

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

PRINTED: 04/17/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445485	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/11/2013
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NAME OF PROVIDER OR SUPPLIER  ALLENBROOKE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3933 ALLENBROOKE COVE 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) COMPLETION DATE
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F 225 483.13(c)(1)(ii)-(iii), (c)(2) - (4)  
SS=D INVESTIGATE/REPORT  
ALLEGATIONS/INDIVIDUALS

F 225

The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law, or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.

The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).

The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

Please consider this Plan of Correction as Allenbrooke Nursing and Rehabilitation Center, LLC's credible allegation of compliance. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare & Medicaid requirements. Submission of this plan of correction is not an admission that a deficiency exist or that the facility agrees they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our residents and are submitted solely as a requirement of the provisions of Federal and State Law.

- On 4/17/2013, Resident 178 immediately interviewed by Social Services Director/designee to ensure had no other allegations of abuse.
- All residents have the potential to be affected.
- On 5/3/2013, Executive Director/designee to in-service staff regarding facility abuse policy and reporting requirements. Starting 4/26/2013, Executive

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Acceptable on 4/26/13 by [Signature]*

TITLE  
Administrator  
(X6) DATE  
4-26-13

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 those documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

*This same for was found 4/26/13 by [Signature]*

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F 225	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review and interview, it was determined the facility failed to report an alleged allegation of abuse to the state certification agency for 1 of 1 (Resident #178) alleged abuse allegations reviewed.</p> <p>The findings included:</p> <p>Review of the facility's "ABUSE PREVENTION" policy documented, "...REPORTING: The facility will report any knowledge of actions by a court of law against any employee, which would indicate unfitness for service as a nurse aide or other staff member to the state nurse's aide registry or licensing authorities..."</p> <p>Medical record review for Resident #178 documented an admission date of 3/15/12 with diagnoses of Major Depressive Disorder, Anxiety and Cerebrovascular Accident. Review of a "SUPERVISOR INVESTIGATION SUMMARY FORM" dated 3/22/13 documented, "...On 3/22 [2013] the resident [Named resident #178] daughter [Named daughter] reported to the Business Office Manager that she spoke to her mother on the evening of 3/21/2013. She alleged that her mother stated that on Tuesday 3/19 [2013] while eating lunch in the dining room, one of the C.N.A.'s [Certified Nursing Assistants] threatened the resident. Interview with the Resident revealed the alleged C.N.A. was [Named CNA] and that she has allegedly stated, "I will whoop all of these mother... in her [here]. The C.N.A. was immediately suspended pending further investigation... As a result of this thorough</p>	F 225	<p>Director/designee to review accident &amp; incident reports and Grievance logs 5 days per week, for four weeks, then weekly x 4 weeks. On 4/12/13, Clinical Consultant re-inserviced Executive Director/Director of Nursing/Social Services Director on reporting requirements.</p> <p>4. Executive Director/Designee to audit Accident/Incident logs &amp; Grievance Logs weekly to ensure no other reports of allegations of abuse go unreported. Any negative findings will be addressed immediately and all findings will be taken to Quality Assurance committee for review monthly.</p>	5/3/2013

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F 225	Continued From page 2 investigation, interview with the resident, other alert and oriented residents and other staff members that were present in the dining room on 3/19/2013. [Named facility] can not substantiate any abuse neglect or mistreatment to [Named Resident #178] or any other resident..." Review of the facility's investigation revealed there was no documentation the alleged allegation was reported to the state.  During an interview in the administrator's office on 4/10/13 at 5:00 PM, the administrator was asked if the allegation of abuse had been reported to the stated. The administrator stated, "It wasn't reported [Named former administrator] said it wasn't reported because it wasn't substantiated..."  During an interview on the west hall on 4/10/13 at 5:50 PM, the Social Worker (SW) was asked if the allegation of abuse was reported to the state. The SW stated, "No because it wasn't substantiated..."	F 225		5/3/2013	

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