STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	445401		01/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHC NORTHBROOKE	121 PHYSICIANS DR JACKSON, TN 38305

(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 000	INITIAL COMMENTS	F 000		

An investigation of complaint TN00056230 and a Focused Infection Control Survey were conducted on 1/13/2022 through 1/15/2022 at AHC Northbrooke Health Care and Rehabilitation Center. Health deficiencies were cited as past noncompliance in relation to complaint TN00056230 under 42 CFR Part 483, Requirements for Long Term Care Facilities. There were no deficiencies cited related to the Focused Infection Control Survey.

A partial-extended survey was completed on 1/15/2022.

Immediate Jeopardy (a situation in which a provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) was identified related to the facility's failure to ensure residents were free from accident hazards when a wandering resident eloped from the facility without staff supervision. Resident #1 was found approximately 78 feet from the front entrance of the facility sitting in a vehicle in the facility parking lot.

The Director of Nursing, Regional Nurse Consultant and Regional Administrator were notified of the Immediate Jeopardy (IJ) for F-689 on 1/15/2022 at 2:59 PM, in the Conference Room.

The facility was cited Immediate Jeopardy at F-689.

The facility was cited F-689 at a scope and severity of "J," which is Substandard Quality of

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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 000	Continued From page 1 Care (SQC). The Immediate Jeopardy existed from 1/7/2022 through 1/11/2022. The IJ was removed onsite when the facility implemented a corrective action plan. Corrective actions were validated by the surveyors on 1/13/2022 through 1/15/2022. The facility was cited for past noncompliance and is not required to submit a Plan of Correction.	F 000		