

Division of Health Care Facilities

AUG 31 2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1920	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED  08/13/2012
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 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, it was determined the facility failed to maintain the overall nursing home environment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Observations of the exit by the chapel on 8/13/12 at 11:52 AM, revealed a water stained ceiling tile.</li> <li>Observations of room 432 of the ribeiro building on 8/13/12 at 12:17 PM, revealed a large scratch on the wall.</li> <li>Observations of room 213 of the ribeiro building on 8/13/12 at 12:36 PM, revealed a water stained ceiling tile.</li> </ol> <p>These findings were acknowledged by the Director of Facilities Management, the Assistant Administrator, and the Interim Administrator during the exit conference on 8/13/12.</p>	N 831	<p>Tag N831 - 143</p> <ol style="list-style-type: none"> <li>Ceiling tile near Chapel exit and room 213 was replaced on 8/26/12</li> <li>All residents could be affected by this practice. No residents were harmed</li> <li>The Facilities Management staff will monitor during their monthly preventive maintenance checks.</li> <li>Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or Supervisor.</li> </ol> <p>Tag N831 - 2</p> <ol style="list-style-type: none"> <li>Large scratch on wall in room R-432 repaired on 8/26/12</li> <li>All residents could be affected by this practice. No residents were harmed</li> <li>The Facilities Management staff will monitor during their monthly preventive maintenance checks.</li> <li>Documentation will be kept on file in the Facilities Management Department and reviewed by the Facilities Management Director or Supervisor.</li> </ol>	<p>9/14/12</p> <p>9/14/12</p>

Division of Health Care Facilities

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REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator

(X6) DATE

8/30/12