

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  03/28/2010
NAME OF PROVIDER OR SUPPLIER  BORDEAUX LONG TERM CARE		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 901	<p>1200-8-6-09(1) Life Safety</p> <p>(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the physical environment to ensure the safety and the well being of the residents.</p> <p>The findings included:</p> <p>Observations in the north section stair well of the Ribeiro building on 3/29/10 at 3:15 PM, revealed there was a leak from the roof that was causing damage to the interior part of the wall. Tennessee Department of Health (TDOH) 1200-08-06-08.</p> <p>This deficiency was verified by the Facility Maintenance Director and later acknowledged by the Administrator in the exit conference on 3/28/10.</p>	N 901	<p>N 901</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?  Roof leaks and wall damage in the Ribeiro building stairwells will be repaired by 5/4/10.  Roof leaks and wall damage in Ribeiro building stairwells will be repaired 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 leaks during their monthly preventative maintenance rounds. Monitoring will be conducted by Building Operations Mechanic or Facilities Management 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>	5/4/10

Division of Health Care Facilities

*Bonnie Monson*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*Administrative*

(X6) DATE

*4/22/10*

STATE FORM

6559

MH1L21

If continuation sheet 1 of 1

