

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

PRINTED: 01/07/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445235	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  01/04/2016
NAME OF PROVIDER OR SUPPLIER  BOULEVARD TERRACE REHABILITATION AND NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130	
(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 021 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain the cross corridor fire doors.</p> <p>The findings included:</p> <p>Observations on 1/4/2016 at 10:22 AM, revealed the cross corridor fire doors near Director of Nursing office do not latch properly within the frame (bottoms).</p> <p>This finding was verified by director of maintenance and acknowledged by the administrator during the exit conference on 1/4/2016.</p>	K 021	<p>K 021</p> <p>1. The cross corridor fire doors near the Director of Nursing office will be fixed by the maintenance department by February 6, 2016.</p> <p>2. All other Fire Doors were inspected by the maintenance department on 1-14-16 to verify that that they properly latched. No other concerns were identified</p> <p>3. The Maintenance Department received education on 1-14-16 by the Administrator that all fire doors must latch properly with in the frames.</p> <p>4. The cross corridor fire doors near the Director of Nursing office will be inspected weekly x4 weeks and all other fire doors will be inspected weekly x4 weeks to verify they are properly latching by the Director of Maintenance or Designee. After 4 weeks, door latches will be checked once a month to ensure door latches are working properly. Results will be reviewed by QAPI to include the Administrator, Director of Nursing, Therapy Director, Maintenance Director, Housekeeping Director, Activities Director, Human Resources, Resident Financial Coordinator, Social Services, MDS, Admissions, and Dietary Manager x3 months. Any aberrancies will be addressed, interventions developed and corrective action taken.</p> <p>5. February 6, 2016</p>	02-06-16
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 025		

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

TITLE

(X6) DATE

*Annela Bagwood, RN*

*Administrator*

*1-14-16*

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.

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

PRINTED: 01/07/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445235	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  01/04/2016
NAME OF PROVIDER OR SUPPLIER  BOULEVARD TERRACE REHABILITATION AND NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130	
(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	Continued From page 1 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, 19.3.7.5, 19.1.6.3, 19.1.6.4  This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain fire/smoke barriers.  The findings included:  Observation of the C hall med room on 1/4/2016 at 10:48 AM, revealed two (2) penetrations. NFPA 101, 8.2.3.2.4.2 (2000 Edition)  This finding was verified by the director of maintenance and acknowledged by the administrator during the exit conference on 1/4/2016.	K 025	K 025 1. The two penetrations in the C Hall Med room were fixed on 1-14-16 by Maintenance. 2. The entire facility was inspected on 1-14-16 by the maintenance department to identify other possible penetrations, none were identified. 3. Education was done by the Administrator with the maintenance department on 1-14-16 about the importance of inspecting, identifying and fixing penetrations for fire safety. 4. The Director of Maintenance or designee will inspect smoke barriers monthly with preventive maintenance program to ensure that smoke barriers are up to code. Results will be reviewed by QAPI x3 months. Any aberrancies will be addressed, interventions developed and corrective action taken. 5. February 6, 2016	02-06-16
K 130 SS=D	NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786  This STANDARD is not met as evidenced by: NFPA 110, 3-5.6.1 (1999 Edition)	K 130		

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

PRINTED: 01/07/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445235	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  01/04/2016
NAME OF PROVIDER OR SUPPLIER  BOULEVARD TERRACE REHABILITATION AND NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130	
(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 130	<p>Continued From page 2</p> <p>A remote, common audible alarm powered by the storage battery shall be provided as specified in 3-5.5.2(d). This remote alarm shall be located outside of the EPS service room at a work site readily observable by personnel.</p> <p>Based on observations, the facility failed to comply with the Life Safety Code.</p> <p>Observation on 1/4/2016 at 10:51 AM, revealed the facility failed to provide an annunciator for the emergency generator. (1 of 2)</p> <p>This finding was verified by the director of maintenance and acknowledged by the administrator during the exit conference on 1/4/2016.</p>	K 130	<p>2. Other generator was inspected on 1-14-16 by the maintenance department and has a working annunciator.</p> <p>3. Education was done on 1-14-16 by the Administrator with the maintenance department on the Life Safety Code that a remote, common audible alarm powered by a storage battery shall be provided for all emergency generators.</p> <p>4. Once installed, Director of Maintenance or designee will monitor the annunciator weekly x4 weeks to ensure it is working correctly and then monthly with the required generator test as part of the preventative maintenance program. Results will be reviewed by QAPI x3 months. Any aberrancies will be addressed, interventions developed and corrective action taken.</p> <p>5. March 6, 2016</p>	03-06-16