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

PRINTED: 08/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	445125		C 08/14/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICARE HEALTH AND REHABILITATION CENTER	3391 OLD GETWELL RD 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 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.	F 225	F 225 No resident of a nursing home should ever have to fear any form of abuse from staff members or other residents. Any allegation of abuse mandates an immediate action of an in-depth investigation, of any and all relevant information, to determine the validity of the allegation and move to prevent future incidents toward other members of the resident population. The incident which generated this deficiency, by the facility, becomes the basis for a more thorough investigative process. The facility has identified the initial response team, to address an allegation of abuse: the Social Worker, The Director of Nurses, and the Administrator. Other appropriate staff will be added as warranted, for a more comprehensive investigation.	

acceptable POC 9/31/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Robert L Nantham	Administrator	8/30/12

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 225	Continued From page 1 This REQUIREMENT is not met as evidenced by: Intakes: TN00030289 Based on policy review, review of the facility's investigation of alleged abuse, medical record review and interview, it was determined the facility failed to provide documentation that the alleged violations were thoroughly investigated for 1 of 5 (Resident #2) sampled residents. The findings included: Review of the facility's "ABUSE" policy documented, "...During the ongoing investigation... provide documentation (appropriate records and evidence) that may be pertinent to the investigation... Conduct follow up interviews of all individuals to attain needed information..." Medical record review for Resident #2 documented an admission date of 4/17/09 and readmission date of 6/25/10 with diagnoses of Cerebrovascular Disease, Hypertension, Convulsions, Blindness of Both Eyes, Renal Failure, Anemia in Chronic Kidney Disease, Vascular Dementia and Hyperparathyroidism. Review of the Minimum Data Set (MDS) dated 5/16/12 documented in section C, cognitive patterns, a summary score of 9 indicating modified cognitive skills. The sections in the MDS that document mood and behavior problems were scored 0, indicating no problems. Review of the facility's investigation of allegation of abuse to Resident #2 documented that the	F 225	Any staff member, who is alleged to have abused a resident, will be removed immediately from direct contact with the resident, usually resulting in a period of suspension, pending the outcome of the investigation. Documentation will be thorough, and interviews will be wide spread, to include any individual(s) who may contribute to the investigative process. An initial report of an allegation of abuse will be addressed by the Social Worker (or designee) in a timely manner. The Social Worker will share the findings with the DON and the Administrator.	

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F 225	Continued From page 2 bruise on the resident's right arm was identified by the Certified Nursing Assistant (CNA) while providing personal care to the resident on the morning of 8/7/12. Review of the incident report and skin audit completed by the resident's nurse dated 8/7/12 documented the bruise on the residents right arm and that the resident stated that a staff member had hit her on 8/6/12 during the evening shift. Review of the interview with the resident conducted on 8/7/12 by the Nursing Supervisor and the Social Worker documented that the resident could identify the person that she stated had hit her by voice recognition. Interview with the resident conducted by the Administrator and the Director of Nursing (DON) on 8/8/12 documented that the resident could not identify the person who had hit her by voice recognition. Further interviews were conducted by the Administrator and DON with the nurse and the CNA assigned to the resident on 8/6/12 during the evening shift, and one other CNA who had helped get the resident back to bed on 8/6/12. Three additional CNAs were working the evening shift on 8/6/12 in the section of the building that the resident resided in, none of which were interviewed. No further investigation was conducted by the facility. During an interview in Resident #2's room on 8/13/12 at 2:00 PM, Resident #2 was asked if someone on staff had hit her. Resident #2 stated, "...I wanted to go home. They beat me up. Told me to shut up. They don't like me. Just some people..." Resident #2 was asked if she could identify the person who hit her by their voice. Resident #2 stated, "...I don't know. I can tell you how they beat me up..."	F 225	Immediate actions will remove the staff member(s) named in the allegation from any association with the resident(s) and readily identify, for interview, any person(s) who witnessed or have knowledge of the allegation. The resident's Responsible Party (RP) will be notified of the progress of the investigation. To identify other residents having the potential to be affected by the same deficient practice, all residents will have a current Behavioral Assessment completed. Those residents identified with behavioral issues will be assessed or re-assessed by mental health services. All residents, identified with behavioral issues will be reviewed by the Behavioral Committee on a bi-monthly basis and quarterly during the QA Meeting.	

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F 225	Continued From page 3 During an interview in Resident #2's room on 8/13/12 at 2:00 PM, a family member stated that they had taken the resident home with them on 8/8/12 and had not planned to bring her back to the facility, however, the resident would need services at home ordered by the physician and arranged by the social worker here. The family stated that the resident would be discharged from the facility on 8/14/12 during the morning. During an interview in the conference room on 8/14/12 at 2:30 PM, the Administrator and DON were asked if further investigation of the allegation of abuse had been done. The Administrator and the DON stated, "No."	F 225	ALL staff will be in-serviced on the facility's dedicated approach to abuse investigation. Completion Date: 9/1/12	