Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN1920	A. BUILDING: 01 - -RIBEIRO- B. WING _____	R 09/18/2018

NAME OF PROVIDER OR SUPPLIER
NASHVILLE COMMUNITY CARE & REHABILIT/

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

(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 000}	Initial Comments During the follow up survey conducted on 09/18/2018 all deficiencies were cleared.	{N 000}		
N 002	1200-8-6 No Deficiencies This Rule is not met as evidenced by: During the follow up survey conducted on 09/18/2018 all deficiencies were cleared.	N 002		

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN1920	A. BUILDING: 05 - ADMIN B. WING	07/23/2018

NAME OF PROVIDER OR SUPPLIER: NASHVILLE COMMUNITY CARE & REHABILIT/

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

(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 831	1200-8-6-.08 (1) Building Standards (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. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall environment The findings include: 1. Observation on 07/23/2018 at 11:53 AM, revealed blocked electrical panels in room 214. 2. Observations on 07/23/2018 at 1:57 PM, revealed water damage to the ceiling in the stairwell by room 315. The Maintenance director was present for the finding which was later acknowledged by the Administrator during the exit conference on 07/23/2018.	N 831	1200-8-6-.08 (1) Building Standards 1. What corrective action will be taken for the deficient practice identified: A. Items have been cleared from blocking electrical panels on 7/23/18. B. Maintenance Staff repaired damaged ceiling 7/31/18. No current leak in the area. 2. How will the facility identify other areas having the potential to be affected by the same deficient practice what will b the corrective action taken: A. Maintenance Director assessed all other like areas to ensure that electrical panels are not blocked. B. Maintenance staff inspected all ceilings for water damage. 3. What measures will be implemented or systematic changes made to ensure the deficient practice does not recur: A. All electrical panels in common areas will be labeled "Electrical Panel Do Not Block" B. Maintenance Director and/or designee will audit stairwells for water leaks 3x weekly for 4 weeks, monthly there after, or until compliance is achieved. 4. How will the corrective action be monitored to ensure the deficient practice does not recur:	8/31/2018

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

TITLE

(X6) DATE: 8/9/18

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - ADMIN B. WING	(X3) DATE SURVEY COMPLETED
	TN1920		07/23/2018

NAME OF PROVIDER OR SUPPLIER: NASHVILLE COMMUNITY CARE & REHABILIT/

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

(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 831	1200-8-6-.08 (1) Building Standards (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. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall environment The findings include: 1. Observation on 07/23/2018 at 11:53 AM, revealed blocked electrical panels in room 214. 2. Observations on 07/23/2018 at 1:57 PM, revealed water damage to the ceiling in the stairwell by room 315. The Maintenance director was present for the finding which was later acknowledged by the Administrator during the exit conference on 07/23/2018.	N 831	A. Maintenance Director and/or designee Will audit all electrical panels for blockage 3x weekly for 4 weeks, monthly there after or until compliance is achieved. B. Any negative findings will be recorded and report to Quality Assurance team in Monthly QA Meeting.	

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Anthony Mays | TITLE: Adm | (X6) DATE: 8/9/18

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 03 - BIRMINGHAM B. WING	(X3) DATE SURVEY COMPLETED
	TN1920		07/23/2018

NAME OF PROVIDER OR SUPPLIER: NASHVILLE COMMUNITY CARE & REHABILIT/

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

(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 848	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home 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. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain negative air pressure for the soiled utility area. The findings include: Observation on 07/23/2018 at 1:35 PM, revealed soiled containers stored in the deadend corridor by the soiled utility room on the second floor. The Maintenance director was present for the finding which was later acknowledged by the Administrator during the exit conferece on 07/23/2018.	N 848	1200-8-6-.08 (18) Building Standards 1. What corrective actions will be accomplished for the area of the building found to be affected by the deficient practice. A. The soiled brief hampers were removed from the hallway by the break room. 2. How will the facility identify other areas having the potential to be affected by the same deficient practice: A. All units have the potential to be affected by the same deficient practice. 3. What measures will be implemented or systematic changes made to ensure the deficient practice does not recur: A. Maintenance Director and/or Housekeeping/ Laundry Supervisor will reorganize the soiled utility room to fit the hampers. 4. How will the corrective action be monitored to ensure the deficient practice does not recur: A. Maintenance Director, Housekeeping/ Laundry Supervisor, or designee will audit the storage and placement of soiled brief hampers 3 times weekly x 4 weeks, then weekly for 3 months, then monthly thereafter or until compliance is achieved. B. Any negative findings will be presented to the QAA committee (Administrator, Asst. Administrator, DON, Medical Director, etc) for review and resolution.	8/31/2018

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Anthony Mays | TITLE: Admin | (X6) DATE: 8/9/18

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - -RIBEIRO- B. WING	(X3) DATE SURVEY COMPLETED
	TN1920		07/23/2018

NAME OF PROVIDER OR SUPPLIER: NASHVILLE COMMUNITY CARE & REHABILIT/

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

(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 000	Initial Comments A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 07/23/2018. During this Life Safety Survey, Nashville COmmuniy Care & Rehabilitation at Bordeaux was found not in substantial compliance with the requirements for participation in Medicare/Medicaid with Title 42 CFR Subpart 483.70(a), The Rules of Tennessee Department of Health Board for Licensing Health Care Facilities Chapter 1200-08-06 Standards For Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). * All damaged, painted, or corroded sprinklers shall be replaced in accordance with NFPA 25, Standards for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011 Edition).	N 000		
N 831	1200-8-6-.08 (1) Building Standards (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. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall environment The findings include:	N 831	1200-8-6-.08 (1) Building Standards 1. What corrective action was taken for the area found to have been affected by the deficient practice: A. Maintenance Staff repaired damaged ceiling tiles in Rooms 132 and 135 on 7/24/18. No current leak in the area. 2. How will the facility identify other areas having the potential to be affected by the same deficient practice: A. Maintenance staff inspected all ceilings for water damage on 7/24/2018.	8/31/2018

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Anthony Mays | Adm | 8/9/18

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - -RIBEIRO- B. WING	(X3) DATE SURVEY COMPLETED
	TN1920		07/23/2018

NAME OF PROVIDER OR SUPPLIER
NASHVILLE COMMUNITY CARE & REHABILIT/

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

(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 831	Continued From page 1 Observations on 07/23/2018 between 12:31 and 1:00 PM, revealed water damage to ceiling tiles in the following locations: a. RM 132 b. RM 135 The Maintenance director was present for the finding which was later acknowledged by the Administrator during the exit conference on 07/23/2018.	N 831	3. What measures will be implemented or systematic changes made to ensure the deficient practice does not recur: A. Maintenance Director and/or designee will assess all ares with ceiling tiles for water leaks 3x weekly for 4 weeks, monthly there after, or until compliance is achieved. 4. How will the corrective action be monitored to ensure the deficient practice does not recur: A. Any negative findings will be recorded and presented to the QAA Committee (Administrator, Asst Administrator, DON, Medical Director, etc) for review and resolution.	