

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

PRINTED: 05/04/2010
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 04/26/2010
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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 025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the smoke and fire barriers as required.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observations in the Assistant Director of Nursing's (ADON) office on 4/26/10 at 8:00 PM, revealed a penetration in the corridor-side wall. 2. Observations in the restroom of the ADON's office on 4/26/10 at 8:03 PM, revealed a penetration around the exhaust fan unit housing in the sheetrock ceiling. 3. Observations in the closets of resident rooms 8 and 10 on 4/26/10 at 9:00 PM, revealed a penetration through the fire/smoke wall between the two units. National Fire Protection Association (NFPA) 101, 8.3.6; 19.3.7.3. <p>These deficiencies were verified by the <i>acceptable POC per Jim Chandler 5/28/10 SP</i></p>	K 025	<p>K025=</p> <ol style="list-style-type: none"> I. Penetrations have been sealed II. Rooms checked and are in compliance III. Maintenance/Designee will check behind contractors to make sure penetrations are sealed IV. Concerns will be monitored by maintenance/designee and will be audited through QA process V. Completion Date 	5/11/10
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>M</i>	Administrator	5/19/2010

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445278	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/26/2010
NAME OF PROVIDER OR SUPPLIER BELCOURT TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1710 BELCOURT AVENUE NASHVILLE, TN 37212		
(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 025	Continued From page 1	K 025			
K 147 SS=C	<p>Maintenance Director and later acknowledged by the Administrator during the exit interview on 4/26/10.</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 system as required. National Fire Protection Association (NFPA) 70, 110-13(a).</p> <p>The findings included:</p> <p>Observations of the front hall area above the ceiling over the fire doors on 4/26/10 at 10:00 PM, revealed there was an electrical junction box which was not securely mounted in the ceiling.</p> <p>This deficiency was verified by the Maintenance Director and later acknowledged by the Administrator during the exit interview on 4/26/10.</p>	K 147	<p>K147=</p> <ol style="list-style-type: none"> I. Junction box was secured. 5-28-10 II. Other junction boxes checked and are secure III. Maintenance/Designee will check when work is performed on junction boxes are properly secured IV. Concerns will be monitored by maintenance/designee and will be audited through QA process V. Completion Date 	5/14/10	