

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7916	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2010
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NAME OF PROVIDER OR SUPPLIER AMERICARE HEALTH AND REHABILITATION (STREET ADDRESS, CITY, STATE, ZIP CODE 3391 OLD GETWELL RD MEMPHIS, TN 38118
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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
N1409	<p>1200-8-6-.14(2)(a)5.(i) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(i) Fire Safety Procedures Plan, to be exercised at any time during the year, shall include:</p> <p>(I) Minor fires;</p> <p>(II) Major fires;</p> <p>(III) Fighting the fire;</p> <p>(IV) Evacuation procedures;</p> <p>(V) Staff functions by department and job assignment; and,</p> <p>(VI) Fire drill schedules (fire drills shall be held at least quarterly on each work shift).</p> <p>This Rule is not met as evidenced by: Based on record review, it was determined the facility failed to conduct disaster drills during the last 12 months.</p>	N1409	<p>Disaster Preparedness</p> <p>All employees of AmericARE will be in-serviced, by the Administrator and/or Assistant Administrator, on disaster preparedness, including plans for a tornado, a bomb threat, and an earthquake or flood.</p> <p>Drills for a tornado, a bomb threat, and an earthquake or flood, will be conducted annually.</p>	6/30/10

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Robert A. ...* TITLE *Administrator*

(X6) DATE *7-1-10*

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N1409	Continued From page 1 The findings included: Record review revealed the facility had not conducted disaster drills for a tornado, a bomb threat, an earthquake or flood in the last 12 months.	N1409		