

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445033	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - RIBEIRO B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2011
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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) COMPLETION DATE
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the smoke barriers.</p> <p>The findings included:</p> <p>Observations of the area above the ceiling by the 1st floor soiled utility room on 5/16/11 at 12:50 PM, revealed a penetration in the wall.</p> <p>This findings was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 5/16/11.</p>	K 025	<p>K 25 SS=D</p> <ol style="list-style-type: none"> What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Penetration above the ceiling by the 1st floor utility room was repaired on 5/17/11 How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents could be affected by this practice. No residents were harmed What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur? The Facilities Management staff will monitor during their quarterly fire penetration checks. How will the corrective actions be monitored to ensure the deficient practices will not recur? Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or Supervisor and a standing report of any deficiencies will be reported to the Safety and Quality meeting monthly. 	6/17/11
K 052 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p>	K 052		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Barbara Morrison</i>	TITLE Administrator	(X6) DATE 6/2/11
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K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the smoke barriers.</p> <p>The findings included:</p> <p>Observations of the area above the ceiling by the 1st floor soiled utility room on 5/16/11 at 12:50 PM, revealed a penetration in the wall.</p> <p>This findings was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 5/16/11.</p>	K 025		
K 052 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p>	K 052	<p>K 52 SS=D</p> <ol style="list-style-type: none"> What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Obstruction blocking pull station in corridor by room 123 was removed on 5/16/11. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents could be affected by this practice. No residents were harmed 	6/17/11

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K 052	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the fire alarm system. The findings included: Observations of the corridor by room 123 on 5/16/11 at 12:52 PM, revealed the fire alarm pull station was blocked with a cart. This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 5/16/11.	K 052	3. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur? The Facilities Management Director and Supervisor will monitor during their weekly rounds. 4. How will the corrective actions be monitored to ensure the deficient practices will not recur? Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or Supervisor and a standing report of any deficiencies will be reported to the Safety and Quality meeting monthly.	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the sprinkler system. The findings included: Observations of the 1st floor soiled utility room on	K 062	K 62 SS=D 1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Sprinkler escutcheon ring in 1 st floor soiled utility room was replaced on 5/19/11 2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents could be affected by this practice. No residents were harmed	6/17/11

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K 062	Continued From page 2 5/16/11 at 12:45 PM, revealed the sprinkler's escutcheon plate was missing. This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 5/16/11.	K 062	3. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur? The Facilities Management staff will monitor during their monthly preventive maintenance checks. 4. How will the corrective actions be monitored to ensure the deficient practices will not recur? Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or Supervisor.	
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K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the sprinkler system.</p> <p>The findings included:</p> <p>1. Observations of the storage room by room 423 on 5/16/11 at 10:10 AM, revealed supplies were stored within 18 inches of the sprinklers.</p> <p>2. Observations of the storage room by room 323 on 5/16/11 at 10:15 AM, revealed supplies were stored within 18 inches of the sprinklers.</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 5/16/11.</p>	K 062	<p>K 62 SS=D - 1</p> <p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The obstruction that was in violation of the 18" rule to the sprinkler head in the Storage Room by room 423 was removed on 5/16/11</p> <p>2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents could be affected by this practice. No residents were harmed</p> <p>3. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</p> <p>The Facilities Management Director and Supervisor will monitor storage rooms for any 18" rule violations during their weekly rounds.</p>	6/17/11
K 064 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the</p>	K 064	<p>4. How will the corrective actions be monitored to ensure the deficient practices will not recur?</p> <p>Documentation will be kept on file in the Facilities Management department and reviewed by the Facilities Management Director or Supervisor and a standing report of any violations will be reported to the Safety and Quality Committee.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Douglas Morrison</i>	TITLE <i>Administrator</i>	(X8) DATE <i>6/2/11</i>
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K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the sprinkler system.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Observations of the storage room by room 423 on 5/16/11 at 10:10 AM, revealed supplies were stored within 18 inches of the sprinklers. Observations of the storage room by room 323 on 5/16/11 at 10:15 AM, revealed supplies were stored within 18 inches of the sprinklers. <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 5/16/11.</p>	K 062	<p>K 62 SS=D - 2</p> <ol style="list-style-type: none"> What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? The obstruction that was in violation of the 18" rule to the sprinkler head in the Storage Room by room 323 was removed on 5/16/11 How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents could be affected by this practice. No residents were harmed 	6/17/11
K 064 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the</p>	K 064	<ol style="list-style-type: none"> What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur? The Facilities Management Director and Supervisor will monitor storage rooms for any 18" rule violations during their weekly rounds. How will the corrective actions be monitored to ensure the deficient practices will not recur? Documentation will be kept on file in the Facilities Management department and reviewed by the Facilities Management Director or Supervisor and a standing report of any violations will be reported to the Safety and Quality Committee. 	

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

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K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the sprinkler system.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Observations of the storage room by room 423 on 5/16/11 at 10:10 AM, revealed supplies were stored within 18 inches of the sprinklers. Observations of the storage room by room 323 on 5/16/11 at 10:15 AM, revealed supplies were stored within 18 inches of the sprinklers. <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 5/16/11.</p>	K 062	<p>K 64 SS=D</p> <ol style="list-style-type: none"> What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Equipment that blocked the fire extinguisher in the kitchen was removed on 5/16/11 How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents could be affected by this practice. No residents were harmed 	6/17/11
K 064 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the</p>	K 064	<ol style="list-style-type: none"> What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur? The Facilities Management staff will monitor during their monthly fire extinguisher checks. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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K 064	Continued From page 1 facility failed to maintain the fire extinguishers. The findings included: Observations of the kitchen area on 5/16/11 at 11:30 AM, revealed the fire extinguisher was blocked with equipment. This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 5/16/11. NFPA 101 LIFE SAFETY CODE STANDARD	K 064	4 How will the corrective actions be monitored to ensure the deficient practices will not recur? Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or Supervisor. K 141 SS=D	6/17/11
K 141 SS=D	Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to post a no smoking sign where oxygen was being stored. The findings included: Observations of the respiratory office located on the 2nd floor on 5/16/11 at 10:45 AM, revealed oxygen was stored in the room with no precautionary sign posted outside the room alerting that oxygen was present in the room.	K 141	1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? The oxygen cylinders stored in the Respiratory Therapy office on the 2 nd floor has been removed on 5/16/11 and stored in a storage closet marked Oxygen Storage	
K 147 SS=D	This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to post a no smoking sign where oxygen was being stored. The findings included: Observations of the respiratory office located on the 2nd floor on 5/16/11 at 10:45 AM, revealed oxygen was stored in the room with no precautionary sign posted outside the room alerting that oxygen was present in the room. This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 5/16/11. NFPA 101 LIFE SAFETY CODE STANDARD	K 147	2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents could be affected by this practice. No residents were harmed	
	Electrical wiring and equipment is in accordance		3. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur? The Facilities Management Director and Supervisor will monitor the facility for improper storage of Oxygen cylinders during their weekly rounds.	
			4 How will the corrective actions be monitored to ensure the deficient practices will not recur? Documentation will be kept on file in the Facilities Management department and reviewed by the Facilities Management Director or Supervisor and a standing report of any violations will be reported to the Safety and Quality Committee.	

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K 147	<p>Continued From page 2 with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical system.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observations of the elevator room located in the basement on 5/16/11 at 11:15 AM, revealed the light cover was missing. 2. Observations of the nourishment room located on the 1st floor on 5/16/11 at 11:30 AM, revealed an electrical outlet next to the sink was not a ground fault circuit interrupter. <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 5/16/11.</p>	K 147	<p>K 147 -1</p> <ol style="list-style-type: none"> 1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Light lens in Elevator room in basement was replaced on 5/16/11 2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents could be affected by this practice. No residents were harmed 3. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur? The Facilities Management staff will monitor during their monthly preventive maintenance checks. 4. How will the corrective actions be monitored to ensure the deficient practices will not recur? Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or Supervisor. 	6/17/11
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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
K 147	<p>Continued From page 2 with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical system.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Observations of the elevator room located in the basement on 5/16/11 at 11:15 AM, revealed the light cover was missing. Observations of the nourishment room located on the 1st floor on 5/16/11 at 11:30 AM, revealed an electrical outlet next to the sink was not a ground fault circuit interrupter. <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 5/16/11.</p>	K 147	<p>K 147 - 2</p> <ol style="list-style-type: none"> What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Electrical outlet in nourishment room near sink was changed to a GFCI on 5/19/11 How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents could be affected by this practice. No residents were harmed What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur? This is a one time fix but the Facilities Management staff will monitor GFCI during their monthly preventive maintenance checks. How will the corrective actions be monitored to ensure the deficient practices will not recur? Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or Supervisor. 	6/17/11