

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN7940	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  01/11/2012
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NAME OF PROVIDER OR SUPPLIER  ALLENBROOKE NURSING AND REHABILITAT	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 767 1200-8-6-.06(9)(i) Basic Services

(9) Food and Dietetic Services.

(i) Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination whether in storage or while being prepared and served and/or transported through hallways.

This Rule is not met as evidenced by:  
Type C Pending Penalty #22

Tennessee Code Annotated 68-11-804(c)22:  
Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination, whether in storage or while being prepared and served and/or transported through hallways.

Based on observation and interview, it was determined the facility failed to ensure food was stored under sanitary conditions as evidenced by expired nutritional supplements in 2 of 2 (East hall and Central hall storage rooms) supplement storage rooms.

The findings included:

1. Observations in the supplement storage room located on the east hall on 1/9/12 at 3:00 PM revealed the following:
  - a. 17 cans of Glucerna 1.0 cal with a use by date of 9/1/11.
  - b. 12 cans of Jevity 1.2 cal with a use by date of 7/1/11.
  - c. One 1000 milliliter (ml) bottle of Osmolite 1 cal

N 767

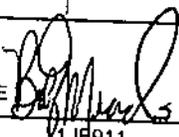
1. All expired formula was immediately discarded
2. All residents receiving enteral nutrition have the potential to be affected
3. All licensed staff and the Central Supply Clerk will be re-inserviced on discarding enteral nutrition on or prior to expiration date.
4. Director of Nursing or designee will conduct weekly Enteral Nutrition audits for 1 Month then Monthly for 2 Months, to ensure compliance. Findings will be reported to the Quality Assurance Committee for review and corrective action measures will be implemented as deemed necessary.

1/29/12

RECEIVED

JAN 30 2012

Division of Health Care Facilities

REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	 TITLE Administrator	(X6) DATE 1/23/12
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6899

1JF911

Division of Health Care Facilities

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with a use by date of 8/1/11.

2. Observations in the supplement storage room located on the central hall on 1/9/12 at 3:15 PM revealed the following:

- a. 16 cans of Two Cal HN with a use by date of 9/1/11.
- b. One 1000 ml bottle of Osmolite 1.2 cal with a use by date of 9/1/11.

3. During an interview on the central hall on 1/9/12 at 3:30 PM, the Director of Nursing was asked about the expired nutritional supplements. The DON confirmed the use by date of the supplements had been exceeded. The DON stated, "...She [central supply clerk] should get those [expired supplement feedings] out of here..."

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