19/11 at 3:15 PM, revealed a mauve color mesh back shower chair with a large amount of white substance on the mesh part of the chair back and smears of a black substance under the toilet seat and on the PVC pipe. A maroon color gerichair with a brown substance on the right side of the handrail. A green color mesh back shower chair with hairs in a yellow/brown color substance under the toilet seat and green/black substance under the seat and PVC pipe, and a seat belt on the left side with brown substance. A stretcher along the PVC pipe on the top left side near the foam pad three black hairs and along the top bottom left side smeared black/green substances.</p> <p>2. Observations in the side 2 shower room on 7/18/11 at 5:40 PM, revealed a mauve color mesh back shower chair with green/black substances under the toilet seat and PVC pipe connector. The shower chair also had a large area of white substance on the mesh back.</p> <p>Observations in the side 2 hall shower room on 7/19/11 at 3:15 PM, revealed an Invacare Reliant 450 hoyer lift with a large amount of green/black substance in a clump and smeared on the left lift</p> | N 645 | | |

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| N 645 | Continued From page 2 hook that holds the sling. A mauve color mesh back shower chair with green/black substances under the toilet seat and PVC pipe connector. The chair also had a large area of white substance on the mesh back. 3. During an interview in the side 1 hall shower room on 7/19/11 at 3:30 PM, the Director of Nursing (DON) confirmed the findings of unsanitary equipment in side 1 and side 2 shower rooms. The DON stated, "...yes, I see it..." | N 645 | | |
| N 749 | 1200-8-6-.06(9)(b)2. Basic Services (9) Food and Dietetic Services. (b) The nursing home must designate a person, either directly or by contractual agreement, to serve as the food and dietetic services director with responsibility for the daily management of the dietary services. The food and dietetic services director shall be: 2. A graduate of a dietetic technician or dietetic assistant training program, correspondence or classroom, approved by the American Dietetic Association; or This Rule is not met as evidenced by: Based on review of the Dietary Manager's (DM) personnel file and interview, it was determined the facility failed to ensure the DM was a graduate of a state-approved course in food service supervision. The findings included: | N 749 | N-749 We are appearing before the Board of Licensing for Health Care Facilities at their next scheduled meeting per the procedure outlined in their May 25, 2010 meeting to address qualifications on case by case basis. | 8-17-11 |

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| N 749 | Continued From page 3 Review of the DM's personnel file review revealed there was no record that the DM was a graduate of a state-approved course in food service supervision. During an interview in the Administrator's office on 7/20/11 at 10:00 AM, the Administrator stated, "...he [DM] doesn't have a certificate..." | N 749 | | |
| N 769 | 1200-B-6-.06(9)(j) Basic Services (9) Food and Dietetic Services. (j) Prepared foods shall be kept hot (140°F or above) or cold (45°F or less). This Rule is not met as evidenced by: Type C Pending Penalty #33 Tennessee Code Annotated 68-11-804(c)33 Prepared foods shall be kept hot (140°F or above) or cold (45°F or less). Based on policy review, observation and interview, it was determined the facility failed to serve chicken breast at 140 degrees Fahrenheit (F) or above. The findings included: Review of facility's "FOOD SAFETY" policy documented, "...cooked poultry breasts should be maintained at a temperature of 170 degrees... Cook foods to a safe temperature to kill microorganisms..." Observations in the kitchen on 7/19/11 beginning at 11:45 AM, revealed the fried chicken breast was noted to have a temperature on the tray line of 128 degrees F. | N 769 | N-769 I./II. Fried chicken on the steam table is meeting food temperature guidelines. III. Dietary staff has been re-education on kitchen sanitation/cleaning requirements, food handling, temperature for foods on steam table, thawing foods and hand washing. IV. The Administrator, Dietary Manager and/or Designee will complete random food temperature checks 2 times a week for 4 weeks, weekly for 4 weeks, then monthly for 2 months. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as needed. V. Completion Date: August 17, 2011 | 8-17-11 |

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| N 789 | <p>Continued From page 4</p> <p>During an interview in the kitchen on 7/19/11 at 11:45 AM, the DM was asked about the temperature of the chicken. The DM confirmed the tray line temperature of 128 degrees F for the fried chicken was to low.</p> | N 789 | | |
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Division of Health Care Facilities

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1882 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/20/2011 |
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| NAME OF PROVIDER OR SUPPLIER BELCOURT TERRACE NURSING HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 1710 BELCOURT AVENUE NASHVILLE, TN 37212 | | |
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| C 214 | <p>1200-8-16-.02 (14) Requirements For Civil Rights Compliance</p> <p>The Board for Licensing Health Care Facilities may deny, suspend, or revoke a facility's license, or otherwise discipline the facility for violations of the following requirements pursuant to T.C.A. § §68-11-207 and 68-1-113. Licensed health care facilities must comply with the following:</p> <p>(14) Shall maintain and make available to the OCRC for the purpose of demonstrating compliance and upon request, all data and information necessary to determine the facility's compliance with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973. Such statistical data shall include racial and ethnic data showing the extent to which minority and handicapped individuals participate in the facility's services and programs.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to conduct a self-evaluation.</p> <p>The findings included:</p> <p>Review of the Office of Civil Rights Compliance (OCRC) on-site survey form revealed no self-evaluation had been conducted.</p> <p>During an interview in the Administrator's office on 7/20/11 at 10:15 AM, the Administrator stated, "...We don't have a self-evaluation..."</p> | C 214 | <p>C-214</p> <p>I. The self-evaluation has been completed. II. The self evaluation will be completed annually. III. Social Service Designee has been educated on requirement and will complete. IV. The Administrator and/or Designee will complete an audit annually for completion. Results of the audit will be reviewed at the Quality Assurance meetings for revisions as needed. V. Completion Date: August 17, 2011</p> | 8-17-11 |

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE Administrator
 STATE FORM 619 1KJ611 RECEIVED 8/11/11 (X6) DATE

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