Division of Health Care Facilities

PRINTED: 09/04/20
FORM APPROVE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	TN7506		08/31/2015

NAME OF PROVIDER OR SUPPLIER: NORTHSIDE HEALTH CARE NURSING AND RE

STREET ADDRESS, CITY, STATE, ZIP CODE: 202 EAST MTCS ROAD 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) COMPLETE DATE
N 901	1200-8-6-.09(1) Life Safety (1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations. This Rule is not met as evidenced by: Based on observations, the facility failed to comply with applicable building and fire safety regulations. The finding included: Observation on 8/31/2015 at 10:38 AM, revealed combustible materials (wheelchair and pictures) around ignition source next to the gas water heater in boiler room. NFPA 1, 4.1.4.2.4 (2012 Edition) This finding was verified by the maintenance director and acknowledge by the administrator during the exit conference on 8/31/2015.	N 901	**N-901** **SS=D** **1200-8-6-09(1) LIFE SAFETY** **Corrective Action:** 1. On 8/31/15, the Maintenance Director removed all combustible items (wheel chair and pictures) from around the ignition source next to the gas water heater in the boiler room. 2. On 8/31/15, the Maintenance Director checked all areas like this to ensure no other areas were affected. 3. On 9/15/15, the Administrator inserviced the Maintenance Director on ensuring that no combustible materials are around an ignition source within the facility. 4. The Maintenance Director and/or the Administrator will conduct weekly rounds ignition sources to ensure continued compliance and report any non-compliance in QA. **Completion Date:** **09/15/15**	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature]

TITLE: Administrator

(X6) DATE: 9/21/15

STATE FORM 6899 EE2W21