

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

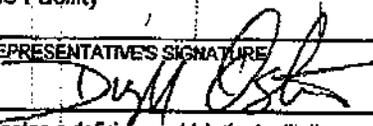
PRINTED: 01/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445159	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  01/04/2010
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NAME OF PROVIDER OR SUPPLIER  BETHANY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 421 OCALA DRIVE NASHVILLE, TN 37211
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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 018 S=C	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by. Based on observation during the survey, it was determined the facility failed to maintain the corridor openings.</p> <p>The findings include:</p> <p>Observation on 01/04/10 at 11:25 AM revealed the finished veneer on the resident room # 127 door was scorched and damaged by continuous dragging of food cart against it. National Fire Protection Association, NFPA 80, 15.2.5.2.</p> <p>The finding was noted by the maintenance Director and acknowledged by the Facility</p>	K 018	<p>K018</p> <p>The finished veneer on the door in room #127 was repaired on the date of the inspection 1/4/10 as noted in the 2567.</p> <p>A review of 100% of all resident room doors was conducted by the Director of Maintenance on 1/4/10 to ensure compliance with the conditions of K018.</p> <p>Resident room doors will be inspected monthly and as needed to ensure veneer on resident room doors are replace as needed.</p> <p>The results of the inspection of the resident room doors will be presented for three months to the Quality Assurance Committee in order to additionally comply with the requirements of K018.</p> <p>Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider that a deficiency exist. The plan of correction is prepared and submitted as a requirement under state and federal law.</p>	1/22/2010
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE NHA	(X6) DATE 1-21-10
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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 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 018 Continued From page 1  
Administrator at the exit interview on 1/4/10.

K 147 NFPA 101 LIFE SAFETY CODE STANDARD  
SS=D  
Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2

This STANDARD is not met as evidenced by:  
Based on observation during the survey, it was determined the facility failed to maintain the electrical system. National Fire Protection Association (NFPA) 70, 210-8(a)(7).

The findings include:

Observation on 01/04/10 at 9:30 AM revealed the Ground Fault Circuit Interrupter next to the bathroom sink in resident room # 124 was not working.

2. At 10:30 AM observation within the resident room # 120 in the 'C' Hall revealed the Ground Fault Circuit Interrupter unit was not working.

3. At 11:45 AM observation within the resident room 208 'A' Hall revealed the bathroom Ground Fault Circuit Interrupter unit was not working.

4. At 1:30 PM observation within the second floor ceiling area next to resident room #245 revealed a loose receptacle outlet that was not securely mounted. NFPA 70, 110-13(a).

Those findings were noted and verified by the Maintenance Director and later acknowledged by the Facility Administrator at the exit interview on 1/4/10.

K 018

K 147 K 147 The Ground Fault Circuit Interrupter listed in room #124, #120, and #208 were replaced on 1/4/2010 and noted on the 2567 as being corrected.

The loose receptacle outlet in room #245 was mounted securely on 1/4/2010 and noted on the 2567 as being corrected.

A 100% review of the building was conducted by the Maintenance Department on 1/4/2010 for the proper working order of the Ground Fault Circuit interrupters and the secure mounting of all receptacle outlets.

Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider that a deficiency exist. The plan of correction is prepared and submitted as a requirement under state and federal law.

1/22/2010

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K 147	Continued From page 2 The maintenance staff corrected all those deficiencies prior to the end of the survey.	K 147	<p>The Director of Maintenance or his designee will inspect the Ground Fault Circuit Interrupters and receptacle outlets for a period of three months or until consistent compliance is maintained.</p> <p>A Quality Assurance Study will be performed for three months to additionally ensure compliance with the conditions of K147.</p> <p>Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider that a deficiency exist. The plan of correction is prepared and submitted as a requirement under state and federal law.</p>	