

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

45<sup>th</sup> 10/28/12

PRINTED: 09/13/2012  
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  09/10/2012
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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 034 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Stairways and smokeproof towers used as exits are in accordance with 7.2. 19.2.2.3, 19.2.2.4  This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to ensure stairway exits are used in accordance with NFPA 101 Life Safety Code 19.2.2.4.  The finding included:  Observation on 9/10/12 at 11:37 AM revealed two delayed-egress locks in the path of egress in the stairway next to elevator that provides access to the basement.  This finding was acknowledged by the Director of Environmental Services and the Facility Administrator during the exit conference on 9/10/12.	K 034	Disabled the delayed-egress lock in the stairway providing access to the basement on 9/10/12.  Disabled the delayed-egress feature on the Secure Care 500 system leaving one delayed egress lock in the stairwell providing access to the basement on 9/25/12.  Verified no other stairways in the facility contained two delayed-egress locks.  The Environmental Services Director will monitor the remaining delayed-egress lock on the stairwell leading to the basement for proper operation on a monthly basis beginning the fourth week of September 2012. The Environmental Services Director will provide a report of monitoring results to the Administrator and the QI Committee during the monthly QI Committee meeting beginning with the September 2012 meeting.	10/16/12
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10  This STANDARD is not met as evidenced by: Based on observation, it was determined the	K 072		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE ADMINISTRATOR (X6) DATE 9-28-2012

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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K 072	<p>Continued From page 1</p> <p>facility failed to ensure the means of egress was continuously maintained free of all obstructions or impediments to full use in the case of fire or other emergency.</p> <p>The finding included:</p> <p>Observation on 9/10/12 at 11:34 AM revealed storage of equipment in the path of egress from courtyard, down the ramp outside the kitchen.</p> <p>This finding was acknowledged by the Director of Environmental Services and the Facility Administrator during the exit conference on 9/10/12.</p>	K 072	<p>Items were removed from the path of egress from the courtyard at the kitchen ramp area on 9/10/12.</p> <p>All other outside egress pathways were inspected for obstruction and no other obstruction was identified.</p> <p>Inservice provided to dietary staff regarding correct storage of equipment. (Attached)</p> <p>The Environmental Services Director will conduct inspections of the egress pathway leading from the courtyard at the kitchen ramp area to ensure the area is free of obstruction. Inspections will be conducted weekly for four weeks beginning the fourth week of September 2012 and then monthly thereafter. The Environmental Services Director will report inspection results to the Administrator and to the QI Committee on a monthly basis beginning with the September 2012 QI Committee Meeting.</p>	10/16/12
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