

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7940	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - ALLENBROOKE NURSING & REHAB CENTER B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2013
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NAME OF PROVIDER OR SUPPLIER ALLENBROOKE NURSING AND REHABILITATION	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) COMPLETE DATE
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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 observation, it was determined the facility failed to maintain the nursing home in such a manner that would ensure the safety of the residents. The findings included: Observations during the initial tour on 4/8/13 beginning at 9:30 AM, revealed a hole in the ceiling of the 300 hall soiled utility room.	N 831	1. On 4/12/2013, Maintenance Director repaired hole in the ceiling of the 300 Hall soiled utility room. 2. Residents on 300 (East Hall) had the potential to be affected. 3. Executive Director/Designee in-serviced staff on 5/3/2013 to report any repairs needed in work place.. 4. Executive Director/Designee to monitor for needed repairs by doing rounds 5x week. Any negative findings will be addressed immediately and all findings will be taken to Quality Assurance committee for review monthly.	5/3/2013
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: 

TITLE: Administrator

(X5) DATE: 4-26-13

RECEIVED
APR 29 2013