

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1902	(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) COMPLETE DATE
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N 831	<p>1200-8-6-.08(1) Building Standards</p> <p>(1) The nursing home must be constructed, arranged and maintained to ensure the safety of the resident.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to comply with the building standards as required.</p> <p>The findings included:</p> <p>Observations during a tour of the facility on 7/18/11 at 10:25 AM, revealed the nurse call system control boxes were settling on top of the ceiling tiles at the back nurse station corridor.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 7/18/11.</p>	N 831	<p><u>N831</u></p> <ol style="list-style-type: none"> <li>1) Nurse call control box has been secured.</li> <li>2) Other nurse call boxes have been checked to be secured.</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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Division of Health Care Facilities  
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
 STATE FORM

TITLE  
 Administrator

(X6) DATE  
 8/4/11  
 If continuation sheet 1 of 1

1KJ521  
 RECEIVED

AUG 13 2011