

JUN 07 2013

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN7901	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  05/21/2013
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NAME OF PROVIDER OR SUPPLIER  ALLEN MORGAN HEALTH AND REHABILITATI	STREET ADDRESS, CITY, STATE, ZIP CODE 177 NORTH HIGHLAND MEMPHIS, TN 38111
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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) COMPLETE DATE
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N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to maintain all resident room bath accessories.</p> <p>The findings included:</p> <p>Observation of resident room 219 on 5/21/13 at 9:20 AM, revealed the toilet tissue holder had pulled away from the wall.</p>	N 831	<p>The toilet tissue holder in Room #219 was replaced.</p> <p>Maintenance will check all resident rooms to ensure that all other tissue holders are not pulled away from the wall and are stationary.</p> <p>Staff will be in-serviced to report environmental issues needing repair to the front desk receptionist so that a work order can be completed for repair.</p> <p>Maintenance will check all resident rooms monthly to ensure compliance.</p> <p>Findings will be reported to the QA Committee for review monthly x2, then PRN thereafter.</p>	June 15, 2013
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Tom Harlan* TITLE Administrator DATE 6/6/13

STATE FORM 6599 YDS021 If continuation sheet 1 of 1