

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

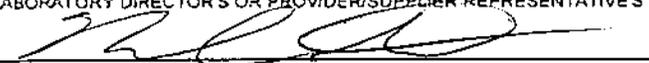
PRINTED: 04/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445485	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2013
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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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K 076 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain 1 of 2 oxygen storage cylinders to ensure the safety of the residents.</p> <p>The findings included:</p> <p>Observations during the initial tour on 4/8/13 beginning at 9:30 AM, revealed an unsecured oxygen cylinder in the therapy room.</p>	K 076	<ol style="list-style-type: none"> On 4/8/2013, all oxygen cylinders were immediately checked and secured by Maintenance Director/designee. All residents have the potential to be affected Executive Director/Designee to re-inservice staff on 5/3/2013 regarding maintaining all oxygen cylinders secured at all times. Maintenance Director/Designee to monitor for compliance daily on-going. Any negative findings will be addressed immediately and all findings will be taken to Quality Assurance committee for review monthly. 	5/3/2013
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain electrical equipment in accordance with National Fire Protection</p>	K 147	<ol style="list-style-type: none"> On 4/8/2013, electrical receptacle in East Dining lounge was immediately repaired by the Maintenance Assistant. All residents had the potential to be affected. Executive Director to in-service staff on 5/3/2013 regarding reporting Maintenance work orders as needed. Executive 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4-26-13
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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.

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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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K 147	Continued From page 1 Association (NFPA) 70, National Electrical Code. The findings included: Observations during the initial tour on 4/8/13 beginning at 9:30 AM, revealed an electrical receptacle in the 300 hall east lounge needed a cover on it.	K 147	Director/designee to monitor compliance by conducting rounds daily. Any negative findings will be addressed immediately and all findings will be taken to Quality Assurance committee for review monthly.	

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