Division of Health Care Facilities

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
	TN8306		**06/28/2017**

NAME OF PROVIDER OR SUPPLIER

NHC HEALTHCARE, HENDERSONVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE

370 OLD SHACKLE ISLAND RD
HENDERSONVILLE, TN 37075

(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	1200-8-6-.08 (1) Building Standards (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. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall physical environment. The findings included: 1. Observation on 6/26/17 at 11:32 AM, revealed the deep fat fryer on castors in the kitchen was not restrained. NFPA 101, 19.5.1 (2012 Edition) NFPA 101, 9.1.1 (2012 Edition) NFPA 54, 9.6.1.2 (2012 Edition) 2. Observation on 6/26/17 at 11:33 AM, revealed the exit from the kitchen to the serving hall was obstructed with storage and carts. NFPA 101, 19.2.1 (2012 Edition) NFPA 101, 7.1.10.1* (2012 Edition) 3. Observation on 6/26/17 at 11:50 AM, revealed two (2) sets of three (3) hour fire doors on the 100 and 300 hall ways had combustible material underneath the bottom of the doors. NFPA 101, 8.3.3.1 (2012 Edition) NFPA 80, 4.8.5.2 (2010 Edition) 4. Observation on 6/26/17 at 10:15 AM-2:01 PM, had penetrations improperly sealed/not sealed at the roofline/mixed firestop/ not approved existing (blowout patches) in the following locations: a. All rated walls above the ceiling throughout the	N 831		

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN8306	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	06/28/2017

NAME OF PROVIDER OR SUPPLIER

NHC HEALTHCARE, HENDERSONVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE

370 OLD SHACKLE ISLAND RD
HENDERSONVILLE, TN 37075

(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	Continued From page 1 whole facility on but not limited to the 100, 300, and 400 halls. b. 100 hall mechanical room (mixed fire stop) c. 100 hall air handler room (mixed fire stop) (1 half inch conduit not sealed) d. ICF mechanical room (3) ceiling penetrations , (2 inch conduit) (1 inch conduit acoustical caulk) (2 blowout patches). e. Ceiling in the area behind the dryer (mixed fire stop and fire stop falling out) f. PT electrical closet (mixed firestop) NFPA 101, 8.3.5 (2012 Edition) The maintenance director was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 6/26/17.	N 831		