

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1902	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/22/2014
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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
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N 645	<p>1200-8-6-.06(3)(k) Basic Services</p> <p>(3) Infection Control.</p> <p>(k) Space and facilities for housekeeping equipment and supply storage shall be provided in each service area. Storage for bulk supplies and equipment shall be located away from patient care areas. The building shall be kept in good repair, clean, sanitary and safe at all times.</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #19</p> <p>Tennessee Code Annotated 68-11-804(c)19: The nursing home shall be clean and sanitary and in good repair at all times.</p> <p>Based on observation, it was determined the facility failed to ensure the facility was clean and sanitary as evidenced by a dirty commode seat and/or dors in 1 of 29 (Resident #35) resident's room and bathroom, front entrance, 1 of 2 (Unit 1) halls and in 1 of 2 (Unit 1 shower room) resident shower rooms.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Observations in Resident #35's room and bathroom on 5/19/14 at 7:35 AM and on 5/20/14 at 11:15 AM, revealed urine odors in the room and bathroom and the elevated commode seat in the bathroom had a brown and yellow substance smeared on it. Observations of the front entrance and down the Unit 1 hall on 5/19/14 at 5:00 AM, revealed the presence of a stale urine odor. 	N 645	<p>I. Resident #35's room and bathroom have been cleaned and are on a routine cleaning schedule.</p> <p>The #1 shower room has been cleaned.</p> <p>II. Resident rooms have been checked and cleaned per cleaning schedules.</p> <p>shower rooms have been checked and cleaned.</p> <p>III. Housekeeping Supervisor, housekeeping staff and nursing staff have been reeducated on cleaning rooms and bathrooms and monitoring for additional cleaning when needed.</p> <p>Housekeeping staff has been reeducated on cleaning procedures for shower rooms.</p>	
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Division of Health Care Facilities

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

R A M K A

TITLE

Administrator

(X6) DATE

06/06/2014

STATE FORM

6899

WONX11

If continuation sheet 1 of 4

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JUN 10 2014

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1902	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2014
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<p>N 645</p> <p>N 765</p>	<p>Continued From page 1</p> <p>3. Observations in Unit 1 shower room on on 5/20/14 at 11:25 AM, revealed the presence of a stale urine odor.</p> <p>1200-8-6-.06(9)(i) Basic Services</p> <p>(9) Food and Dietetic Services.</p> <p>(i) Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination whether in storage or while being prepared and served and/or transported through hallways.</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #22</p> <p>Tennessee Code Annotated 68-11-804(c)22:</p> <p>Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination, whether in storage or while being prepared and served and/or transported through hallways.</p> <p>Based on review of a cleaning schedule, observation and iterview, it was determined the facility failed to protect the residents' food from possible contamination as evidenced dirty stove and oven, food not labeled and dated, food stored past 3 days, and staff not wearing a beard cover and hair not being completed covered on 2 of 3 (5/19/14 and 5/20/14) days of kitchen observation.</p> <p>The findings included:</p> <p>1. Review of the kitchen cleaning schedule dated</p>	<p>N 645</p> <p>N 765</p>	<p>IV. The Housekeeping Supervisor, Administrator and / or designee will complete random audits of resident rooms / bathrooms and shower rooms for cleanliness and odors three times a week for four weeks, weekly for two months, then quarterly for two quarters. results of the audits will be reviewed at the Quality Assurance meetings for revisions as needed.</p> <p>V. Completion Date: June 10, 2014</p>	
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N 765	<p>Continued From page 2</p> <p>5/18/14 (the day before surveyors entered) revealed the kitchen staff had signed off that the stove and kitchen had been cleaned.</p> <p>2. Observations in the kitchen on 5/19/14 at 5:45 AM revealed the following:</p> <ul style="list-style-type: none"> a. The oven and grease trap were black and coated with food debris. b. The stove was greasy with yellow grease and had food debris c. The hand sink was dirty. d. The large trash can beside freezer was dirty on inside and out. e. Refrigerator #1 contained - a tray containing 8 pieces of cherry pie and 5 pieces of pound cake and 1 bowl of applesauce with no label or date. f. Refrigerator #2 contained - a bowl of applesauce dated 5/15/14, a package of white cheese and a container of peaches with no label or date and a zip locked bag of Salami dated 5/16/14. g. Reach in Freezer contained - an opened bag of shrimp poppers and an opened bag of fish filet with no date. <p>3. Observations in the kitchen on 5/19/14 at 7:50 AM, the Dietary Manager (DM) was not wearing a beard cover and did not have hair completely covered at the back of the head.</p> <p>Observations in the kitchen on 5/20/14 at 9:05 AM revealed the following:</p> <ul style="list-style-type: none"> a. The same zip locked bag of Salami dated 5/16/14 was still in the refrigerator #2. b. The DM's hair was not completely covered at the back of the head. <p>4. During an interview on 5/20/14 at 9:10 AM, the DM was asked about cleaning of the kitchen. the DM stated, "We do have a cleaning schedule and</p>	N 765	<p>I. Certified Nursing Technicians #2 and #3 are using gloves when touching any food items, washing hands after glove removal and between resident contact when assisting with meals.</p> <p>The oven, grease trap and stove have been cleaned. The dietary hand sink has been replaced. The large trash can has been cleaned inside and out. Cherry pie, pound cake, apple-sauce, container of peaches, salami slices, shrimp poppers and bag of fish filets were discarded.</p> <p>Dietary Manager is using a beard guard as needed and a hairnet that covers hair when in the kitchen area.</p> <p>II. Certified Nursing Technicians are being observed and are using gloves when touching food items and washing hands per procedure. kitchen has been checked for cleaning and</p>	
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N 765	Continued From page 3 unless marked differently everything is done daily on the sheet."	N 765	<p>equipment has been cleaned. Food items in refrigerators and freezer have been checked and open food items are dated.</p> <p>Dietary staff is being observed using beard guards as needed and hair coverings when in the kitchen area.</p> <p>III. Nursing staff has been reeducated on handling food items for residents, glove use and hand washing procedures, with return demonstration.</p> <p>The dietary staff and dietary manager have been reeducated on cleaning procedures and use of beard guards and hair covering when in the kitchen area.</p> <p>IV. The Director of Nursing and / or Designee will complete random audits of nursing tray service three times a week for four weeks, weekly for two months then quarterly for two quarters. Results of the audits will be discussed at the Quality Assurance meetings</p>	
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JUN 10 2014

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

PRINTED: 05/27/2014
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 05/19/2014
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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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K9999 FINAL OBSERVATIONS

During the recertification survey completed on 5/19/14, this facility was found to be in compliance with the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code, 2000 edition, Chapter 19, existing Health Care Occupancies.

K9999 for revisions as needed. The Dietician, Administrator, Dietary Manager and / or designee will complete random audits of cleaning procedures, dating opened food items, and use of beard guards and hair coverings three times a week for four weeks, weekly for two months, then quarterly for two quarters. Results of the audits will be discussed at the Quality Assurance meetings for revisions as needed.

V. Completion Date: June 10, 2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Robert M. K. A.</i>	TITLE Administrator	(X6) DATE 06/06/2014
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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.