

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 07/28/2015
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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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(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
N1400	<p>1200-8-6-.14 Disaster Preparedness</p> <p>This Rule is not met as evidenced by: Based on document review, the facility failed to conduct disaster drills.</p> <p>The finding included:</p> <p>Document review on 7/28/15 at 8:29 AM, revealed the facility could not provide documentation that an annual tornado, flood, earthquake have been conducted for all staff in 2014 and 2015.</p> <p>This finding was verified by the maintenance director and acknowledge by the administrator during the exit conference on 7/28/15.</p>	N1400	<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>	
N1411	<p>1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(iii) Bomb Threat Procedures Plan, to be exercised at any time during the year:</p> <p>(l) Staff duties by department and job assignment; and,</p>	N1411	<p>N1400 The staff has been in-serviced on how to react to tornado, flood and earthquake disasters. The bomb threat drill will be conducted semi-annually on all three shift for the next year and in the designated quarter thereafter. Date of completion: 8/20/15</p>	

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Barbara Collins

TITLE

Administrative

(X6) DATE

8/30/15

RECEIVED

AUG 1 2015

Division of Health Care Facilities

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N1411	<p>Continued From page 1</p> <p>(II) Search team, searching the premises.</p> <p>This Rule is not met as evidenced by: Based on document review, the facility failed to conduct a bomb threat drill.</p> <p>The finding included:</p> <p>Document review on 7/28/15 at 8:29 AM, revealed the facility could not provide documentation of a bomb threat drill conducted for all staff during 2014.</p> <p>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 7/28/15.</p>	N1411	<p>N1411 The staff has been in-serviced on the preparation of a bomb threat. The drill was conducted on 8/20/15 and will be conducted semi-annually and yearly thereafter. Date of completion 8/20/15</p>	
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AUG 21 2015