

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

PRINTED: 10/21/2014
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 10/09/2014
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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 000	INITIAL COMMENTS	F160		
F 180 SS=D	<p>During the recertification survey completed on 10/9/14 abbreviated surveys were conducted for complaints #TN00033722, #TN00032662 and #TN00034052. F508 D was cited in regard to complaint allegations for #TN00034052 and the re-certification survey. There were no deficiencies cited in regard to the allegations for complaints #TN00033722 and #TN00032662.</p> <p>483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH</p> <p>Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of the facility's "Payment Reconciliation Summary", review of checks, medical record review and interview, it was determined the facility failed to refund to the deceased resident's estate the balance of the resident's account within 30 days for 1 of 3 (Resident #206) sampled residents reviewed in the stage 2 review.</p> <p>The findings included:</p> <p>Medical record review for Resident #208 documented the resident expired on 11/24/13.</p> <p>Review of a check request dated 12/6/13 documented, "...Date of Request:12/6/13..."</p>	F 160	<ol style="list-style-type: none"> On 7/23/2014, Resident 206's remaining funds from trust account were refunded. All residents have the potential to be affected. On 10/29/2014, Executive Director/designee to in-service Business Office staff regarding Federal regulation and requirements regarding Conveyance of Personal Funds upon Death. Executive Director/designee to review all Resident Trust accounts to identify accounts needing a refund processed. Business Office Manager/Designee to request refunds for all accounts identified during audit. Executive Director/Designee to audit Resident Trust accounts weekly to ensure all accounts of discharged residents are processed within 30 days of discharge. Any negative findings will be addressed immediately and all findings will be taken to Quality Assurance committee for review monthly. 	11/5/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 10-31-14
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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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F 160	Continued From page 1 Needed By Date: 12/28/13..." Review of a "Payment Reconciliation Summary" dated 12/12/13 documented," [Resident #206's name]... 882.74 refund amt [amount]..." Review of a check dated 6/4/14 documented, "...PAY TO THE ORDER OF... [Name of Resident #206's spouse] written across the check was VOID..." Review of a check dated 7/23/14 documented, "...PAY TO THE ORDER OF... [Named Resident #206's daughter]..." Resident #206's estate did not receive the account balance within 30 days as required. During an interview in the Assistant Business Manager's Office (ABOM) on 10/9/14 at 7:59 AM, the ABOM was asked about the delay in refunding the funds to the resident's family. The ABOM stated, "...Can't answer that. We received the check on 6/5/14 they come in on Thursday. By the time we got the check her [Resident #206's] husband had died. The check was cut on 6/4/14." During a telephone interview in the Business Office Manager's (BOM) on 10/9/14 at 8:22 AM, the Accounts Receivable Facility Coordinator (ARFC) was asked about the delay in refunding Resident #206's funds to her family. The ARFC stated, "Have no idea why it took so long. It was booked in May, no billing note. I didn't do this refund so I can't answer."	F 160			
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a	F 241			

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F 241	<p>Continued From page 2</p> <p>mariner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the height of the table was appropriate to enhance the dignity of 1 of 26 (Resident #39) sampled residents eating in the west wing dining room.</p> <p>The findings included:</p> <p>Medical record review for Resident #39 documented an admission date of 4/19/11 with diagnoses of Anemia, Hypertension, Alzheimer's Disease and Dementia. Review of the quarterly Minimum Data Set (MDS) dated 6/11/14 documented cognitive skills for daily decision making were moderately impaired.</p> <p>Observation in the west wing dining room on 10/8/14 at 11:35 PM, and on 10/7/14 at 5:40 PM, revealed Resident #39 seated in a wheelchair. The table top was at the same level as Resident #39's chin. Resident #39 was unable to see items on the table.</p> <p>During an interview in the west wing dining room 10/8/14 at 11:20 AM, the Maintenance Technician was asked if the tables in dining room were adjustable. The Maintenance Technician stated, "No ma'am not these, they don't."</p> <p>During an interview in the west wing dining room on 10/8/2014 11:54 AM, the Director Nursing Services confirmed the height of the table did not</p>	F 241	<ol style="list-style-type: none"> On 10/7/2014, Resident #39 was immediately placed at a dining room table that was the appropriate height to enhance their dignity. All residents have the potential to be affected. On 10/31/2014, staff will be in-serviced regarding Resident Dignity, specifically while dining. Director of Nursing/Designee will audit all dining rooms and during all meals to ensure all residents are placed at a table that is the appropriate height to enhance resident dignity. Director of Nursing/Designee will make daily rounds during meal times x5 days, then weekly ongoing. Any negative findings will be addressed immediately and all findings will be taken to Quality Assurance committee for review monthly. 	11/5/14	

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F 241 F 372 SS=D	<p>Continued From page 3 enhance Resident #39's dignity. 483.35(f)(3) DISPOSE GARBAGE & REFUSE PROPERLY</p> <p>The facility must dispose of garbage and refuse properly.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure proper garbage disposal as evidenced by garbage and boxes on the ground around the outside storage receptacle on 1 of 4 (10/8/14) days of the survey.</p> <p>The findings included: Observations outside the facility on 10/8/14 at 9:40 AM, revealed two trash dumpsters. One dumpster was full, the top lid of the dumpster was open and overflowing with boxes. The side door of the dumpster was open with trash visible. Empty wet boxes were stacked and thrown around the dumpster and behind it. One large clear garbage bag with empty boxes and empty egg cartons with a yellow liquid running on the inside of bag, was thrown on top of the empty boxes beside the open overflowing dumpster. Additional items observed around the dumpster area inside the fence were a chair, two fire extinguishers laying on top of a stack of wooden pallets, two potty chairs, a mattress, several large plastic empty barrels, three broken wheelchairs, five broken bedside tables, a pile of white metal rusty light fixtures, three commode tanks, a sink, two red metal containers one was marked "dirty linen" on the lid, two broken shower gurneys with</p>	F 241 F 372	<ol style="list-style-type: none"> On 10/6/2014, the area around the trash dumpster was immediately cleaned up and all boxes and debris were removed and the doors of the dumpster were closed by the Maintenance Director. All residents have the potential to be affected. On 10/31/2014, Executive Director/Designee will in-service staff regarding Disposing of Garbage & Refuse properly and keeping the dumpster area clear of boxes, equipment, and debris. Maintenance Director/Designee will audit the dumpster area daily to ensure compliance. Any negative findings will be corrected immediately and all findings will be brought to Quality Assurance meeting monthly. 	11/5/14	

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F 372	Continued From page 4 blue padding, two rusted bed frames, an almost full spray bottle of "Rinse and Shine" in a clear plastic bag and a rusty air conditioning unit. There were eight wheel casters laying outside the dumpster area in the grass beside the concrete.	F 372			
F 431 SS=D	During an interview in the dumpster area on 10/6/14 at 9:48 AM, the Dietary Manager (DM) was asked if the trash should be outside the dumpster and the dumpster open and overflowing. The DM stated, "No, it [the trash] should not have been over there." 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked,	F 431	1. On 10/8/2014, the container of sani-cloth germicidal disposable wipes was immediately removed from the same compartment with liquid medications and stored in a separate compartment. 2. All residents residing on back Central Hall have the potential to be affected. 3. On 10/31/2014, Director of Nursing/designee will in-service nurses regarding the proper storage of medications, including the containers of sani-cloth germicidal wipes. Medication cart drawer dividers were ordered on 10/23/2014 and delivered & installed on 10/28/2014 by	11/5/14	

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F 431	<p>Continued From page 5</p> <p>permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, observation and interview, it was determined the facility failed to ensure medications and chemicals were stored separately in 1 of 11 (Central back medication cart) medication storage areas.</p> <p>The findings included:</p> <p>Review of the facility's medication storage policy documented, "...Medications must be kept separate from potentially harmful substances (such as cleaning solutions, poisons, disinfectants...)..."</p> <p>Observations at the central nurses' desk on 10/8/14 at 3:52 PM, revealed a container of sani-cloth germicidal disposable wipe stored in the same compartment with liquid medications in the bottom drawer of the central back medication cart.</p> <p>During an interview at the central nurses' desk on 10/8/14 3:55 PM, Nurse #2 was asked if the sanitizing wipes should be stored with liquid medications. Nurse #2 stated, "No Ma'am, it shouldn't."</p>	F 431	<p>Maintenance Director/Designee, Director of Nursing/Designee audited all medication carts and storage areas on 10/22/2014 to ensure compliance.</p> <p>4. Director of Nursing/Designee will audit medication carts daily, ongoing to ensure medications and chemicals are stored properly. Any negative findings will be corrected immediately and all findings will be taken to Quality Assurance committee monthly.</p>		

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F 431	Continued From page 6 During an interview in the hallway outside the Administrator's office on 10/8/14 4:32 PM, the Director of Nursing Services (DNS) was asked if internal medications and external cleaning products should be stored in the same compartment in the medication cart. The DNS stated, "No."	F 431			
F 508 SS=D	483.75(k)(1) PROVIDE/OBTAIN RADIOLOGY/DIAGNOSTIC SVCS The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, it was determined the facility failed to ensure radiology services were provided to meet the needs of residents in a timely manner for 1 of 3 (Resident #79) sampled residents of the 43 residents included in the stage 2 review. The findings included: Medical record review for Resident #79 documented and admission date of 3/30/09 with diagnoses of Anemia, Dementia, Hypertension, Urinary Tract Infection, Alzheimer's Disease, Psychosis, Mood Disorder, Dementia with Behaviors and Osteoporosis. Review of the quarterly Minimum Data Set (MDS) dated 8/12/14 documented a Brief Interview for Mental Status (BIMS) of 2 which indicated severe	F 508	1. On 6/4/2014, the x ray report for resident #79 was immediately obtained and read by the Nurse Practitioner. 2. All residents have the potential to be affected. 3. On 11/5/2014, Director of Nursing/Designee will audit all resident x-ray reports to ensure they have been read by the Physician/Nurse Practitioner. On 11/3/2014, Director of Nursing/Designee to in-service Nurse Managers to review all x-ray reports timely to ensure compliance. On 11/5/2014, Director of Nursing/Designee to in-service Nurses regarding ensuring all x-ray reports are received and to notify Physician/Nurse Practitioner of results.	11/5/14	

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F 508	<p>Continued From page 7 cognitive impairment.</p> <p>Review of a nurses' note dated 6/2/14 at 12:42 PM documented, "...N.O. [New Order] X-ray L [Left] hip, L knee r/t [related to] pain..."</p> <p>Review of x-ray results dated 6/2/14 documented, "...EXAM: PELVIS, LT. [left] HIP, LT KNEE; REASON: PAIN... FINDINGS: Fracture distal left femur just above the knee arthroplasty. Fracture is fragmented and displaced. Osteoporosis is noted. IMPRESSION: Recent fracture distal left femur..."</p> <p>Review of x-ray results dated 6/2/14 documented a fax time stamp that documented Jun 02 2014... 3:05PM..." A second fax time stamp that documented Jun 02 2014... 2150 pm [9:50 PM]..." A third fax time stamp that documented Jun 03 2014... 1:44 p [pm]..."</p> <p>The facility was unable to provide documentation the Physician or the Nurse Practitioner (NP) were called and notified of the femur fracture documented in the x-ray results on 6/2/14 and 6/3/14 until 6/4/14.</p> <p>Review of a nurses' note dated 6/4/14 at 10:38 AM documented, "...N. O. Send to ER [Emergency Room] for evaluation Left femur fracture..."</p> <p>Review of the care plan dated 6/4/14 documented, "Resident has immobilizer secondary to fractured left femur..."</p> <p>Review of a typed statement documented, "...Nurse stated resident has swelling in L [left] hand and L leg and that resident appeared to</p>	F 508	<p>4. Director of Nursing/Designee to monitor daily that all x-ray reports have been received timely and results communicated to Physician/Nurse Practitioner. Any negative findings will be corrected immediately and all findings will be taken to Quality Assurance committee monthly.</p>		

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F 508	<p>Continued From page 8</p> <p>have some discomfort. When asked, nurse denied that resident had any recent fall or injury. I asked if she thought resident might need xray and I heard her ask someone if they thought resident needed an xray and they said "no". I told her to elevate hand, gave her an order for Tylenol 650 mg [milligrams] one tab q [every] 6 hours prn [as needed for] pain and that I would see her first thing in am." This statement was signed and dated by the NP as true and accurate on 10/8/14.</p> <p>During an interview in the Assistant Director of Nursing Service's (ADNS) office on 10/8/14 3:21 PM, the ADNS was asked about Resident #79's lab results. The ADNS stated, "We were very upset by the timeframe of the results [x-ray]. We inserviced all the nurses on the 24 hour turn around for labs and xrays."</p> <p>During an interview in the Director of Nurse's (DON) office on 10/9/14 9:09 AM, the DON was asked, when would you expect to get the results of an xray when there is an abnormality? The DON stated, "I would expect if it was today [Thursday]. I would expect results today or tomorrow. If it is on weekend the company we use for xrays do come here. No they do not need to wait for a Radiologist to read it on Monday." The DON was asked if three days would be too long to wait for results. the DON stated, "Oh, yes."</p>	F 508			