

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

The plan of correction is a requirement of federal law, but not necessarily an acknowledgement of any violation of federal laws and regulations.

PRINTED: 04/05/2010  
FORM APPROVED  
OMB NO. 0938-0391

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  03/28/2010
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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-147-SS=D	<p><b>NFPA 101-LIFE SAFETY CODE STANDARD</b></p> <p>Electrical wiring and equipment is in accordance 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. National Fire Protection Association (NFPA) 70, 210-8(a)(6).</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Observations of the nourishment room on the first floor of the Ribeiro building on 3/28/10 at 12:30 PM, revealed the thermostat did not have a cover. NFPA 70, 110-12.</li> <li>Observations of the medication room in the Ribeiro building on 3/28/10 at 2:10 PM, revealed the Ground Fault Circuit Interrupter unit was not working. NFPA 70, 210-8(a)(6).</li> </ol> <p>These deficiencies were verified by the Maintenance Director and later acknowledged by the Administrator during the exit conference on 3/28/10.</p>	K-147	<p>K 147 SS=D</p> <ol style="list-style-type: none"> <li>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?  Thermostat cover in Ribeiro 1 Nourishment Room was replaced on 4/1/10  Thermostat cover in the Nourishment Room on Ribeiro 1 was fixed by the BLTC Building Operations Mechanic.</li> <li>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.</li> <li>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?  Facilities staff will continue to monitor all other thermostat covers during their monthly preventative maintenance rounds. Monitoring will be conducted by the Building Operations Mechanic, or Facilities Director or Facility Management Supervisor.</li> <li>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.</li> </ol>	4/28/10

*accept pdc  
4/19/10  
for chandler  
LSC*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Brenda Morrison</i>	TITLE Administrator	(X6) DATE 4/22/10
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

*This same report was faxed 4/22/10*

APR 29 2010

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 SERVICES FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/05/2010  
 FORM APPROVED  
 OMB NO. 0938-0391

TYPE OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445033	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - RIBEIRO B. WING _____	(X3) DATE SURVEY COMPLETED  03/28/2010
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PROVIDER OR SUPPLIER  AUX LONG TERM CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218
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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
<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Electrical wiring and equipment is in accordance 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. National Fire Protection Association (NFPA) 70, 210-8(a)(6).</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Observations of the nourishment room on the first floor of the Ribeiro building on 3/28/10 at 12:30 PM, revealed the thermostat did not have a cover. NFPA 70, 110-12.</li> <li>Observations of the medication room in the Ribeiro building on 3/28/10 at 2:10 PM, revealed the Ground Fault Circuit Interrupter unit was not working. NFPA 70, 210-8(a)(6).</li> </ol> <p>These deficiencies were verified by the Maintenance Director and later acknowledged by the Administrator during the exit conference on 3/28/10.</p>	K 147	<p>K-147-SS=D</p> <ol style="list-style-type: none"> <li>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?  The GFCI plug in the Medication room on R-1 was repaired on 3/30/10  GFCI plug in the medication room on R1 was fixed by the BLTC Building Operations Mechanic, Facilities Director or Facilities Management Supervisor.</li> <li>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</li> <li>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?  Facilities staff will continue to monitor all other electrical outlets during their monthly preventative maintenance rounds. Monitoring will be conducted by the Building Operations Mechanic or Facilities Director or Facilities Management Supervisor.</li> <li>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.</li> </ol>	
DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

A policy statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days after date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days after the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445033	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - BIRMINGHAM B. WING _____	(X3) DATE SURVEY COMPLETED  03/28/2010
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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><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></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, 19.3.7.6, 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 fire and smoke barriers. National Fire Protection Association (NFPA).</p> <p>The findings included:</p> <p>Observations of the elevator machine room in the administration building on 3/28/10 at 10:35 AM, revealed there were three penetrations around the electric conduits in the masonry wall. NFPA 101, 19.1.6.3.</p> <p>This deficiency was verified by the Maintenance Director and later acknowledged by the Administrator during the exit conference on 3/28/10.</p>	K 025	<p>K025 SS=D</p> <ol style="list-style-type: none"> <li>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?  Penetrations in the elevator mechanical room in the Administration basement were sealed on 4/2/10 using 3M Fire Stop.  Penetrations in the elevator mechanical room were fixed by the BLTC Building Operations Mechanic.</li> <li>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 patients could be affected by this practice. No residents were harmed</li> <li>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?  Penetrations will be checked during the quarterly preventive maintenance program for the inspection and repair of smoke and fire partitions. This will be completed by the Building Operations Mechanic or Facility Director or Facility Management Supervisor.</li> <li>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 Office and reviewed by the Facilities Management Director or Supervisor and a standing report made to the Safety Committee which in turn reports to the Quality Improvement Committee.</li> </ol>	4/28/10
K 052 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></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</p>	K 052		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Bordeaux Morrison* Administrator

(X6) DATE  
4/22/10

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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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K 052	Continued From page 1 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4  This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the fire alarm system. National Fire Protection Association (NFPA)  The findings included:  1. Observations on the fourth floor of the Birmingham building (west hall) on 3/28/10 at 10:45 AM, revealed the corridor fire door had a loose magnetic block.  2. Observations on the fourth floor of the Birmingham building (south hall) on 3/28/10 at 11:00 AM, revealed the magnetic block to the fire door was loose in the wall. NFPA 72; 101, 9.6.1.4.  These deficiencies were verified by the Maintenance Director and later acknowledged by the Administrator during the exit conference on 3/28/10. NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 052	K052_SS=E  1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?  Magnetic door holders in the Birmingham building fourth floor south hall were tightened on 4/2/10  Magnetic door holders in the Birmingham building were fixed by the BLTC Building Operations Mechanic.  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 patients 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?  Magnetic door holders will be checked during the quarterly preventive maintenance program for the inspection and repair of smoke and fire partitions. This will be completed by the Building Operations Mechanic or Facility Director or Facility Management Supervisor.  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 Office and reviewed by the Facilities Management Director or Supervisor and a standing report made to the Safety Committee which in turn reports to the Quality Improvement Committee.	4/28/10
K 147 SS=D		K 147		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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K 052	<p>Continued From page 1</p> <p>72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the fire alarm system. National Fire Protection Association (NFPA)</p> <p>The findings included:</p> <p>1. Observations on the fourth floor of the Birmingham building (west hall) on 3/28/10 at 10:45 AM, revealed the corridor fire door had a loose magnetic block.</p> <p>2. Observations on the fourth floor of the Birmingham building (south hall) on 3/28/10 at 11:00 AM, revealed the magnetic block to the fire door was loose in the wall. NFPA 72; 101, 9.6.1.4.</p> <p>These deficiencies were verified by the Maintenance Director and later acknowledged by the Administrator during the exit conference on 3/28/10.</p>	K 052	<p>K052 SS=E</p> <p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Magnetic door holders in the Birmingham building fourth floor west hall were tightened on 4/2/10</p> <p>Magnetic door holders were fixed by the BLTC Building Operations Mechanic.</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 patients 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>Magnetic door holders will be checked during the quarterly preventive maintenance program for the inspection and repair of smoke and fire partitions. This will be completed by the Building Operations Mechanic or Facilities Director or Facility Management Supervisor.</p> <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 Office and reviewed by the Facilities Management Director or Supervisor and a standing report made to the Safety Committee which in turn reports to the Quality Improvement Committee.</p>	
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2</p>	K 147		

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K 147	Continued From page 2  This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical system as required.  The findings included:  1. Observations of the dietary area in the Birmingham building on 3/28/10 at 10:55 AM, revealed the Ground Fault Circuit Interrupter next to the steamer, was not working. National Fire Protection Association (NFPA) 70, 210-8(a)(6).  2. Observations of the basement stairwell of the administration building on 3/28/10 at 10:28 AM, revealed the electric junction box did not have a cover plate. NFPA 70, 410-56(a).  These deficiencies were verified by the Maintenance Director and later acknowledged by the Administrator during the exit conference on 3/28/10.	K 147	K 147  1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?  The GFCI plug in the kitchen next to the steamer was removed on 4/1/10  GFCI plug in the kitchen was fixed by the BLTC Building Operations Mechanic.  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?  Plug was taken out of service and will no longer be an issue. Facilities staff will continue to monitor all other electrical outlets during their monthly preventative maintenance rounds. This monitoring will be conducted by the Building Operations Mechanic or Facilities Management Supervisor.  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.	4/28/10

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K-147	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical system as required.</p> <p>The findings included:</p> <p>1. Observations of the dietary area in the Birmingham building on 3/28/10 at 10:55 AM, revealed the Ground Fault Circuit Interrupter next to the steamer, was not working. National Fire Protection Association (NFPA) 70, 210-8(a)(6).</p> <p>2. Observations of the basement stairwell of the administration building on 3/28/10 at 10:28 AM, revealed the electric junction box did not have a cover plate. NFPA 70, 410-56(a).</p> <p>These deficiencies were verified by the Maintenance Director and later acknowledged by the Administrator during the exit conference on 3/28/10.</p>	K-147	<p>K147</p> <ol style="list-style-type: none"> <li>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?  Missing J Box cover in the Administration building basement was replaced on 4/6/10.  Missing J Box cover in the Administration building basement was fixed by the BLTC Building Operations Mechanic.</li> <li>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 patients could be affected by this practice. No residents were harmed</li> <li>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?  J Box covers will be checked during the quarterly preventive maintenance program for the inspection and repair of smoke and fire partitions. Checks will be done by Building Operations Mechanic or Facilities Director or Facilities Management Supervisor,</li> <li>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 Office and reviewed by the Facilities Management Director or Supervisor and a standing report made to the Safety Committee which in turn reports to the Quality Improvement Committee.</li> </ol>	
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