

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 05/16/2011 | |
|---|--|---|--|--------------------|
| 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 832 | <p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to comply with the Tennessee Department of Health Building Standards.</p> <p>The findings included:</p> <p>Observations on 5/16/11 from 10:05 AM until 12:56 PM revealed the following:</p> <p>a. The dining room located on the 2nd floor revealed holes in the walls.</p> <p>b. The medicine room located on the 2nd floor revealed holes in the walls.</p> <p>c. The biohazard room located on the 1st floor revealed the exhaust fan was not working.</p> <p>d. The biohazard room located on the 2nd floor revealed the exhaust fan was not working.</p> <p>e. The biohazard room located on the 3rd floor revealed the exhaust fan was not working.</p> <p>f. The biohazard room located on the 4th floor revealed the exhaust fan was not working.</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 5/16/11.</p> | N 832 | <p>N 832 - A</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? The holes in the dining room wall on the 2nd floor was repaired on 5/24/11 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 |

Division of Health Care Facilities

Barbara Monson
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Administrative Director
(X6) DATE
6/2/11

Division of Health Care Facilities

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| DIVISION OF HEALTH CARE FACILITIES REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Division of Health Care Facilities

Debrae Morrison
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Adm. Director 6/2/11

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If continuation sheet 1 of 1

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