

454 11/30/14

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  10/13/2014
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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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(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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K 018 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the doors protecting the corridors.</p> <p>The finding included:</p> <p>Observation of resident rooms 14 and 54 on 10/13/14 at 9:50 AM, revealed the room doors were sticking to the door frame. The doors had to be slammed for them to close within the door flames. NFPA 101, 19.3.6.3.2 (2000 Ed)</p> <p>This finding was verified by the maintenance director during the survey and acknowledged by</p>	K 018	<p>K018 The facility will ensure to maintain the doors protecting the corridors.</p> <p>A. The doors of resident's rooms 14 and 54 were sanded down by the Maintenance Director to ensure proper closing of the doors on 10-20-2014.</p> <p>B. The Maintenance Director observed the doors protecting the corridors in the facility to ensure proper closing with no new issues on 10-20-2014.</p> <p>C. The Maintenance Director was educated on 11-06-2014 by the Administrator to maintain the doors protecting the corridors. The Maintenance Director or designee will check all doors protecting the corridors weekly to ensure properly closing.</p> <p>D. The Maintenance Director 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>Completion Date: 11/14/2014</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Maria N. McCaleb</i>	TITLE <i>Administrator</i>	(X6) DATE <i>11-16-14</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		
(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 018	Continued From page 1 the administrator during the exit conference on 10/13/14.	K 018			
K 061 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1  This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to supervise the sprinkler system's post indicating vaule.  The finding included:  Observation on 10/13/14 at 12:00 PM, revealed the sprinkler system's post indicating vaule was not supervised to main fire alram panel. NFPA 72, 2-9.1 (1999 Ed)  This finding was verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 10/13/14.	K 061	K061 The facility will supervise the sprinkler system post indicating valve.  A. The sprinkler system's post indicating valve will be connected to the main fire alarm panel on 11-20-2014 by Simplex Grinnell.  B. The Maintenance Director observes the facility to determine that all residents are at risk regarding this identifi@d deficient practice.  C. The Maintenance Director was educated on 11-06-2014 by the Administrator on supervising the sprinkler system post indicating valve. The Maintenance Director or designee will check all supervisor valves monthly to ensure compliance.  D. The Maintenance Director or designee will report these finding 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.  Completion Date: 11-29-2014		
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062			

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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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K 062	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the sprinkler system.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Observation of the main entrance canopy on 10/13/14 at 9:50 AM, revealed 2 corroded sprinklers. NFPA 25, 2-2.1.1 (1998 Ed)</li> <li>2. Observation of the A corridor storage room on 10/13/14 at 10:35 AM, revealed 2 different types of sprinklers installed in the room within 8 inches of each other. NFPA 13, 5-5.1 (1999 Ed)</li> <li>3. Observation on 10/13/14 at 10:45 AM, revealed a quick response sprinkler installed in the A corridor next to the break room. Fusible link standard sprinkler are installed throughout the A corridor. NFPA 13, 5-3.1.5.2 (1999 Ed)</li> <li>4. Observation of the kitchen on 10/13/14 at 10:46 AM, revealed 2 corroded sprinklers. NFPA 25, 2-2.1.1 (1999 Ed)</li> <li>5. Observation on 10/13/14 at 10:55 AM, revealed storage under the canopy located outside the kitchen service corridor with no sprinklers installed. The canopy was constructed of noncombustible materials. NFPA 13, 5-13.8.1 (1999 Ed)</li> <li>6. Observation of 10/13/14 at 11:05 AM, revealed a lint covered sprinkler in the corridor next to room 17. NFPA 25, 2-2.1.1 (1998 Ed)</li> <li>7. Observation on 10/13/14 at 10:11 AM, revealed storage under the canopy located</li> </ol>	K 062	<p>K 062 The facility will ensure the sprinkler system is maintain in reliable operating conditions and are inspected and tested periodically.</p> <p>A.</p> <ol style="list-style-type: none"> <li>1. The sprinkler heads under the main entrance canopy were replaced on 11-10-2014 by Simplex Grinnell.</li> <li>2. The sprinkler head on A corridor storage room was removed on 11-10-2014 by Simplex Grinnell.</li> <li>3. The quick response sprinkler head on A corridor was replaced with a fusible link standard sprinkler on 11-10-2014 by Simplex Grinnell.</li> <li>4. The sprinkler heads in the kitchen were replaced on 11-10-2014 by Simplex Grinnell.</li> <li>5. The storage under the canopy located outside the kitchen service corridor was removed on 10/15/2014 by the Maintenance Director.</li> <li>6. The sprinkler in the corridor next to room 17 was cleaned on 11-04-2014 by the Maintenance Director.</li> <li>7. The storage under the canopy located outside the laundry room were removed on 11-7-2014 by the Maintenance Director.</li> <li>8. The two corroded sprinkler heads were replaced on 11-10-2014 by Simplex Grinnell.</li> </ol>	

CENTERS FOR MEDICARE & MEDICAID SERVICES

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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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K 062	Continued From page 3 outside the laundry room with no sprinklers installed. The canopy was constructed of noncombustible materials. NFPA 13, 5-13.8.1 (1999 Ed)  8. Observation of the laundry room on 10/13/14 at 11:12 AM, revealed 2 corroded sprinklers. NFPA 25, 2-2.1.1 (1999 Ed)  9. Observation of the laundry room on 10/13/14 at 11:13 AM, revealed a lint covered sprinkler. NFPA 25, 2-2.1.1 (1999 Ed)  These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 10/13/14.	K 062	9. The lint covered sprinkler head in the laundry was cleaned on 11-04-2014 by Simplex Grinnell.  B. The Maintenance Director observed the sprinkler system in the facility to ensure reliable operating conditions with no issues found on 10-20-2014.  C. The Maintenance Director was educated on 11-06-2014 by the Administrator on inspecting the sprinkler system to maintain proper operating conditions. The Maintenance Director or Designee will observe the facility sprinkler system in the facility to ensure reliable operating condition monthly.  D. The Maintenance Director or designee will report these finding 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.  Completion Date:11-20-2014	
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Smoking regulations are adopted and include no less than the following provisions:  (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.  (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.  (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.  (4) Metal containers with self-closing cover	K 066		

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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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K 066	Continued From page 4 devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4  This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to comply with the required adopted smoking regulations.  The finding included:  Observation of the employees' and residents' outside designated smoking areas on 10/13/14 at 10:10 AM, revealed the facility failed to provide metal containers with self-closing cover devices into which ashtrays can be emptied readily available where smoking was permitted. NFPA 101, 19.7.4 (2000 Ed)  This finding was verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 10/13/14.	K 066	F066 The facility will comply with the required adopted smoking regulation.  A. Metal containers with self-closing cover devices into which ashtrays can be emptied are available to the residents and employee's designated smoking areas on 10/28/2014 by the Maintenance Director.  B. Maintenance Director observed the facility to ensure all required adopted smoking regulations were met with no issues found on 10-28-2014.  C. The Maintenance Director was educated on 11-06-2014 by the Administrator on ensuring smoking requirements are met throughout the facility. The maintenance director or designee will make rounds at the facility weekly to ensure all required smoking regulations are met.  D. The Maintenance Director or designee will report these finding 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.  Completion Date: 11-14-2014		
K 069 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to protected their cooking facilities  The finding included:	K 069			

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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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K 069	Continued From page 5  Observation of kitchen on 10/13/14 at 10:45 AM, revealed the kitchen's exhaust hood system filters were dirty (grease). NFPA 96, 8-3.1.1 (1998 Ed)  This finding was verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 10/13/14.	K 069	F069 The facility will protect their cooking facilities.  A. The kitchen's exhaust hood system filters were cleaned on October 15 <sup>th</sup> 2014 by the Maintenance Director. B. The Maintenance Director observed the cooking facilities with no other issues with the cooking facility. C. The Maintenance Director was educated on 11-06-2014 by the Administrator on protecting the cooking facility. The Maintenance Director or designee will clean the exhaust hood system every week to protect the cooking facility . D. The Maintenance Director or designee will report these finding 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.  Completion Date: 11-14-2014		
K 076 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to protect the oxygen storage room.  The findings included:  Observation of the oxygen storage room on 10/13/14, at 10:27 AM., revealed combustibles stored within 5 feet of the oxygen cylinders. NFPA 99, 8.3.1.11.2 (1999 Ed)	K 076	F 076 The facility will protect the oxygen storage room.		

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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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K 076	Continued From page 6 This finding was verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 10/13/14.	K 076	A. In the oxygen storage room the combustibles were stored within five feet of the oxygen cylinders and the shelves were removed on 10-16-2014 by the Maintenance Director.	
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.  This STANDARD is not met as evidenced by: Based on records review, it was determined the facility failed to exercised the generator under load for 30 minutes per month.  The finding included:  Records review on 10/13/14 at 11:50 AM, revealed the generator was only exercised for 20 minutes under load during Jan and Feb of 2014. NFPA 110, 6-4.1 (1999 Ed)  This finding was verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 10/13/14.	K 144	B. The Maintenance Director observed the facility to ensure areas are compliance with medical gas storage and administration according to standards with no issues on 10/16/2014. All residents are at risk for the identified deficient practice. C. The Maintenance Director, nursing staff, and non-clinical staff will be educated by the Nurse Educator on 11/07/2014 on ensure proper storage of oxygen. The Maintenance Director or designee will observe the facility monthly to ensure areas are compliance with medical gas storage and administration according to standards. D. The Maintenance Director or designee will report these finding 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.  Completion Date: 11-14-2014	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		

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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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K 147	<p>Continued From page 7</p> <p>This STANDARD is not met as evidenced by: Based on observations and records review, it was determined the facility failed to maintain the electrical equipment.</p> <p>The findings included:</p> <p>Records review on 10/13/14 at 11:51 PM, revealed the facility did not conduct the required annual retention force test of the grounding blade of each electrical receptacle located in the patient care areas in the A and B corridors. NFPA 99, 3-3.3.3 (1999 Ed)</p> <p>This finding was verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 10/13/14.</p>	K 147	<p>K144 The generator will be inspected weekly and exercised under load for 30 minutes per month accordance to codes.</p> <p>A. The generator was inspected and exercised under load for 30 minutes on 10-15-2014 by the Maintenance Director.</p> <p>B. The Maintenance Director determined that all residing residents were affect by this on 10-15-2014. All residents were at risk regarding the identified deficient practice.</p> <p>C. The Maintenance Director was educated on 11-06-2014 by the Administrator on conducting 30 minute load test. The Maintenance Director or designee will inspect weekly and exercise under load for 30 minutes per month accordance to codes.</p> <p>D. The Maintenance Director 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>Completion date: 11-14-2014</p>		

Division of Health Care Facilities

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NAME OF PROVIDER OR SUPPLIER  BOULEVARD TERRACE REHABILITATION ANC	STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130
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N 002	1200-8-6 No Deficiencies  Based on observations and records review, it was determined the facility had deficiencies.	N 002	<p>K 147 The facility will maintain the electrical equipment.</p> <p>A. The annual retention force test of the grounding blade of each electrical receptacles located in the patient care areas in the A and B corridors was conducted on 11-04-2014 by the Maintenance Director.</p> <p>B. The Maintenance Director observed the facility electrical equipment to determine no issues on 11-04-2014.</p> <p>C. The Maintenance Director was educated on 11-06-2014 by the Administrator on conducting annual retention test. The Maintenance Director will test the retention test of the grounding blade of each electrical receptacles located in the patient care areas annually.</p> <p>D. The Maintenance Director or designee will report these finding to the monthly Quality Assurance &amp; Assessment (QA &amp; A) committee meeting. The QA &amp; A Committee include the Medical Director, Administrator, Director of Nursing, and members of the Interdisciplinary team.</p> <p>Completion Date: 11-14-2014</p>	

Division of Health Care Facilities

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

TITLE

(X6) DATE

*Maria N. McCall*

*Administrator*

11-6-14