

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

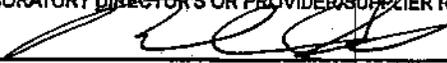
PRINTED: 10/21/2014  
FORM APPROVED  
OMB NO. 0938-0391

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  C 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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(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 508 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>483.75(k)(1) PROVIDE/OBTAIN RADIOLOGY/DIAGNOSTIC SVCS</p> <p>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.</p> <p>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.</p> <p>The findings included:</p> <p>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.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated 6/12/14 documented a Brief Interview for</p> <p><i>Acceptable POC 11/3/14 JPH/NCZ</i></p>	F 508	<p>RECEIVED NOV 17 2014</p> <p>Please consider this Plan of Correction as Allenbrooke Nursing and Rehabilitation Center, LLC's credible allegation of compliance. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare &amp; Medicaid requirements. Submission of this plan of correction is not an admission that a deficiency exist or that the facility agrees they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our residents and are submitted solely as a requirement of the provisions of Federal and State Law.</p>	11/23/2014

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.

*This same POC was faxed 11/3/14 JP*

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NAME OF PROVIDER OR SUPPLIER  ALLENBROOKE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3983 ALLENBROOKE COVE MEMPHIS, TN 38118		
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F 508	<p>Continued From page 1</p> <p>Mental Status (BIMS) of 2 which indicated severe 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 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... 2:50 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]</p>	F 508	<ol style="list-style-type: none"> <li>On 6/4/2014, the x ray report for resident #79 was immediately obtained and read by the Nurse Practitioner.</li> <li>All residents have the potential to be affected.</li> <li>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.</li> <li>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.</li> </ol>	11/23/2014	

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F 508	<p>Continued From page 2</p> <p>hand and L leg and that resident appeared to 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 pm [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	<p>RECEIVED</p> <p>NOV 17 2014</p>	11/23/2014
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