

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

OTC 9/20/14

PRINTED: 08/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>Poc #1</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445235</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BOULEVARD TERRACE REHABILITATION AND NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130</b>
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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
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F 000	INITIAL COMMENTS  Complaint investigation #33729, #33844, #33861, #34085, and #34343, were completed at Boulevard Terrace Rehabilitation and Nursing Home on August 4 - 6, 2014. No deficiencies were cited related to complaint investigation #33729, #33844, #33861, #34085, and #34343. Deficiencies were cited unrelated to the complaint investigations under 42 CFR 483, Requirements for Long Term Care Facilities.	F 000		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY  The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to maintain visual privacy for two residents (#3, #10) of ten residents reviewed.  The findings included:  Resident #3 was admitted to the facility on April 7, 2014, with diagnoses including Obstructive Bronchitis, Congestive Heart Failure, and Late Effects of Cerebrovascular Accident (stroke).  Review of the Quarterly Minimum Data Set (MDS) dated July 15, 2014, revealed the resident was cognitively intact, required assistance for activities of daily living, and was incontinent of bowel and bladder.	F 241	The facility will promote care for the residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.  1.) The blinds were closed and the door was shut to provide visual privacy immediately for resident #3 and #10. The individual staff was educated immediately on visual privacy by the Administrator on 8/04/2014.  2.) The facility was audited by the Administrator by observing resident receiving care with no issues of not providing visual privacy during care.  3.) Clinical staff was educated on providing visual privacy to the residents during care by the Administrator and ADON on <u>8/08/2014</u> .	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Nickie McCaleb</i>	TITLE <i>Administrator</i>	(X6) DATE <i>8/27/2014</i>
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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.

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NAME OF PROVIDER OR SUPPLIER  BOULEVARD TERRACE REHABILITATION AND NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130		
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F 241	<p>Continued From page 1</p> <p>Observation of personal care, on August 5, 2014, at 4:52 p.m., in the resident's room revealed the resident pushed the call light and requested assistance with incontinence care. Continued observation revealed two Certified Nursing Assistants (CNA #1 and #2) entered the room, pulled the privacy curtain, undressed the resident, provided incontinence care, and re-dressed the resident, with the resident's window blinds open to a nearby busy shopping center parking lot.</p> <p>Resident #10 was admitted to the facility on June 27, 2014, with diagnoses including Chronic Pain, Chronic Obstructive Pulmonary Disease, Right Knee Replacement, and Coronary Artery Disease.</p> <p>Review of the Initial MDS dated July 23, 2014, revealed the resident was cognitively intact and required assistance with transfer, dressing, and weight bearing.</p> <p>Observation of resident #10, on August 5, 2014, at 5:02 p.m., from the corridor outside the resident's room, revealed the resident's door open, window blinds to an adjacent shopping center parking lot open, and the privacy curtain unused. Continued observation revealed Registered Nurse #1 (RN #1) and an X-ray Technician taking x-rays of the resident's lower extremity and left hip, in view of other residents, staff, visitors present in the hallway, and the parking lot adjacent to the window.</p> <p>Interview with the Administrator, on August 5, 2014, at 5:10 p.m., in the A Hall nursing station confirmed privacy curtains and blinds were to have been closed for both residents, doors were</p>	F 241	<p>4.) The DON or designees will observe five residents receiving care weekly to ensure visual privacy is provided. DON or designee will report these finding to the monthly Quality Assurance &amp; Assessment (QA &amp; A) committee meeting monthly times three months, then quarterly thereafter. The QA &amp; A Committee include the Medical Director, Administrator, Director of Nursing, and members of the Interdisciplinary team.</p> <p>Compliance Date: 09/12/2014</p>	

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F 241 Continued From page 2 to be closed, and the facility had failed to maintain visual privacy during care for residents #3, and #10.

F 244 SS=D 483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION  
  
When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.

This REQUIREMENT is not met as evidenced by:  
Based on review of Resident Council Meeting Minutes, review of Grievance/complaint Logs, and interview, the facility failed to resolve grievances related to the facility laundry services for four of seven months of Resident Council Meeting Minutes reviewed.

The findings included:

Review of Resident Council Meeting Minutes revealed the Resident Council had filed formal grievances related to the facilities laundry service for failure to eliminate odors from washed clothing and for providing linens which "felt rough." Continued review revealed the facility received complaints from the Resident Council on January 28, 2014, February 27, 2014, March 31, 2014, and April 29, 2014.

Continued review of the facility Grievance/Complaint Logs revealed the facility received additional complaints related to the

F 241

F 244

The facility will listen to the views and act upon the grievances and recommendation of residents and families concerning proposed policy and operational decision affecting residents care and life in the facility.

- 1.) In May the Administrator resolved the roughness and the chemicals were changed to eliminate the odor by working the chemical company that provided the chemicals to ensure the PH levels were appropriate.
- 2.) The Administrator reviewed the last six month of grievances and resident council minutes to ensure all grievances were resolved with no issues. In June's residents council I addressed the residents with no concerns.

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F 244	Continued From page 3 facility laundry services on January 9, 2014, and February 20, 2014.  Interview with the Maintenance Director on August 4, 2014, in the laundry room revealed the facility had terminated the contract with the prior laundry service in place from January 2014 to April 2014, and assumed responsibility for all facility laundry and housekeeping duties due to the failure of the contractor to address issues with odors in cleaned clothing and bedding materials. Continued interview confirmed the Resident Council had filed grievances related to the matter which the facility had failed to address until May 2014.	F 244	3.) Social Services were educated on 08/05/2014 by the Administrator to act upon all grievances and recommendation of the residents and families concerning policy and operational decision affecting residents care and life in the facility. In May the Resident Council coordinator put concerns from the resident council meeting on grievance forms for actions. This is the standard of practice since May and ongoing with no concerns from the residents.  4.) The Administrator or designee will audit all grievances weekly to ensure resolutions were concluded. The Administrator and designee will report to the monthly Quality Assurance & Assessment (QA & A) committee meeting monthly times three months, then quarterly thereafter. The QA & A Committee include the Medical Director, Administrator, Director of Nursing, and members of the Interdisciplinary team.  Compliance Date: 09/12/2014		