**Statement of Deficiencies and Plan of Correction**

**(X1) Provider/Supplier/Clinical Identification Number:**

445236

**(X2) Multiple Construction**

A. Building 01 - Main Building 01

B. Wing

**(X3) Date Survey Completed:**

09/10/2013

**Name of Provider or Supplier:**

Bolevard Terrace Rehabilitation and Nursing Home

**Street Address, City, State, Zip Code:**

1630 Middle Tennessee Blvd

Murfreesboro, TN 37130

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>K062</td>
<td>SS=E</td>
<td>Life safety code standard</td>
<td>Facility required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.</td>
<td>10/21/13</td>
</tr>
<tr>
<td>K147</td>
<td>SS=E</td>
<td>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2</td>
<td>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical system. The finding included: On 9/10/13 at 10:30 AM, observation within the beauty parlor revealed the electric cord to the hair dryer was overly stretched.</td>
<td></td>
</tr>
</tbody>
</table>

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**Laboratory Director's or Provider/Supplier Representative's Signature:**

[Signature]

**Title:**

[Title]

**Date:**

9/10/13

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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 required to continued program participation.
K 147 Continued From page 1

This was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 9/10/13.

<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 147</td>
<td>Continued From page 1</td>
<td>K 147</td>
<td>K147 SS=E Life safety code standards</td>
</tr>
</tbody>
</table>

Facility ensures electrical wiring and equipment is in accordance with NFPA 70.

Residents Affected/Potentially Affected by the Cited Deficient Practice:
No specific residents were identified.

Identification of Other Residents Potentially Affected:
Resident residing in the facility have the potential to be affected.

Measures/Systemic Changes Implemented:
Audit weekly X4 then monthly X3 by Maintenance Director electrical cords in beauty shop area to ensure electrical wire length is appropriate.

Monitoring:
These findings will be presented by maintenance in the monthly Quality Assurance Committee monthly x 4 months which is attended by the Executive Director, Director of Nursing, Medical director, Social Services, Activity Director to determine compliance.