

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445273	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/18/2011
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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) COMPLETION DATE
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K 018 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed maintain the corridor doors.</p> <p>The findings included:</p> <p>Observations during a tour of the facility on 7/18/11 revealed the following:</p> <p>a. At 10:54 AM, the laundry room's fire door was wedged open.</p> <p>b. At 10:56 AM, the laundry room's fire door would not close within the door frame.</p> <p>c. At 11:00 AM, the corridor's door to resident storage room was missing the automatic closure.</p>	K 018	<p><u>K018</u></p> <ol style="list-style-type: none"> <li>1) A) Wedge has been removed from the laundry room door.</li> <li>B )Laundry door and resident storage have been repaired.</li> <li>2) Rooms have been checked for compliance.</li> <li>3) Maintenance/designee will check for compliance on random rounds.</li> <li>4) Concerns will be monitored by Maintenance/designee and will be audited through QA process.</li> </ol> <p>8-17-11</p> <p>8/4/11 Acceptable POC by FAX 7.25.11 Standard, Power</p>	8-17-11
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8/4/11  
Acceptable POC by FAX 7.25.11  
Standard, Power

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 8/4/11
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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PRINTED: 07/24/2011  
FORM APPROVED  
OMB NO. 0938-0391

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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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K 018	Continued From page 1	K 018			
K 039 SS=D	<p>These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 7/18/11.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the corridor width.</p> <p>The findings included:</p> <p>Observations during a tour of the facility on 7/18/11 at 10:00 AM, revealed a portable scale was stored in the corridor between rooms 27 and 29. Further observations on 7/18/11 at 11:55 AM, revealed the portable scale remained stored in the corridor for more than 30 minutes.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 7/18/11.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p>	K 039	<p><u>K039</u></p> <ol style="list-style-type: none"> <li>1) Portable scale has been removed from hall.</li> <li>2) Halls have been checked and are free of obstruction.</li> <li>3) Maintenance/designee will check for compliance on random rounds.</li> <li>4) Concerns will be monitored by Maintenance/designee and will be audited through QA process.</li> </ol>	8-17-11	
K 062 SS=C	<p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p>	K 062	<p><u>K062</u></p> <ol style="list-style-type: none"> <li>1) The sprinkler riser is no longer obstructed in the Social Service closet</li> <li>2) Other closets have been checked for obstructions and are compliant.</li> </ol>	8-17-11	

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K 062	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the sprinkler system.</p> <p>The findings included:</p> <p>Observations during a tour of the facility on 7/18/11 revealed the following:</p> <p>a. At 10:59 AM, the sprinkler riser located in resident storage room was obstructed with storage.</p> <p>b. At 11:40 AM, the sprinkler located in the Social Worker's office closet was obstructed by storage.</p> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 7/18/11.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.6.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the heating, cooling, and ventilation system.</p> <p>The findings included:</p> <p>Observations made during a tour of the facility on 7/18/11 revealed the following:</p> <p>a. At 11:32 AM, room 12 was missing the air</p>	K 062	<p>3) Maintenance/designee will check for compliance on random rounds</p> <p>4) Concerns will be monitored by Maintenance/designee and will be audited through QA process.</p> <p><u>K067</u></p> <p>1) A/C units in room 9 &amp; 12 have air deflectors in place.</p> <p>2) Other A/C units have been checked for deflectors for compliance.</p> <p>3) Maintenance/designee will check for compliance on random rounds</p> <p>4) Concerns will be monitored by Maintenance/designee and will be audited through QA process.</p>	8-17-11
K 067 SS=D	<p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.6.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the heating, cooling, and ventilation system.</p> <p>The findings included:</p> <p>Observations made during a tour of the facility on 7/18/11 revealed the following:</p> <p>a. At 11:32 AM, room 12 was missing the air</p>	K 067	<p>1) A/C units in room 9 &amp; 12 have air deflectors in place.</p> <p>2) Other A/C units have been checked for deflectors for compliance.</p> <p>3) Maintenance/designee will check for compliance on random rounds</p> <p>4) Concerns will be monitored by Maintenance/designee and will be audited through QA process.</p>	8-17-11

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K 067	Continued From page 3 conditioning air deflectors. b. At 11:45 AM, room 9 was missing the air conditioning air deflectors.	K 067			
K 069 SS=C	These findings were acknowledged by the Adminstrator and verified by the Maintenance Supervisor at the exit conference on 7/18/11. NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: Based on observations and interviews, it was determined the facility failed to protect the cooking facility.  The findings include:  Observations and Interviews during a tour of the facility on 7/18/11 revealed the following: a. At 11:15 AM, the kitchen hood's exhaust system had dirty filters and grease dripping from them. b. At 11:18 AM, Interview of kitchen staff member number 1 revealed the staff member was unaware of the difference between the ABC and K type fire extinguisher. c. At 11:20 AM, interview of kitchen's staff member number 2 revealed the staff member had no knowledge of the facilities policy on activation of the kitchen hood fire suppression system. d. At 11:25 AM, there were no posted instructions on how to activate the kitchen's hood fire suppression system.	K 069	<u>K069</u>  1) A) Kitchen filters have been cleaned.  B) Staff have been re-educated on difference between K and ABC fire extinguisher, how to operate the hood system and where the instructions are posted on activation of fire suppression system.  2) Re-education provided to dietary staff  3) Dietary manager/designee will check for compliance on random rounds.  4) Concerns will be monitored by Dietary Manager/designee and will be audited through QA process.	8-17-11	

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K 069	Continued From page 4	K 069			
K 135 SS=D	<p>These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 7/18/11.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Flammable and combustible liquids are used from and stored in approved containers in accordance with NFPA 30, Flammable and Combustible Liquids Code, and NFPA 45, Standard on Fire Protection for Laboratories Using Chemicals. Storage cabinets for flammable and combustible liquids are constructed in accordance with NFPA 30, Flammable and Combustible Liquids Code, NFPA 99. 4.3, 10.7.2.1.</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain proper storage of flammable liquids.</p> <p>The findings included:</p> <p>Observations during a tour of the facility on 7/18/11 at 11:03 AM, revealed the housekeeping/medical records office had flammables improperly stored.</p> <p>This finding were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 7/18/11.</p>	K 135	<p><u>K135</u></p> <ol style="list-style-type: none"> <li>1) Flammable liquids were removed or stored properly in the housekeeping office.</li> <li>2) Other offices were checked for flammable liquids and were stored properly.</li> <li>3) Maintenance/designee will check for compliance on random rounds.</li> <li>4) Concerns will be monitored by Maintenance/designee and will be audited through QA process.</li> </ol>	8-17-11	

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