

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

PRINTED: 08/11/2015
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 07/28/2015
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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 052 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the fire alarm system.</p> <p>The finding included:</p> <p>Observations during the fire drill 7/28/15 at 9:37 AM, revealed 3 of 3 fire alarm strobes were not synchronized in the 1st hallway. National Fire Protection Association (NFPA) 25, 4-4.4.3.2, 1998 Edition.</p> <p>This finding was verified by the maintenance director and acknowledge by the administrator during the exit conference on 7/28/15.</p>	K 052	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the facts alleged, or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it required by the provisions of federal and/or state law. The plan of correction constitutes our credible allegation of compliance.</p> <p>K 052 The fire alarm strobe lights were repaired on 8/14/15 so that the 3 fire alarm strobes are in sync with each other. Maintenance will monitor compliance during the quarterly fire drills. Date of completion: 8/14/15</p>	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <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>K 062 The five year obstruction was conducted on 8/5/15. Maintenance will monitor for compliance. Date of completion: 8/5/15</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Barbara Collins

TITLE

Administrator

(X6) DATE

8/20/15

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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K 062	Continued From page 1 This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to maintain the sprinkler system. The finding included: Document review revealed the facility could not provide documentation for the 5 year obstruction investigation for the sprinkler system. Interview with the maintenance director on 7/28/15 at 9:15 AM, the maintenance director confirmed the the facility was supposed to have the 5 year obstruction investigation in 2011. National Fire Protection Association (NFPA) 25, Table 2-1, 1998 Edition. This finding was verified by the maintenance director and acknowledge by the administrator during the exit conference on 7/28/15.	K 062			
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure the fire dampers were maintained.	K 067	K 067 The fire 4 year fire damper system has been inspected and approved. Maintenance will monitor for compliance. Date of completion 8/18/15		

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K 067	Continued From page 2 The finding included: Document review on 7/28/15 at 9:32 AM, revealed the facility failed to provide documentation the facility failed to perform the 4-year required maintenance to fire dampers. National Fire Protection Association (NFPA) 90A, 3-4.7, 1999 Edition. Interview with the maintenance director on 7/28/15 at 9:32 AM, the maintenance director confirmed the facility failed to perform the 4-year required maintenance to fire dampers. This finding was verified by the maintenance director and acknowledge by the administrator during the exit conference on 7/28/15.	K 067		
K 071 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Rubbish Chutes, Incinerators and Laundry Chutes: (1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor is sealed by fire resistive construction to prevent further use or is provided with a fire door assembly having a fire protection rating of 1 hour. All new chutes comply with section 9.5. (2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, is provided with automatic extinguishing protection in accordance with 9.7. (3) Any trash chute discharges into a trash collection room used for no other purpose and protected in accordance with 8.4.	K 071	K 071 The laundry room chute door was repaired so the door latches within the frame. This was repaired on 7/28/15. Maintenance will monitor for compliance. Date of completion: 7/28/15	

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K 071	<p>Continued From page 3</p> <p>(4) Existing flue-fed incinerators are sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82</p> <p>This STANDARD is not met as evidenced by: Based on observation and testing, the facility failed to maintain the laundry chute.</p> <p>The finding included:</p> <p>Observation and testing of the laundry room chute door on 7/28/15 at 8:40 AM, revealed the door did not latch within the frame.</p> <p>This finding was verified by the maintenance director and acknowledge by the administrator during the exit conference on 7/28/15.</p> <p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: National Fire Protection Association (NFPA) 55, 4-1.1-Hazard identification signs shall be placed at all entrances to locations where compressed gases are produced, stored, used, or handled.</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to comply with Life Safety Codes where required.</p>	K 071	<p>K130 The helium tank has been removed from the storage rooms. Any room that stores gas will have signs indicating the contents. Maintenance will monitor for compliance.</p> <p>Date of completion: 7/28/15</p>	
K 130 SS=D		K 130		

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K 130	Continued From page 4 The finding included: Observations on 7/28/15 at 9:04 AM, revealed a helium tank stored with no compressed gas sign posted on the door of room B-3. NFPA 55, 4-1.1, 1998 Edition.	K 130			
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the generator. The finding included: Observations on 7/28/15 at 9:29 AM, revealed the facility failed to ensure an emergency generator remote annunciator was provided in a continuously occupied area. National Fire Protection Association (NFPA) 110, 3-5.6, 1996 Edition. This finding was verified by the maintenance	K 144	K144 The emergency generator remote annunciator has been relocated to the nurses' station which is a continuous occupied area. Date of completion: 8/18/15		

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K 144	Continued From page 5 director and acknowledge by the administrator during the exit conference on 7/28/15.	K 144			

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