

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 10/09/2014
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NAME OF PROVIDER OR SUPPLIER ALLENBROOKE NURSING AND REHABILITATI	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 000	<p>Initial Comments</p> <p>1200-13-1-.08 (1)(a,b,c,d,e,f,g,h,i,j)</p> <p>Each Long Term Care Facility participating in the medical assistance program must develop and consistently implement policies and procedures regarding its admissions, including the development and maintenance of a single wait list of persons requesting admission to those facilities. This list must at a minimum contain the following information pertaining to each request for admission: (a) The name of the applicant, (b) The name of the contact person or designated representative other than the applicant (if any), (c) The address of the applicant and the contact person or designated representative (if any), (d) The telephone number of the applicant and the contact person or designated representative (if any), (e) The name of the person or agency referring the applicant to the nursing facility, (f) The sex and race of the applicant, (g) The date and time of the request for admission, (h) Reason(s) for refusal/non-acceptance/other-action-taken pertaining to the request for admission, (i) The name and title of the Long Term Care Facility Staff person taking the application for the admission, (j) A notation stating whether the applicant is anticipated to be Medicaid eligible at time of admission or within one year of admission.</p> <p>This Rule is not met as evidenced by:</p> <p>Based on record review and interview, it was determined the facility failed to ensure the wait list contained all components such as the address of the applicant, telephone number of the applicant, date and time of the request of admission, reason for refusal/non-acceptance/other action taken</p>	N 000	<p>1. On 10/31/2014, the facility wait list was immediately amended to include all components required by law for all applicants, including address of applicant, telephone numbers of applicant, date & time of the request of admission, reason for refusal/non-acceptance/other action taken pertaining to the request for admission and the name and title of the staff member taking the application for admission. On 10/31/2014, the Executive Director verified that each applicant on the facility wait list had been sent written confirmation regarding their position and their right to access the wait list.</p> <p>2. All residents on the wait list have the potential to be affected.</p>	11/5/14
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Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Administrative

(X6) DATE
10-31-14

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N 000	<p>Continued From page 1</p> <p>pertaining to the request for admission and the name and title of the Long Term Care Facility staff person taking the application for admission.</p> <p>The findings included:</p> <ul style="list-style-type: none"> Review of the facility's wait list in the Admission Coordinator's office on 10/9/14 at 8:00 AM revealed a failure of the facility to document the address of current Applicant #2; a failure to document the telephone number for current Applicant #2; a failure to document the date and time of request for admission for current Applicants #1, 2, and 3; a failure to document a reason for refusal for previous Applicant #1 when removed from the wait list; a failure to document the name and title of the staff member taking the request for admission for current Applicants #1, 2, and 3. During an interview in the Admission Coordinator's office on 10/9/14 at 8:02 AM, the Admissions Coordinator was asked about the wait list. The Admissions coordinator stated, "I just kept using the same form as the person before me. I tried to clean up all the pages." When asked if she had any training regarding the Linton Law and the wait list, the Admissions Coordinator stated, "No, I haven't" When the Admissions Coordinator was asked about the specific missing components on the wait list, the Admissions Coordinator stated, "I didn't know." When asked if Applicant #2 lives in Dallas, Texas would he/she have the same phone number as the representative living in Memphis, Tennessee. The Admissions Coordinator stated, "No." When asked about the addresses being the same for Applicant #3, the Admissions Coordinator stated, "No, they [Applicant #3 and the Representative for Applicant #3] do not live together." 	N 000	<p>3. On 10/31/2014, Executive Director/Designee audited the wait list to ensure all required components were contained in the wait list. On 10/31/2014, Executive Director/Designee in-serviced Admissions staff regarding requirement of wait list components, including documentation of date & time of written confirmation being mailed.</p> <p>4. Executive Director/Designee to monitor wait list weekly, ongoing, to ensure compliance. Any negative findings will be corrected immediately and all findings will be taken to Quality Assurance committee monthly.</p>	11/5/14
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N 000	Continued From page 2 1200-13-1-.03(3) Each facility shall send written confirmation that an applicant's name has been entered on the wait list, their position on the wait list, and a notification of their right of access to the wait list as provided in paragraph (8) of these rules. This confirmation shall include at a minimum the date and time of entry on the wait list and shall be mailed by first class postage to the applicant and their designated representative (if any) identified pursuant to the requirements in paragraph (1) above. This Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to maintain a waiting list that documented written confirmation that an applicant's name entered on the wait list was sent, their position on the wait list, and a notification of their right of access to the wait list as provided in paragraph (8) of these rules. The findings included: Review of the facility's wait list in the Admission Coordinator's office on 10/9/14 at 8:00 AM revealed a failure of the facility to document notification was mailed by first class postage to Applicant #2 notifying a move up on the list from #3 to #2. During an interview in the Admission Coordinator's office on 10/9/14 at 8:02 AM, the Admissions Coordinator was asked if a notification letter was sent to Applicant #2. The Admissions Coordinator stated, "I called, they	N 000		

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N 000	Continued From page 3 didn't give me an address. I wrote up the letter but didn't mail it. I talked to [Named Representative of Applicant #2] and he wants to remain on the list. No, I didn't call him when he moved to the #2 spot."	N 000		
N 729	1200-8-8-.06(6)(b) Basic Services (6) Pharmaceutical Services. (b) Poisons or external medications shall not be stored in the same compartment and shall be labeled as such. This Rule is not met as evidenced by: Type C Pending Penalty #7 Tennessee Code Annotated § 68-11-804(c)7: All internal and external medications and preparations intended for human use shall be stored separately. They shall be properly stored in medicine compartments, including cabinets on wheels, or drug rooms. The cabinets or drug rooms shall be kept securely locked when not in use, and the key must be in the possession of the supervising nurse or other authorized persons then on duty. Poisons or external medications shall not be stored in the same compartment and shall be labeled as such. 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.	N 729	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 Maintenance Director/Designee. Director of Nursing/Designee audited all medication carts and storage areas on 10/22/2014 to ensure compliance.	11/5/14

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N 729	<p>Continued From page 4</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> <p>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."</p>	N 729	<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>	