

Division of Health Care Facilities

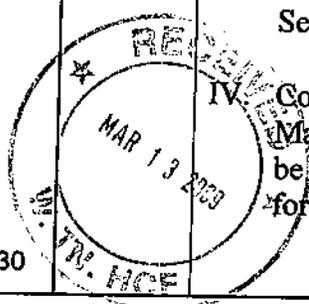
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1902	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2009
--	--	--	--

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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the overall nursing home environment.</p> <p>The findings included:</p> <p>Observations on 2/18/09 at approximately 11:00 AM, revealed the sheetrock work being done on the ceiling in resident room 33 had not been completed.</p>	N 832	<p>N-832</p> <p>I. Sheet rock has been repaired</p> <p>II. Other rooms checked for damage</p> <p>III. Problems are reported to Maintenance/Designee when needing repair</p> <p>IV. Concerns will be monitored by maintenance/designee and will be reviewed through QA process for revisions as needed</p>	3/19/09
-------	---	-------	---	---------

N 853	<p>1200-8-6-.08(23) Building Standards</p> <p>(23) A negative air pressure shall be maintained in the soiled utility area, toilet room, janitor 's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined, the facility failed to maintain the heating and air-condition system.</p> <p>The findings included:</p> <p>Observations on 2/18/09 at approximately 12:30</p>	N 853	<p>N-853</p> <p>I. Exhaust fan grill has been cleaned</p> <p>II. Exhaust fan grills have been checked</p> <p>III. Problems with exhaust fan grill will be reported to Maintenance and/or Environmental Services/designee</p> <p>IV. Concerns will be monitored by Maintenance/designee and will be reviewed through QA process for revisions as needed</p>	3/19/09
-------	---	-------	--	---------



Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator DATE 3/12/09

6899 SJNE21 If continuation sheet 1 of 2

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1902	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2009
--	--	--	--

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) COMPLETE DATE
N 853	Continued From page 1 PM, revealed the exhaust fan grille in the main shower room was dirty.	N 853		