

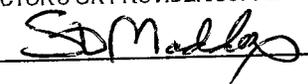
Division of Health Care Facilities

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 03/11/2015
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NAME OF PROVIDER OR SUPPLIER NASHVILLE COMMUNITY CARE & REHABILIT/	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 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain an overall environment.</p> <p>The findings included:</p> <p>Observations in the basement on 3/10/15 at 10:00 AM, revealed stained ceiling tiles throughout the basement.</p> <p>This finding was verified by the maintenance staff and acknowledge by the administrator during the exit conference on 3/11/15.</p>	N 831	<p>DISCLAIMER:</p> <p>Nashville Community Care & Rehab @ Bordeaux does not believe and does not admit that any deficiencies existed before, during or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self-critical examination privilege which the facility does not waive and reserves the right to assert in any proceeding. The facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.</p> <p style="text-align: right;">RECEIVED MAY 01 2015</p>	
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Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE S-1-15	(X6) DATE
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N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain an overall environment.</p> <p>The findings included:</p> <p>Observations in the basement on 3/10/15 at 10:00 AM, revealed stained ceiling tiles throughout the basement.</p> <p>This finding was verified by the maintenance staff and acknowledge by the administrator during the exit conference on 3/11/15.</p>	N 831	<p>N 831 1200-8-6-.08 (1) Building Standards</p> <p><u>Requirements:</u></p> <p>The facility must construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <ol style="list-style-type: none"> 1. On 3/10/15 the Plant Ops Director/designee replaced missing tiles throughout the basement. 2. On 3/10/15 the Plant Ops Director/designee conducted observation rounds to inspect ceiling tiles throughout the facility & replaced stained tiles as needed. 3. a. On 4/28/15 the Administrator conducted in-service training with the Plant Ops Director regarding changing of stained ceiling tiles to maintain smoke barrier. b. The Plant Ops Director/designee will check ceiling tiles for stains weekly x 4 & then monthly thereafter. This will be documented in the TELS system. 	

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