

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

PRINTED: 11/10/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/22/2015
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NAME OF PROVIDER OR SUPPLIER  ASHTON PLACE HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3030 WALNUT GROVE RD MEMPHIS, TN 38111
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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
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F 000	INITIAL COMMENTS	F 000		
F 469 SS=F	<p>Complaints #TN00037294, #TN00037474, #TN00037379, #TN00037364, #TN00037263, #TN00037295, #TN00037187, #TN00036317, #TN00037168, #TN00037167, #TN00037157, #TN00037156, #TN00036718 and #TN00037363 were investigated 10/20/15 through 10/22/15. The facility was cited F469 related to complaint #TN00037294. There were no deficiencies cited related to the other complaints.</p> <p>483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM</p> <p>The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation, and staff interview, the facility failed to maintain an effective pest control program evidenced by failure to follow recommendations given by the pest control agent and the consistent discovery of insects inside the building and in resident care areas during visits in the last 5 months (June 2015 through October 2015).</p> <p>The findings included:</p> <p>Review of the pest control records from June 2015 through October 2015 revealed that a pest control vendor found live cockroaches in the facility during their visits of this 5 month period, including during the complaint investigation on 10/20/15. According to the pest control findings, <u>acceptable POC 11/19/15 JPP/HML</u></p>	F 469	<p>The facility will maintain an effective pest control program so that the facility is free of pest and rodents.</p> <p>Out pest control company will increase visits to help monitor pest control. The facility will act upon all recommendations from them including sealing the bottom and all gaps in the exit doorways.</p> <p>Staff will be in-serviced <sup>by Administrator</sup> to be alert and report any sightings of any unwanted pests <sup>on 11/19/15</sup></p> <p>The housekeeping supervisor along with maintenance department will immediately spray to help eradicate unwanted pests.</p> <p>The housekeeping supervisor will monitor for compliance and the maintenance supervisor will also monitor for continued assurance that all measures are taken to correct this occurrence <sup>monthly</sup>.</p> <p><i>addition made per phone 11/20/15 JPP</i></p>	11/18/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>George Munchow</i>	TITLE CEO-Administrator	(X6) DATE 11-19-15
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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 469	<p>Continued From page 1</p> <p>cockroaches were found in the housekeeping closet, resident rooms and janitor closets. During inspections in June, July, August, September and October, 2015 the company had suggested interventions, including the addition of door sweeps to security exit doors to prevent pests from entering the building. The records also noted that these suggestions had not been made.</p> <p>An interview was conducted with the director of nursing (DON) on 10/21/15 at 11:20 AM, the DON explained that the facility had changed pest control companies during the past year.</p> <p>Observations during a tour of the facility on 10/21/15 at 12:45 PM, revealed the first floor of the facility had five exit doors leading directly to outdoor areas. the exit doors were observed to have gaps, either at the bottom or between the doors where pest could penetrate and pass through.</p> <p>An interview was conducted with the maintenance director in the hallway near one of the aforementioned exit doors on 10/21/15 at 12:45 AM. The maintenance director confirmed that the door had a gap and needed to be adjusted.</p> <p>An interview was conducted with the administrator on 10/21/15 at 2:15 PM, the administrator verbalized that recommendations made by the pest control company should have been put in place and would be followed up on.</p>	F 469			

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