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

RECEIVED

PRINTED: 09/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445133	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/07/2010

NAME OF PROVIDER OR SUPPLIER
ALLEN MORGAN HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
177 NORTH HIGHLAND
MEMPHIS, TN 38111

(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 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain exit egress from the building to a public way. The findings included: Observations of the rear kitchen exit on 9/7/10 at 10:30 AM, revealed a parked car obstructing the exit discharge.	K 038	K038 Exit access must be arranged so that exits are readily accessible at all times. 1) Trezevant Manor installed an area of refuge with stripping on the floor of the parking garage just outside of the exit door. There is a line of egress in front of the door that follows both ways from the kitchen door to the North and the South that is designated as the path of egress that the employees can follow and recognize. 2) All exits have the potential to be affected by the deficient practice. 3) In-service training will be done quarterly and PRN for evacuation of the kitchen. 4) The Director of Plant Operations and /or his designee will be responsible for continued compliance. Findings will be reported to the QA&A Committee x 2 months. then PRN thereafter.	9/24/10
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to ensure that all smoke detectors had the required clearance from the air supply	K 052	K052 A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 & 72. smoke detectors must have the required clearance from the air supply diffusers.	9/24/10

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

(X6) DATE

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

RECEIVED
OCT 2 3 2010

PRINTED: 09/10/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445133	A. BUILDING 01 - MAIN BUILDING 01 B. WING	09/07/2010

NAME OF PROVIDER OR SUPPLIER
ALLEN MORGAN HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
177 NORTH HIGHLAND
MEMPHIS, TN 38111

(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 052	Continued From page 1 diffusers. The findings included: Observations of the rehab therapy area on 9/7/10 at 10:45 AM, revealed a smoke detector was to close to the air supply diffuser in front of exam room 110.	K 052	1) The smoke detector and the diffuser have been moved permanently to maintain the three foot clearance required by the Code. 2) All smoke detectors and diffusers have the potential to be affected by the deficient practice. 3). All other smoke detectors and diffusers have been evaluated to ensure compliance. 4) The Director of Plant Operations and/or his designee is responsible for continued compliance with National Electrical Code 70 and 72.	
K 062 SS=D	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 This STANDARD is not met as evidenced by: Based on observations, it was determined that the facility failed to maintain sprinkler heads. The findings included: 1. Observations of the kitchen on 9/7/10 beginning at 10:25 AM revealed the following: a. Three (3) of 4 sprinkler heads in the main cooking side of the kitchen had a buildup of lint and grease. b. Seven (7) of the 7 sprinkler heads in the serving side of the kitchen had a buildup of grease and lint. c. Four (4) of the 6 sprinkler heads in the dishwasher area had a buildup of grease and lint. 2. Observations of the laundry area on 9/7/10 at 10:35 AM, revealed 2 of the 2 sprinkler heads behind the dryers had a heavy buildup of lint.	K 062	K 062 Required automatic sprinkler systems will be continuously maintained in a reliable operating condition and will be inspected and tested periodically. 1) During the survey, the 14 sprinkler heads in the kitchen and the 2 sprinkler heads in the laundry were cleaned. 2) All sprinkler heads have the potential to be affected by the deficient practice. 3) Housekeeping and/or maintenance will clean all sprinklers each month and PRN to maintain sprinkler heads clean and operational. 4) The housekeeping manager and/or designee will inspect the cleanliness of the sprinkler heads weekly to ensure compliance. Findings will be reported to the QA & A Committee x 2 months and PRN thereafter.	9/24/10