

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1920	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - RIBEIRO B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2013
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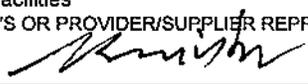
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JAN 10 2014

NAME OF PROVIDER OR SUPPLIER BORDEAUX LONG TERM CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218
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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 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, it was determined the facility failed to maintain the condition of the physical plant and nursing home environment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Observations of the 4th floor stairwells on 12/17/13 at 8:15 AM, revealed three stairwells ceiling tile had collapsed due to water damage. During an interview on 12/17/13 at 8:17 AM, maintenance staff member #1 revealed that the damaged was caused from the roof leaking during rainy weather. Observations of the 4th floor on 12/17/13 at 8:25 AM, revealed water damage tiles and mold throughout the 4th floor rooms and corridors caused from the roof leaking during rainy weather. Observation of the nourishment room on 12/17/13 at 1:34 PM, revealed the sink was leaking at the faucet. <p>These findings were verified by the director of maintenance and acknowledged by the administrator during the exit conference on</p>	N 831	<p>N831 - 1</p> <ol style="list-style-type: none"> Roof leak in 4th floor stairwell was repaired by Porter Roofing. Ceiling tiles were replaced on January 6, 2014. (See Attachments HH) All residents could be affected by this practice. No residents were harmed. The Facilities Management staff will monitor during their quarterly preventive maintenance checks. Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or designee. 	1/18/14
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Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Administrator

(X6) DATE
1/19/14

Division of Health Care Facilities

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N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, it was determined the facility failed to maintain the condition of the physical plant and nursing home environment.</p> <p>The findings included:</p> <p>1. Observations of the 4th floor stairwells on 12/17/13 at 8:15 AM, revealed three stairwells ceiling tile had collapsed due to water damage.</p> <p>During an interview on 12/17/13 at 8:17 AM, maintenance staff member #1 revealed that the damaged was caused from the roof leaking during rainy weather.</p> <p>2. Observations of the 4th floor on 12/17/13 at 8:25 AM, revealed water damage tiles and mold throughout the 4th floor rooms and corridors caused from the roof leaking during rainy weather.</p> <p>3. Observation of the nourishment room on 12/17/13 at 1:34 PM, revealed the sink was leaking at the faucet.</p> <p>These findings were verified by the director of maintenance and acknowledged by the administrator during the exit conference on</p>	N 831	<p>N831- (2)</p> <ol style="list-style-type: none"> Water damaged ceiling tiles and mold will be repaired by January 17, 2014. All residents could be affected by this practice. No residents were harmed The Facilities Management staff will monitor during their quarterly preventive maintenance checks. Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or designee. <p>N831 (3)</p> <ol style="list-style-type: none"> Nourishment room sink was repaired on December 19, 2013. (See Attachment II) All residents could be affected by this practice. No residents were harmed. The Facilities Management staff will monitor during their quarterly preventive maintenance checks. Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or designee. 	1/18/14
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Division of Health Care Facilities
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TITLE **RECEIVED**

(X6) DATE

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N 831	Continued From page 1 12/17/13.	N 831		
N 901	<p>1200-8-6-.09(1) Life Safety</p> <p>(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to comply with applicable building fire safety codes.</p> <p>The finding included:</p> <p>Observations of the elevator shafts on 12/17/13 at 9:25 PM, revealed trash in the bottom of the shafts.</p> <p>This finding was verified by the director of maintenance and acknowledged by the administrator during the exit conference on 12/17/13.</p>	N 901	<p>N901</p> <p>A. Elevator shafts were cleaned and trash removed on December 19, 2013. (See Attachment JJ)</p> <p>B. All residents could be affected by this practice. No residents were harmed.</p> <p>C. The Facilities Management Director will monitor during weekly rounds.</p> <p>D. Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or designee.</p>	<p>1/18/14</p>

Division of Health Care Facilities

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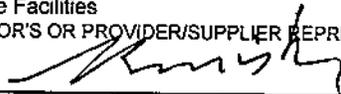
JAN 10 2014

NAME OF PROVIDER OR SUPPLIER
BORDEAUX LONG TERM CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
**1414 COUNTY HOSPITAL RD
NASHVILLE, TN 37218**

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N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the condition of the physical plant and nursing home environment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Observations of the paint shop storage rooms on 12/17/13 at 8:26 AM, revealed wet, stained, damaged and missing ceiling tiles. Observations of laundry stamp room on 12/17/13 at 8:39 AM, revealed water stained and damaged ceiling tiles. Observations of the plaster shop on 12/17/13 at 8:40 AM, revealed damaged and missing ceiling tiles. Observations of the oxygen storage room on 12/17/13 at 9:05 AM, revealed the exhaust fan was pulled from the ceiling. Observations of the shred room on 12/17/13 at 9:11 AM, revealed the exhaust fan was pulled from the ceiling. Observations of the 4th floor soiled linen room on 12/17/13 at 10:26 AM, revealed damage to the wall. 	N 831	<p>N831 (1-2-3)</p> <ol style="list-style-type: none"> All stained and missing ceiling tiles in paint shop storage rooms, laundry stamp room and plaster shop will be replaced by December 19, 2013. (See Attachment DDD) All residents could be affected by this practice. No residents were harmed. Facilities Management staff will monitor damaged ceiling tiles during quarterly preventative maintenance rounds. Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or designee. <p>N831 - (4-5)</p> <ol style="list-style-type: none"> Exhaust fan in oxygen storage room and shred room was repaired on December 23, 2013. (See Attachment EEE) All residents could be affected by this practice. No residents were harmed. Facilities Management staff will monitor damaged exhaust fans during quarterly preventative maintenance rounds. Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or designee. 	1/18/14

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Administrator

(X6) DATE
1/9/14

Division of Health Care Facilities

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N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the condition of the physical plant and nursing home environment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Observations of the paint shop storage rooms on 12/17/13 at 8:26 AM, revealed wet, stained, damaged and missing ceiling tiles. Observations of laundry stamp room on 12/17/13 at 8:39 AM, revealed water stained and damaged ceiling tiles. Observations of the plaster shop on 12/17/13 at 8:40 AM, revealed damaged and missing ceiling tiles. Observations of the oxygen storage room on 12/17/13 at 9:05 AM, revealed the exhaust fan was pulled from the ceiling. Observations of the shred room on 12/17/13 at 9:11 AM, revealed the exhaust fan was pulled from the ceiling. Observations of the 4th floor soiled linen room on 12/17/13 at 10:26 AM, revealed damage to the wall.
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N 831	<p>N831 - (6)</p> <ol style="list-style-type: none"> Wall damage in 4th floor soiled linen room and 402 was repaired on January 3, 2014. (See Attachments FFF) All residents could be affected by this practice. No residents were harmed. Facilities Management staff will monitor damaged walls during quarterly preventative maintenance rounds. Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or designee. <p>N831 - (7)</p> <ol style="list-style-type: none"> Repaired wall damage under window on December 19, 2013. (See Attachment GGG) All residents could be affected by this practice. No residents were harmed. The Facilities Management staff will monitor during their quarterly preventive maintenance checks. Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or designee.
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1/18/14

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N 831	Continued From page 1 7. Observations of room 402 on 12/17/13 at 10:27 AM, revealed the wall damaged under the window. 8. Observations of room 406 on 12/17/13 at 10:28 AM, revealed the sink was loose from the wall and the wall above the toilet was damaged. 9. Observations of room 324 on 12/17/13 at 11:01 AM, revealed the sink's faucet was leaking. These findings were verified by the director of maintenance and acknowledged by the administrator during the exit conference on 12/17/13.	N 831	N831 - (8) A. Sink and wall damage in room 406 was repaired on January 3, 2014. (See Attachment HHH) B. All residents could be affected by this practice. No residents were harmed. C. Facilities Management staff will monitor damaged walls and sink repair during quarterly preventative maintenance rounds. D. Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or designee.	
N 901	1200-8-6-.09(1) Life Safety (1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations. This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to comply with applicable building fire safety codes. The findings included: 1. Observations of the electric shop on 12/17/13 at 8:36 AM, revealed storage within 18 inches ("	N 901	N831 - (9) A. Sink faucet was repaired in room 324 on January 3, 2014. (See Attachment III) B. All residents could be affected by this practice. No residents were harmed. C. Facilities Management staff will monitor sink repairs during quarterly preventative maintenance rounds. D. Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or designee.	1/18/14

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N 831	<p>Continued From page 1</p> <p>7. Observations of room 402 on 12/17/13 at 10:27 AM, revealed the wall damaged under the window.</p> <p>8. Observations of room 406 on 12/17/13 at 10:28 AM, revealed the sink was loose from the wall and the wall above the toilet was damaged.</p> <p>9. Observations of room 324 on 12/17/13 at 11:01 AM, revealed the sink's faucet was leaking.</p> <p>These findings were verified by the director of maintenance and acknowledged by the administrator during the exit conference on 12/17/13.</p>	N 831		
N 901	<p>1200-8-6-.09(1) Life Safety</p> <p>(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to comply with applicable building fire safety codes.</p> <p>The findings included:</p> <p>1. Observations of the electric shop on 12/17/13 at 8:36 AM, revealed storage within 18 inches ("</p>	N 901	<p>N901 - (1)</p> <p>A. Storage in electrical shop was moved away from sprinkler head to be in compliance of 18 inch rule on December 23, 2013. (See Attachment JJJ)</p> <p>B. All residents could be affected by this practice. No residents were harmed.</p> <p>C. Facilities Management staff will monitor 18 inch rule during quarterly preventative maintenance rounds.</p> <p>D. Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or designee.</p>	<p>1/18/14</p>

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N 901	<p>Continued From page 2 of the sprinkler.</p> <p>2. Observations of the plaster shop on 12/17/13 at 8:40 AM, revealed the fire extinguisher was blocked.</p> <p>3. Observations of the oxygen storage room on 12/17/13 at 9:05 AM, revealed the trash can running over and trash scattered about the floor.</p> <p>4. Observations of the elevator room on 12/17/13 at 9:09 AM, revealed an open trash can full of oily rags and trash on the floor in the corner.</p> <p>5. Observation of the elevator shafts on 12/17/13 at 2:25 PM, revealed trash in the bottom of the shafts.</p> <p>These findings were verified by the director of maintenance and acknowledged by the administrator during the exit conference on 12/17/13.</p>	N 901	<p>N901 (2)</p> <p>A. Items that were blocking fire extinguisher in plaster shop were relocated on December 17, 2013. (See Attachment KKK)</p> <p>B. All residents could be affected by this practice. No residents were harmed.</p> <p>C. Facilities Management staff will monitor fire extinguishers for blockage during monthly fire extinguisher inspections.</p> <p>D. Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or designee.</p> <p>N901 (3)</p> <p>A. Trash in oxygen storage room was discarded on December 27, 2013. (See Attachment LLL)</p> <p>B. All residents could be affected by this practice. No residents were harmed.</p> <p>C. Facilities Management Director or designee will monitor during weekly rounds.</p> <p>D. Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or designee.</p>	1/18/14

Division of Health Care Facilities

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N 901	<p>Continued From page 2 of the sprinkler.</p> <p>2. Observations of the plaster shop on 12/17/13 at 8:40 AM, revealed the fire extinguisher was blocked.</p> <p>3. Observations of the oxygen storage room on 12/17/13 at 9:05 AM, revealed the trash can running over and trash scattered about the floor.</p> <p>4. Observations of the elevator room on 12/17/13 at 9:09 AM, revealed an open trash can full of oily rags and trash on the floor in the corner.</p> <p>5. Observation of the elevator shafts on 12/17/13 at 2:25 PM, revealed trash in the bottom of the shafts.</p> <p>These findings were verified by the director of maintenance and acknowledged by the administrator during the exit conference on 12/17/13.</p>	N 901	<p>N901 (4)</p> <p>A. Discarded oily rags and trash on floor on December 19, 2013. (See Attachment MMM)</p> <p>B. All residents All residents could be affected by this practice. No residents were harmed.</p> <p>C. The Facilities Management Director will monitor during weekly rounds.</p> <p>D. Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or designee.</p> <p>N901 (5)</p> <p>A. Elevator shafts were cleaned and trash removed on December 19, 2013. (See Attachment NNN)</p> <p>B. All residents could be affected by this practice. No residents were harmed.</p> <p>C. The Facilities Management Director will monitor during weekly rounds.</p> <p>D. Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or designee.</p>	<p>1/18/14</p> <p>RECEIVED</p>
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