

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

PRINTED: 10/27/2010
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 10/20/2010
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NAME OF PROVIDER OR SUPPLIER ALLENBROOKE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3033 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
F 164 SS=D	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, review of in-service records and observation, it was determined 2 of 7 nurses (Nurses #1 and 2) observed administering medications failed to maintain privacy and confidentiality of resident's medical records by leaving the Medication Administration Record</p>	F 164	<p>Nurse #1 and #2 were re-inserviced on MAR Privacy during Medication Pass</p> <p>All residents have the potential to be affected.</p> <p>All Licensed staff will be re-inserviced on maintaining privacy during medication pass.</p> <p>Staff Development Coordinator or designee will conduct weekly random audits for 1 month, then monthly for 2 months for privacy during Medication Pass. Findings will be reported to the QA Committee for review monthly for 2 months and corrective action measures will be implemented as deemed necessary.</p>	11/07/10

REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Executive Director* (X6) DATE: *10/31/10*

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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.

This same POC was faxed 11/11/10 to

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

HEALTH CARE FACILITY Fax: 731-512-0063

Oct 27 2010 04:44 PM P010/023
PRINTED: 10/27/2010
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 10/20/2010
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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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F 164	<p>Continued From page 1</p> <p>(MAR) uncovered exposing medical information to anyone that walked by the MAR.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Review of the facility's "EMPLOYEE TRAINING - GENERAL AWARENESS ON PRIVACY OF HEALTH INFORMATION / INDIVIDUAL RIGHTS" policy documented, "The facility is committed to ensuring the privacy and security of resident health information. Federal, state, and/or local laws and regulations have established standards with which health care organizations must comply to ensure the security and confidentiality of protected health information..." 2. Review of the facility's in-service record dated 7/20/10 documented "Providing privacy of resident information while doing medication passes. Make sure you cover all resident medication Mars that shows any of their personal information. Place a blank piece of paper or anything that does not allow any one to walk up and see information written on the Mar pertaining to any resident..." <p>During an interview in the conference room on 10/20/10 beginning at 7:55 AM, the Director of Nursing (DON) was asked about the facility's policy for covering the MAR during medication administration. The DON replied "...what do you mean covered...?" As the DON was asking the question she began to demonstrate with two blank pieces of paper, flipping the paper over face down and asked "...you mean like that?"</p> <ol style="list-style-type: none"> 3. Observations on the west hall on 10/18/10 at 5:25 PM, Nurse #1 left the MAR on top of the 	F 164		

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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

10/20/2010

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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F 164	Continued From page 2 medication cart unattended and open with a resident's health information in public view.	F 164		
F 278 SS=D	<p>4. Observations on the central hall on 10/19/10 at 9:00 AM, Nurse #2 left the MAR on top of the medication cart unattended and open with a resident's health information in public view.</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$6,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p>	F 278	<p>RI # 18 MDS was corrected immediately</p> <p>All residents have the potential to be affected.</p> <p>The DON will re-inservice the MDS staff on ensuring proper MDS coding and assessments.</p> <p>Staff Development Coordinator or designee will conduct weekly audit of 10 MDS/Assessments for one month then monthly for 2 months. Findings will be reported to the QA Committee for review monthly for 2 months and corrective action measures will be implemented as deemed necessary.</p>	11/07/10

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445488	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2010
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F 278	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, it was determined the facility failed to ensure the Minimum Data Set (MDS) was coded correctly for oral care for 1 of 25 (Resident #18) sampled residents.</p> <p>The findings included: Medical record review for Resident #18 documented an original admission date of 9/20/10 with diagnoses of Concussion with Coma, Quadriplegia, Hypertension, Gastrostomy and Constipation. Resident #18's care plan dated 10/4/10 indicated oral care was to be done daily and as needed. Review of the MDS completed on 10/20/10 documented, "Oral / Dental Status (MDS section L.1.) (a.) Debris (soft, easily moveable substances) present in mouth prior to going to bed at night, (b.) Has dentures or removable bridge, (c.) Some/all natural teeth lost-does not have or does not use dentures (or partial plates), (d.) Broken, loose, or carious teeth, (e.) Inflamed gums (gingiva): swollen or bleeding gums; oral abscesses; ulcers or rashes, (f.) Daily cleaning of teeth/dentures or daily mouth care-by resident or staff, (g.) NONE OF ABOVE." The MDS had the option g. coded indicating none of the above.</p> <p>During an interview at the central nurses station on 10/20/10 at 2:20 PM, the MDS Coordinator stated, "...this is a error... I need to correct this... this is just an error..."</p>	F 278		
F 309 SS=0	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must</p>	F 309	<p>The physician was immediately notified and the orders were corrected.</p>	11/07/10

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F 309	<p>Continued From page 4</p> <p>provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, it was determined the facility failed to follow the most current signed physician's orders for 1 of 25 (Resident #13) sampled residents and failed obtain a physician's order for hospice care for 1 of 3 (Resident #20) sampled residents receiving hospice care.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Medical record review for Resident #13 documented an admission date of 6/17/09 with diagnoses of Coronary Artery Disease, Diabetes Mellitus, Hypertension, Hyperlipidemia, Chronic Anemia, Anxiety, and Osteoporosis. Review of the most current signed physician's orders dated 10/8/10 documented "...Zocor 40 MG [milligram] Tablet one (1) Tablet By Mouth At Bedtime..." Review of the October 2010 Medication Administration Record (MAR) documented, "Zocor 20 mg po q [every] pm." <p>During an interview in the central nurses' station on 10/19/10 at 2:35 PM, Nurse #7 stated, "We checked the recert [recertification orders] on 9/28/10 that order [telephone order] was done 10/7/10 to change medication dosage, I see what you are saying."</p>	F 309	<p>All residents have the potential to be affected.</p> <p>All licensed staff will be re-inserviced on accuracy and completeness of physician orders.</p> <p>Staff Development Coordinator or designee will conduct weekly audit of 10 physician orders for one month then monthly for 2 months. Findings will be reported to the QA Committee for review monthly for 2 months and corrective action measures will be implemented as deemed necessary.</p>	

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F 309	<p>Continued From page 5</p> <p>2. Medical record review for Resident #20 documented an admission date of 11/12/09 and a readmission date of 11/19/09 with diagnoses of Alzheimer's Disease, Gastrostomy, Pressure Ulcer, Esophageal Reflux, Cerebral Vascular Accident and Diabetes Mellitus. Review of the comprehensive care plan dated 9/9/10 documented, "DSCP [Disciplines]: Hospice" indicating resident #20 received hospice care. Review of the physician's orders dated 10/8/10 did not include a current order for hospice care.</p> <p>During an interview at the east nurses' station on 10/20/10 at 10:50 AM, the Assistant Director of Nursing (ADON) was asked if Resident #20 had an order for hospice care. The ADON stated, "I do not see a current order for hospice."</p>	F 309		
F 332 SS-D	<p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of the "Medication Guide for the Long-Term Care Nurse", policy review, medical record review, observations and interview, it was determined the facility failed to ensure 3 of 7 (Nurses #3, 4, and 5) nurses administered medications without a medication error rate of less than 5 percent (%). A total of 6 medication errors were observed out of 40 opportunities for error, which resulted in a medication error rate of 15%.</p> <p>The findings included:</p>	F 332	<p>Nurse #5 was re-inserviced on how to properly administer medications via peg tube. Nurse #4 and #3 were re-inserviced on proper administration of nasal spray.</p> <p>All residents have the potential to be affected.</p> <p>All licensed staff will be re-inserviced on proper medication administration.</p> <p>Staff Development Coordinator or designee will conduct 5 Random Medication Pass Audits weekly then Monthly for 2 months, to ensure proper compliance. Findings will be reported to the QA Committee for review monthly for 2 months and corrective action measures will be implemented as deemed necessary.</p>	11/07/10

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F 332	<p>Continued From page 6</p> <p>1. Review of the "Medication Guide for the Long-Term Care Nurse", Sixth Edition, page 72, for Administration of Medication Via Feeding Tube documented, "...Administer prescribed medication... Rinse medication cup with water or prescribed diluent and administer to assure delivery of the complete dose..."</p> <p>Review of the facility's "ENTERAL TUBE MEDICATION ADMINISTRATION PROCEDURES" policy documented, "...PROCEDURE...2. Prepare medications for administration... b. Empty capsule contents into a small amount of warm tap water or other appropriate liquid. c. Dilute liquid with water, using up to 60 mts [milliliters] of water for highly concentrated solutions..."</p> <p>Medical record review for Resident #20 documented an admission date of 11/12/09 and a re-admission date of 11/19/09 with diagnoses of Alzheimer's Disease, Gastrostomy, Esophageal Reflux, Late Effects of Cerebrovascular Accident, Diabetes Mellitus Type 1 and Gastrostomy. The physician's orders dated 10/8/10 documented, "...MULTIVITAMIN LIQUID 5CC [cubic centimeters] VIA TUBE ONCE DAILY... ENULOSE 10GM [gram] /15ML [milliliters] SOLUTION 30 CC VIA TUBE EVERY MORNING... ASPIRIN 81 MG [milligram] ONE (1) TABLET VIA TUBE DAILY... GUIATUSS 100 MG/ [per] 5ML...10 CC VIA TUBE EVERY FOUR HOURS AS NEEDED... Loratadine 10 mg 1 PT [per tube] QD [daily]..."</p> <p>Observations at the east station on 10/19/10 at 9:00 AM, Nurse #5 individually crushed Aspirin 81 mg and Loratadine 10 mg and placed in separate</p>	F 332		

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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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F 332	<p>Continued From page 7</p> <p>medication cups. Nurse #5 dispensed the Multivitamin 5 cc, Enulose 30 cc and Guiatuss 10 cc into separate medication cups. Nurse #5 entered Resident #20's room to administer the medications. Nurse #5 added the Loratadine to the Multivitamin and the Aspirin to the Guiatuss liquid. Nurse #5 swirled the liquid around in the medication cups with the syringe and spilled the Enulose onto the over bed table. Nurse #5 then administered the medications through Resident #20's Percutaneous Esophageal Gastrostomy (PEG) tube. Nurse #5 redispensed the Enulose and administered the medication. There was residue from four of the medications left in the medication cups which resulted in 4 medication errors.</p> <p>During an interview in room 313 on 10/19/10 at 9:07 AM, Nurse #5 was asked how she makes sure that she gives all of the medications. Nurse #5 stated, "I usually stir it [medications] to dissolve it." Nurse #5 was then asked if Resident #20 had gotten all of the medications from the medication cups. After looking in each medication cup, Nurse #5 stated, "No."</p> <p>2. Medical record review for Random Resident (RR) #3 documented an admission date of 12/13/07 and a readmission date of 1/4/08 with diagnoses of Chronic Airway Obstruction, Emphysema, Hypertension, Presenile Depression, Hypothyroidism, Anxiety and History of Schizophrenia. The physician's orders dated 10/8/10 documented, "...Flonase 0.05% NASAL SPRAY ONE (1) SPRAY INTO EACH NOSTRIL TWICE DAILY *MAY SELF-ADMINISTER..."</p> <p>Observations in RR #3's room on 10/19/10 at 8:23 AM, Nurse #4 handed the Flonase nasal</p>	F 332			

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F 332	<p>Continued From page 8</p> <p>Spray to RR #3 and instructed RR #3 to instill two sprays. RR #3 instilled two sprays into each nostril. The failure to administer 1 spray into each nostril resulted in medication error #5.</p> <p>During an interview at the west station on 10/19/10 at 10:00 AM, Nurse #4 was asked how many sprays of the Flonase was ordered. Nurse #4 reviewed the physician's orders and stated, "She [RR #3] gets two sprays each nostril, I must have read the MAR [medication administration record] wrong. She should get 1 spray [each nostril]. I guess I saw twice daily and thought two sprays."</p> <p>3. Medical record review for RR #1 documented an admission date of 8/20/08 and a readmission date of 9/12/08 with diagnoses of Late Effects of Cerebrovascular Accident, Gout, Acute Kidney Failure, Altered Mental Status, Hypercalcemia, Hypertension, Speech Disturbance and Rhinitis. Review of the recertification orders signed by the physician on 10/11/10 documented the same order initiated on 7/15/10 for "FLUTICASONONE 50 MCG [micrograms] NASA Flonase 0.05% NASAL SPRAY TWO (2) SPRAYS INTO EACH NOSTRIL DAILY..."</p> <p>Observations during medication administration in RR #1's room on 10/19/10 at 9:45 AM, Nurse #3 did not administer the Flonase nasal spray as ordered. The failure to administer the Flonase nasal spray resulted in medication error #8.</p> <p>During an interview at the west nurses' station on 10/19/10 at 10:35 AM, Nurse #3 was asked if she had administered the Flonase nasal spray earlier. Nurse #3 stated, "No, it [Flonase nasal spray] has been dc'd [discontinued]..." The surveyor then</p>	F 332		

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NAME OF PROVIDER OR SUPPLIER ALLENBROOKE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3939 ALLENBROOKE COVE MEMPHIS, TN 38118		
(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	
F 332	Continued From page 9 asked Nurse #3 if she had an order confirming the Flonase nasal spray had been discontinued. Nurse #3 began looking through the chart and asked the unit manager to assist in finding this order. The unit manager stated, "...I will call the pharmacy and ask them to fax over a copy... I can't find our copy..."	F 332			
F 441 SS=0	During an interview at the west nurses' station on 10/19/10 at 11:00 AM, the unit manager was again asked if the order to discontinue the Flonase nasal spray had been found. The unit manager replied "No..." 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions	F 441	Nurse #4 and # 6 were re-inserviced on proper handwashing during medication pass per policy. C.N.A.'s #1, #3, and #4 were re-inserviced on proper handwashing and food handling. Nurse #6 was re-inserviced on proper cleaning of the accu-check machine All residents have the potential to be affected. All staff will be re-inserviced on infection control policy, procedure and protocols. Staff Development Coordinator or designee will conduct weekly random audits on 5 staff member for 4 weeks, then monthly for 2 months to ensure proper infection control policy and procedures are followed. Findings will be reported to the QA Committee for review monthly for 2 months and corrective action measures will be implemented as deemed necessary.	11/07/10	

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NAME OF PROVIDER OR SUPPLIER ALLENBROOKE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3833 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
F 441	<p>Continued From page 10 from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review and observation, it was determined the facility failed to ensure infection control practices were exhibited to prevent the spread of infection as evidenced by 2 of 7 nurses (Nurses #4 and 8) did not using sanitary hand hygiene during medication administration; 2 of 4 Certified Nursing Assistants (CNAs #2 and 4) handled food bare handed without washing their hands; 1 of 4 (CNA #3) touched straws with her bare hand; 1 of 4 (CNA #1) did not wash her hands after direct resident contact or before feeding the resident and 1 of 7 (Nurse #6) nurses failed to disinfect the blood glucose meter.</p> <p>The findings included:</p> <p>1. Review of the facility's "Hand Washing" policy documented, "Policy: Staff will use proper hand washing technique to prevent the spread of infection... Grasp paper towel and blot or pat hands dry. 7. Turn off water. 8. Dispose of paper towel in the wastebasket..."</p>	F 441		

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

PRINTED: 10/27/2010
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 10/20/2010
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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
F 441	<p>Continued From page 11</p> <p>Observations in room 207 on 10/19/10 at 8:07 AM, Nurse #4 performed an accucheck, washed her hands, turned the water off with her bare hand and then got a paper towel and dried her hands.</p> <p>Observations in room 201 on 10/19/10 at 8:23 AM, Nurse #4 administered medications, washed her hands, turned the water off with her bare hand and then got a paper towel and dried her hands.</p> <p>Observations in room 209 on 10/19/10 at 12:00 PM, Nurse #4 administered a breathing treatment per nebulizer, washed her hands, turned the water off with her bare hand and then got a paper towel and dried her hands.</p> <p>2. Review of the facility's "STANDARD PRECAUTIONS" policy documented, "... Wash hands when visibly soiled, after contact with blood, body fluids, secretions, excretions, patient's intact skin or wound dressings and contaminated items immediately after removing gloves and between patient contacts... Wash hands before direct contact with patients."</p> <p>Observations in the west hallway on 10/18/10 at 4:55 PM, Nurse #6 returned to the medication cart after performing a fingerstick for Resident #6. Nurse #6 placed the glucometer on the medication cart, removed her gloves, entered another resident's room, returned to the medication cart and picked up the glucometer and went down the hallway. Nurse #6 did not wash her hands after removing the gloves.</p> <p>3. Observations in room 124 on 10/19/10 beginning at 8:38 AM, revealed CNA #2 picked</p>	F 441		

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

PRINTED: 10/27/2010
FORM APPROVED
OMB NO. 0938-039

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 10/20/2010
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NAME OF PROVIDER OR SUPPLIER ALLENBROOKE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3633 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
F 441	<p>Continued From page 12</p> <p>up a resident's biscuit in her bare hand to butter for the resident without washing her hands first.</p> <p>Observations in the west hall lounge on 10/19/10 at 7:50 AM, CNA #4 picked up a slice of toast from a resident's plate with her bare hands to spread jelly.</p> <p>4. Observations in room 124 on 10/19/10 at 12:51 PM, CNA #3 removed paper from a resident's straw and touched the straw barehanded.</p> <p>Observations in room 126 on 10/19/10 at 12:55 PM; CNA #3 opened the resident's straw and touched the straw barehanded while placing the straw in the resident's drink.</p> <p>5. Review of the facility's "STANDARD PRECAUTIONS" policy documented, "...Wash hands when visibly soiled, after contact with blood, body fluids, secretions, excretions, patient's intact skin... Wash hands before direct contact with patients."</p> <p>Observations in the west hall lounge area on 10/19/10 at 12:05 PM, CNA #1 repositioned a resident in her chair and sat down to feed the resident without washing her hands.</p> <p>6. Review of the facility's "Cleaning & [and] Disinfecting Blood Glucose Meters" policy recommendations literature documented, "...Option 1...Cleaning and disinfecting can be completed by using the Super Sani-Cloth Germicidal Disposable Wipe... To disinfect the meter, dilute 1 ml [milliliter] of household bleach... in 9 ml of water to achieve a 1: [to] 10 dilution... to thoroughly wipe down the meter..."</p>	F 441		

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

PRINTED: 10/27/2010
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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 10/20/2010
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NAME OF PROVIDER OR SUPPLIER ALLENBROOKE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3883 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
F 441	<p>Continued From page 13</p> <p>Observations in the west hallway on 10/18/10 at 4:55 PM, Nurse #8 removed the glucometer machine from the medication cart. Nurse #8 donned gloves and cleaned the glucometer with an alcohol wipe. Nurse #8 entered Resident #6's room and performed a fingerstick blood sugar. Nurse #8 returned to the medication cart and cleaned the glucometer with an alcohol wipe and placed the glucometer on the cart.</p> <p>During an interview in the west hallway on 10/18/10 at 5:05 PM, Nurse #8 was asked what she used to clean the glucometer. Nurse #8 stated, "An alcohol wipe."</p> <p>During an interview at the central station on 10/18/10 at 12:00 PM, Nurse #4 was asked what she used to clean the glucometer. Nurse #4 stated, "We clean the glucometers with the Sani wipes from the green canister. We use the bleach wipes from the white canister for other equipment."</p>	F 441		

Division of Health Care Facilities

NOV 12 2010

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 10/20/2010
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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 629 1200-8-6-.06(3)(b)8. Basic Services
(3) Infection Control.
8. Water pitchers, glasses, thermometers, emesis basins, douche apparatus, enema apparatus, urinals, mouthwash cups, bedpans and similar items of equipment coming into intimate contact with residents shall be disinfected or sterilized after each use unless individual equipment for each is provided and then sterilized or disinfected between residents and as often as necessary to maintain them in a clean and sanitary condition. Single use, resident disposable items are acceptable but shall not be reused.

This Rule is not met as evidenced by:
Type C Pending Penalty #31

Tennessee Code Annotated 68-11-804(c)31:
All nursing homes shall disinfect contaminated articles and surfaces, such as mattresses, linens, thermometers and oxygen tents.

Based on policy review and observation, it was determined 1 of 7 (Nurse #6) nurses failed to disinfect a contaminated blood glucose meter.

The finding included:
Review of the facility's "Cleaning & [and] Disinfecting Blood Glucose Meters" policy recommendations literature documented, "...Option 1...Cleaning and disinfecting can be completed by using the Super Sani-Cloth Germicidal Disposable Wipe... To disinfect the meter, dilute 1 ml (milliliter) of household bleach.

N 629
Please consider this Plan of Correction as Allenbrooke Nursing and Rehabilitation, LLC 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.

N 629
Nurse #6 was re-inserviced immediately

All residents with accu-checks have the potential to be affected.

All Licensed staff will be re-inserviced on cleaning of accuchecks.

Staff Development Coordinator or designee will conduct 5 weekly random medication pass audits for 1 month, then monthly for 2 months. Findings will be reported to the QA Committee for review monthly for 2 months and corrective action measures will be implemented as deemed necessary.

11/07/10

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE
Executive Director

(X6) DATE
10/31/10

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 10/20/2010
NAME OF PROVIDER OR SUPPLIER ALLENBROOKE NURSING AND REHABILITAT		STREET ADDRESS, CITY, STATE, ZIP CODE 3833 ALLENBROOKE COVE MEMPHIS, TN 38118	

(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
N 629	<p>Continued From page 1</p> <p>in 9 ml of water to achieve a 1: [to] 10 dilution... to thoroughly wipe down the meter..."</p> <p>Observations in the west hallway on 10/18/10 at 4:55 PM, Nurse #6 removed the glucometer machine from the medication cart. Nurse #6 donned gloves and cleaned the glucometer with an alcohol wipe. Nurse #6 entered Resident #6's room and performed a fingerstick blood sugar. Nurse #6 returned to the medication cart and cleaned the glucometer with an alcohol wipe and placed the glucometer on the cart.</p> <p>During an interview in the west hallway on 10/18/10 at 5:05 PM, Nurse #6 was asked what she used to clean the glucometer. Nurse #6 stated, "An alcohol wipe."</p> <p>During an interview at the central station on 10/18/10 at 12:00 PM, Nurse #4 was asked what she used to clean the glucometer. Nurse #4 stated, "We clean the glucometers with the Sani wipes from the green canister. We use the bleach wipes from the white canister for other equipment."</p>	N 629		
N1216	<p>1200-8-6-.12(1)(p) Resident Rights</p> <p>(1) The nursing home shall establish and implement written policies and procedures setting forth the rights of residents for the protection and preservation of dignity, individuality and, to the extent medically feasible, independence. Residents and their families or other representatives shall be fully informed and documentation shall be maintained in the resident's file of the following rights:</p> <p>(p) To have their records kept confidential and private. Written consent by the resident must be</p>	N1216	<p>Nurse #1 and #2 were re-inserviced on MAR Privacy during Medication Pass</p> <p>All residents have the potential to be affected.</p> <p>All Licensed staff will be re-inserviced on maintaining privacy during medication pass.</p>	11/07/10

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 10/20/2010
NAME OF PROVIDER OR SUPPLIER ALLENBROOKE NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 3933 ALLENBROOKE COVE MEMPHIS, TN 38118	

(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
N1216	<p>Continued From page 2</p> <p>obtained prior to release of information except to persons authorized by law. If the resident lacks capacity, written consent is required from the resident's health care decision maker. The nursing home must have policies to govern access and duplication of the resident's record;</p> <p>This Rule is not met as evidenced by: Type C Pending #5</p> <p>Tennessee Code Annotated 68-11-804(c)5: Each patient has a right to have the patient's personal records kept confidential and private.</p> <p>Based on policy review, review of in-service records and observation, it was determined 2 of 7 nurses (Nurses #1 and 2) observed administering medications failed to maintain privacy and confidentiality of resident's medical records by leaving the Medication Administration Record (MAR) uncovered exposing medical information to anyone that walked by the MAR.</p> <p>The findings included:</p> <p>1. Review of the facility's "EMPLOYEE TRAINING - GENERAL AWARENESS ON PRIVACY OF HEALTH INFORMATION / INDIVIDUAL RIGHTS" policy documented, "The facility is committed to ensuring the privacy and security of resident health information. Federal, state, and/or local laws and regulations have established standards with which health care organizations must comply to ensure the security and confidentiality of protected health information..."</p>	N1216	<p>Staff Development Coordinator or designee will conduct weekly random audits for 1 month, then monthly for 2 months for privacy during Medication Pass. Findings will be reported to the QA Committee for review monthly for 2 months and corrective action measures will be implemented as deemed necessary.</p>	

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7840	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2010
NAME OF PROVIDER OR SUPPLIER ALLENBROOKE NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 3933 ALLENBROOKE COVE MEMPHIS, TN 38118		
(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	
N1216	<p>Continued From page 3</p> <p>2. Review of the facility's in-service record dated 7/20/10 documented "Providing privacy of resident information while doing medication passes. Make sure you cover all resident medication Mars that shows any of their personal information. Place a blank piece of paper or anything that does not allow any one to walk up and see information written on the Mar pertaining to any resident..."</p> <p>During an interview in the conference room on 10/20/10 beginning at 7:55 AM, the Director of Nursing (DON) was asked about the facility's policy for covering the MAR during medication administration. The DON replied "...what do you mean covered...?" As the DON was asking the question she began to demonstrate with two blank pieces of paper, flipping the paper over face down and asked "...you mean like that?"</p> <p>3. Observations on the west hall on 10/18/10 at 5:25 PM, Nurse #1 left the MAR on top of the medication cart unattended and open with a resident's health information in public view.</p> <p>4. Observations on the central hall on 10/19/10 at 9:00 AM, Nurse #2 left the MAR on top of the medication cart unattended and open with a resident's health information in public view.</p>	N1216			

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

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NOV 07 2010

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 10/18/2010
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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)	(X6) COMPLETION DATE
K 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and manual testing, it was determined that the facility failed to maintain 2 of 10 exit doors.</p> <p>The findings included:</p> <p>Observations and manual testing of the two dining room exit doors on 10/18/10 at 2:20 PM, revealed the dining room exit doors were hard to open.</p>	K 038	<p>The Exit doors were corrected immediately by Maintenance</p> <p>All residents have the potential to be affected.</p> <p>Maintenance staff will be re-inserviced on checking doors for possible obstruction.</p> <p>ED will conduct Door Checks weekly for 1 month then monthly for 2 months. Findings will be reported to the QA Committee for review monthly for 2 months and corrective action measures will be implemented as deemed necessary.</p>	11/07/10
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 that the facility failed to maintain clearance to electrical equipment.</p> <p>The findings included:</p> <p>Observations in the kitchen on 10/18/10 at 9:30 AM, revealed a hot plate stand was obstructing two electrical panel boxes.</p>	K 147	<p>The plate warmer was immediately removed by Maintenance.</p> <p>All residents have the potential to be affected.</p> <p>All dietary staff will be re-inserviced regarding maintaining clearance of electrical panel.</p> <p>Maintenance will conduct electrical panel checks weekly for 1 month then monthly for 2 months. Findings will be reported to the QA Committee for review monthly for 2 months and corrective action measures will be implemented as deemed necessary.</p>	11/07/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
[Signature] TITLE
Executive Director (X6) DATE
10/31/10

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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.