

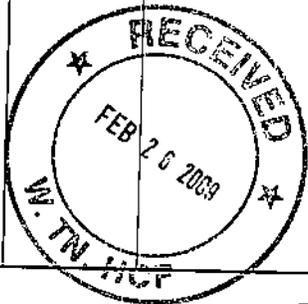
Division of Health Care Facilities

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 02/02/2009
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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) COMPLETE DATE
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N 832	1200-8-6-.08(2) Building Standards (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. This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the physical environment. The findings included: Observations during the facility tour on 2/2/09, revealed the following: a. The 4th floor nurses' station had water stained ceiling tiles. b. There was mold on the 4th floor ceiling tiles located above the fire doors next to room 426. c. Resident rooms 424, 430, and 431, on the 4th floor, had water stained ceiling tiles. d. The 2nd floor tub room had water stained ceiling tiles. The maintenance staff member verified the ceiling tiles on the 2nd and 4th floor had water stains or the presence of mold.	N 832	The plan of corrections is a requirement of federal law, but not necessarily an acknowledgement of any violation of federal laws and regulations. Prefix tag N 832 A <ul style="list-style-type: none"> All ceiling tiles mentioned in A, B, C, and D will be replaced by 3/6/09 B <ul style="list-style-type: none"> All residents could be affected by this practice. No residents were harmed C <ul style="list-style-type: none"> Facilities staff will continue to monitor broken and stained ceiling tiles during their monthly preventative maintenance rounds D <ul style="list-style-type: none"> Documentation will be kept on file in the Facilities Management department and reviewed by the Facilities Management Director or Supervisor. 	3/10/09
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Division of Health Care Facilities <i>Barbara Morrison</i> LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE <i>Administrator</i>	(X6) DATE <i>2/25/09</i>
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