

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

RECEIVED
SEP 13 2011

PRINTED: 08/26/2011
FORM APPROVED
OMB NO. 0938-0391

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 R 08/22/2011
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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
{K 067} SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</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, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the heating, cooling and ventilation system.</p> <p>The findings included:</p> <p>Observations of resident room 9 on 8/22/11 at 12:37 PM, revealed the air conditioning deflector was missing.</p>	{K 067}	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and/or state law. This plan of correction constitutes our credible allegation of compliance.</p>	8/24/11
{K 069} SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to protect the kitchen facility.</p> <p>The finding included:</p> <p>Observations of the kitchen area on 8/22/11 at 12:46 PM, revealed the hood exhaust filters</p>	{K 069}	<p>K067</p> <ol style="list-style-type: none"> 1. AC unit has been replaced. 2. Other AC units checked and deflectors are in place. 3. Maintenance/designee will check for compliance on random rounds. 4. Concerns will be monitored by maintenance/designee and will be audited through QA Process. 	8/24/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator DATE 9/9/11

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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.

This same POC was faxed 9/9/11

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<p>{K 069}</p> <p>K 147 SS=F</p>	<p>Continued From page 1 would not seat properly with the exhaust system running.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 8/22/11</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical systems.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observations of the basement area on 8/22/11 at 12:27 PM, revealed the main electrical panels were obstructed with storage. 2. Observation of the kitchen area on 8/22/11 at 12:46 PM, revealed the electrical panel had 3 exposed open spaces. <p>These findings were acknowledged by the Administrator and Maintenance Supervisor at the exit conference on 8/22/11.</p>	<p>{K 069}</p> <p>K 147</p>	<p>K069</p> <ol style="list-style-type: none"> 1. Filters are seating properly. 2. Filters have been checked and are seated properly. 3. Dietary Manger/ designee will monitor for compliance on random rounds. 4. Concerns will be monitored by Dietary manager/designee and will be audited through QA process. <p>K147</p> <ol style="list-style-type: none"> 1. Obstructions were moved. Blanks were put in exposed open spaces. 2. Other panels have been checked and are in compliance with both proper clearance and free of exposed spaces. 3. Maintenance supervisor/designee will check for compliance on random rounds. 4. Concerns monitored by the Maintenance Supervisor/designee and will be audited through the QA process. 	<p>8/24/11</p>

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