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
	TN7916	A. BUILDING 01 - MAIN BUILDING 01 B. WING	09/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICARE HEALTH AND REHABILITATION (	3391 OLD GETWELL RD MEMPHIS, TN 38118

(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, it was determined the facility failed to maintain the condition of the nursing home environment in such a manner that the safety and well being of the residents was maintained. The findings included: During the tour of the facility on 9/10/12 beginning at 9:45 AM revealed the following: 1. McRee Building a. The clean linen room on the 1st floor did not have positive pressure inside the room. b. The soiled linen room on the 1st floor did not have negative pressure inside the room. 2. Magoffin Building - 1st floor a. The clean linen room on the 1st floor did not have positive pressure inside the room. b. The handrail at room 118 was loose on the wall and at room 110 the handrail was missing. 3. Magoffin Building - 2nd floor a. The ceiling tile in the west stairwell was missing.	N 831		