Printed: 05/20/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2021		
NAME OF PROVIDER OR SUPPLIER Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 141 N McLean Blvd Memphis, TN 38104	P CODE		
For information on the nursing home's	For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)				
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	(Each deficiency must be preceded by full regulatory or LSC identifying information) Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishr and neglect by anybody.		onfidentiality failed to ensure safety seident #1) reviewed with modified Immediate Jeopardy when exture modified diet in which all resing Assistant (CNA) left the responsive, a portion of a hotdog esident #1 expired in the extended to a resident. The Immediate Jeopardy on [DATE] and Quality of Care.		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER OR SUPPLIER Middown Center for Health and Rehabilitation STREET ADDRESS, CITY, STATE, ZIP CODE 141 N McLean Blvd Memphis, TN 38104 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Review of the facility's policy titled, Abuse, Neglect and Exploitation, revised, d+[DATE], revealed. It is the policy of this facility to provide protection for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Neglect reases failure of the facility, is emploitation and misappropriation of resident property. Neglect reases failure of the facility, is emploited and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Neglect reases failure of the facility is considerable and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Neglect reases failure of the facility is representation of current staffing patterns, staff qualifications, competency and knowledge, clinical resources, physical environment, and equipment. Review of the facility's undated policy titled. Consistency Medited Diets, revealed. Depth staff will serve resident trays and will help residents who require assistance with meals in a manner that meets the individual needs of each resident. Facility staff will servely combined to dignity. Review of the facility's undated policy titled. Consistency Medited Diets, revealed Depth spring is the impairment or loss of skills involved in swellowing foods and/or involved in swellowing foods and/or involved in sw				NO. 0936-0391
Midrown Center for Health and Rehabilitation 141 N McLean Blvd Memphis, TN 38104 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. (XA) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES [Each deficiency must be preceded by full regulatory or LSC identifying information) F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Resid		IDENTIFICATION NUMBER:	A. Building	COMPLETED
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Review of the facility's policy titled, Abuse, Neglect and Exploitation, revised .d+[DATE], revealed .lt is the policy of this facility to resident health or safety Residents Affected - Few Resident Resident Residents Affected			141 N McLean Blvd	P CODE
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Residents Affected - Few	For information on the nursing home's	plan to correct this deficiency, please con	itact the nursing home or the state survey	agency.
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Resid	(X4) ID PREFIX TAG			
(continued on next page)	Level of Harm - Immediate jeopardy to resident health or safety	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Review of the facility's policy titled, Abuse, Neglect and Exploitation, revised _d+[DATE], revealed .lt is policy of this facility to provide protection for the health, welfare and rights of each resident by developed and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation misappropriation of resident property. Neglect' means failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm; pain, anguish, or emotional distress. The facility will make individual determination in consideration of currer staffing patterns, staff qualifications, competency and knowledge, clinical resources, physical environn and equipment. Review of the facility's policy titled, Assistance with Meals, revised _d+[DATE], revealed. Residents shr receive assistance with meals in a manner that meets the individual needs of each resident. Facility st serve resident trays and will help residents who require assistance with eating. Residents who cannot themselves will be assisted with attention to safety, comfort and dignity. Review of the facility's undated policy titled, Consistency Modified Diets, revealed. Dysphagia [difficult swallowing] is the impairment or loss of skills involved in swallowing foods and/or liquids. Pureed is the consistency for solid foods that may be used after NPO [nothing by mouth] or liquid diets or for those dysphagia. Puree consistency eliminates the need for chewing. All foods must be presented in a form homogenous [uniform consistency] and cohesive [sticks together] in nature, e.g., [for example] foods st have a pudding or mousse like [light spongy texture] consistency. Most foods will be pureed and/or str. to ensure a smooth cohesive quality without lumps. Review of the facility's undated meal pass protocol titled, The 5 Rights of Meal Service Administrati		

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NAME OF PROVIDER OR SUPPLIER Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 141 N McLean Blvd Memphis, TN 38104	P CODE	
For information on the nursing home's	plan to correct this deficiency, please con		agency.	
(X4) ID PREFIX TAG	home's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0600 Level of Harm - Immediate jeopardy to resident health or safety	Review of the quarterly MDS assessment dated [DATE], revealed Resident #1 was assessed to have a Brief Interview of Mental Status (BIMS) score of 6, which indicated Resident #1 was severely cognitively impaired for decision making, required extensive assistance for eating, had complaints of difficulty or pain with swallowing and required a mechanically altered diet of pureed food.			
Residents Affected - Few	Review of the EMS Prehospital Patient Record dated [DATE] at 6:08 PM, revealed .U4 [unit 4] was dispatched to an emergency call. upon arrival .Pt [patient] [Resident #1] in cardiac arrest and CPR [cardiopulmonary resuscitation] in progress. Pt is 80 yo [year old] female who went into .cardiac arrest while eating and appeared to choke. First initial rhythm was asystole [no pulse, no rhythm] .A 1-inch section of hotdog was removed from obstructing the patient's airway using [NAME] forceps .Pt remained in asystole .Pt was moved to stretcher and secured. Moved to unit .Upon arrival at ER .Pt care was transferred to RN [Registered Nurse]. Shortly after transfer of care, resuscitation efforts were terminated by ER doctor .			
	Review of the Emergency Department (ED) Physician Documentation dated [DATE] at 7:05 PM, revealed. The patient [Resident #1] presents with .arrest while eating hot dog. CPR in progress upon arrival .EMS pulled hot dog out of airway .EMS has been performing out of hospital ACLS [Advanced Cardiac Life Support] for approximately 30 minutes by the time pt arrived in ed [emergency department]. The onset was unknown .Medical Decision Making: Primary concern for respiratory arrest given reported history of choking on hot dog and then becoming nonresponsive at nursing home. EMS removed some hot dog from airway during intubation .EMS reports rhythm was asystole initially and transiently PEA [pulseless electrical activity] CPR continued on arrival, prolonged downtime > [greater than] 30 minutes, further resus [resuscitation] efforts deemed futile and pt pronounced [dead] in ed. time of death 18:55 [6:55 PM] .			
	[Named CNA #20, an Agency CNA card. The tray she picked [with a re with a hat on, causing it to look sim Resident #2, which was the resident pictures [pictures of the residents a carefully validate the tray she select the identifier process [the resident [Named Resident #1] another resident's room to take a tray to an occurred, as resident [Resident #1] reentered the room about ,d+[DAT [Resident #1]] was not responding to call 911 and bring the crash cart [6:07 PM] and exited the facility with	n dated [DATE], revealed .On [DATE], on dated [DATE], and a grab [grabbed] a tray that had the let egular diet instead of ordered puree die silar to Ms. [Named Resident #1] picture nt's tray she selected to deliver to Residere located on the bottom of the tray cated belonged to the resident in questic wristband] to correctly identify resident lent's tray .After giving the wrong tray, lother resident. Leaving the resident alcorder resident. Leaving the resident alcorder assistance eating .[CNA #20 E] minutes later] Upon entering the roo to verbal commands and was not making to the resident at 18:35 [6:35 PM] .At 26 #1] has [had] expired at the hospital .	ter F and the letter B on the tray t] had another resident [picture] e; both Resident [Resident #1 and dent #1] had hats on in their rd] .[Named CNA #20] failed to en. Additionally, she failed to utilize [Resident #1] before giving Ms. [Named CNA #20] exited the ene to eat should not have called for assistance when she m, the RN noted that Resident ng any sounds .Floor staff were told eved at the resident's room at 18:07	
		aled Resident #2 was admitted to the f gia, Esophagitis with Bleeding, Pneumo		

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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Midtown Center for Health and Re		141 N McLean Blvd Memphis, TN 38104	1 6052	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0600 Level of Harm - Immediate jeopardy to resident health or safety	Review of the Physician's Orders dated [DATE], revealed, .NAS [No Added Salt] diet Regular texture, Thin Liquids consistency .Skilled ST [Speech Therapy] services 5 to 7 times a week for 30 days to increase functional communication, memory, and problem solving skills, and for planning of LRD [least restrictive diet] with Dysphagia Management .			
Residents Affected - Few	BIMS score of 6, which indicated the	essment dated [DATE], revealed Resid ne resident had severe cognitive impair r eating and her nutritional approach w	ment for decision making. Resident	
	Observation of Resident #1 and Resident #2's pictures on their individual meal card on [DATE] at 10:30 AM, revealed a picture quality that was not clear, both were African American women with elongated faces and both were wearing a hat. Resident #1's first name started with the letter F. Resident #2's last name started with the letter F and both residents resided in a B bed in different rooms.			
	Observation in the resident's room on [DATE] at 12:03 PM, revealed CNA #4 failed to check Resident #2's armband and verify the picture on the meal card during the lunch meal tray pass. Resident #2 had no armband and stated, I never had one. CNA #4 did not look for the armband.			
	stated, .I pulled the last tray out I the Resident #1] but it was [Named Reform thought the tray already there even touch the tray .I fed her with the of hotdog. I put that in her mouth, and went across the hall. I left here and saw she was pale in color and Heimlich maneuver [process for discame out and goldish color fluids .Tesident #1], I saw clearly a F and	ATE] at 5:21 PM, Agency CNA #20 cornought was hers [Resident #1]. I looked sident #2]. I glanced down at the picture was the noon tray [lunch] from earlier he spoon two bites of coleslaw and pin and she chewed on it. She made a face sitting up in bed. I was gone for about figust looking at me. I yelled for [Named slodging something lodged in a person's The nurse came in and took over. I thought it was [Named Resident #1]. [I name started with the letter F, and both	at the picture thought was [Named e and saw name and took tray in .! did not open the tray. I didn't ched off with my fingers two bites and said don't want no more. I left ive to seven minutes. I came back CNA #19]. I performed the s windpipe] and some coleslaw ught it [dinner tray] was [Named Resident #1's first name started	
	event involving Resident #1. The A #1] received an incorrect tray and v	:24 PM, the Administrator was asked w dministrator stated, .I was at home. I re was transported to the hospital .The CN the resident .She left the room, then we	eceived notification she [Resident IA [Agency CNA #20] didn't	
	grainy .l didn't realize how many of	:30 PM, the Interim DON stated, .The point our residents wore hats in their picture y system can print the pictures clearer	s and so many of them [residents]	
		ry staffing agencies for the provision of lical or care plan information to the tem ere assigned.		
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Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 141 N McLean Blvd Memphis, TN 38104	. 6052	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0600	Refer to F 689.			
Level of Harm - Immediate	The surveyors verified the removal	Plan by:		
jeopardy to resident health or safety Residents Affected - Few	correct consistencies on the reside	npleted by the Dietary Manager to ensu nt's trays compared to the resident's di the audits and observed delivery of me	et slips with no discrepancies	
	 On [DATE], Care plans, Kardexes and the facility Electronic Healthcare System that the CNAs use for electronic documentation, were reviewed by the Unit Managers for the appropriate level of assistance required for eating and of the 127 residents reviewed there were no issues identified. The surveyors reviewed the Care Plans, Kardexes, interviewed the Unit Managers, and observed the delivery of the mea trays. On [DATE], the agency orientation packet was reviewed, and a checklist of all items covered including t updated guidance of the five rights of meal administration was added by the DON. The surveyors reviewed the orientation packets. 			
	4. On [DATE], resident pictures were reviewed by Unit Managers and all were present in the facility Electronic Healthcare System. The Unit Managers will check daily in the facility Electronic Healthcare System to ensure pictures are present for the new admissions. The surveyors reviewed the pictures and interviewed the Unit Managers.			
	5. Meal tray audits will be completed by the Floor/Charge Licensed Practical Nurse (LPN)/RN or their designee for resident tray passes at each meal. Any discrepancies will be addressed and resolved immediately by the nursing staff and dietary manager/designee reviewing the physician orders in the facilit Electronic Healthcare System, dietary communication slips and dietary tray card system to identify where the breakdown occurred. The surveyors reviewed the audits and interviewed nurses on all shifts.			
		will oversee the meal tray delivery pro ance is provided and will be ongoing. The he managers.		
		armbands were audited for the 127 reache facility on that day. The surveyors re		
	8. Audits of wristbands and door name plates will be completed daily Monday-Friday by Medical Records/designee and Saturday and Sunday by the Manager on Duty to ensure compliance. Concerns identified will be corrected immediately. The surveyors reviewed the audits and interviewed Medical Record and managers.			
	(continued on next page)			

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NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Midtown Center for Health and Reh	nabilitation	141 N McLean Blvd Memphis, TN 38104	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	using immediately ([DATE]) for all a procedures. The Staffing Developm completed prior to start of first shift DON/designee beginning [DATE] a by Charge Nurses, Unit Managers, with performance will be addressed responsibility of performance of the packet and interviewed staff on all 10. On [DATE], audits of wristband additional concerns identified. The 11. Beginning [DATE], direct meal and other Nursing Managers will pragency staff are following the proceed meal is being provided to the correspasses and interviewed nursing staff and other Nursing a meal tray. These on door; name on wristband; verbafacility staff to identify the resident. Nurses, Nurse Managers, DON. Trinterviewed staff on all shifts. 13. On [DATE], the dietary tray carefont the same size as the resident in the same size as the resident.	s and door name plates were complete surveyors reviewed the audits. tray observations will be conducted by rovide direct observation of meal tray a less for delivery of the meal trays to enset residents and this will be ongoing. The first. The deducation of all nursing staff regarding see include a combination of any two of lization of resident (by asking resident No staff will be allowed to work until end to surveyors reviewed the education, the discount of the surveyors reviewed the continues at a scope and severity of the surveyors are severity of the surveyors and severity of the surveyors are severity of the surveyors and severity of the surveyors are severity of the surveyors and	eludes all above policies and will ensure orientation packet is ily with each new agency staff by aff performance will be conducted members each shift and any issues ne with input from DON. Overall veyors reviewed the orientation and by Medical Records with no Nurse Managers, Charge Nurses the each meal to ensure facility and sure the right tray with the right the surveyors observed meal tray the resident identifiers to be used the following: resident photo; name to state their name); and/or asking ducated on the above by Charge the in-service sign in sheets, and logy (IT) to make the room number dietary tray cards.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER Midtown Center for Health and Rehabilitation (XI) Extra STREET ADDRESS, CITY, STATE, ZIP CODE 1411 M McLean Blvd Memphis, TN 38104 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. (XI) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. "NOTE: TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY" 20706 Bassed on policy review, job description review, medical record review, observation, and interview, the facility failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided. The safe a regular definition process for individualized (as bard to resident				No. 0936-0391
Midrown Center for Health and Rehabilitation 141 N McLean Blvd Memphis, TN 38104 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. (XA) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY* 29706 Based on policy review, job description review, medical record review, observation, and interview, the facility failed to ensure nating staff followed the facility process for identifying residents during delivery of meal trays for 9 of 12 sampled residents. (Resident #1, #2, #5, #7, #8, #9, #10, #11, #12) reviewed that required died to ensure unxing staff feeding the residents. (Resident #1, #2, #5, #7, #8, #8, #9, #10, #11, #12) reviewed that required unificated interview with forceps from the resident heads of the prescribed pursed die (a setuture modified died and have as oft, pudding like consistency) and the Agency Certified Nursing Assistant (CNA) left the resident unattended after feeding the residents. Bedient #1 was found unresponsive and a portion of a hotolog was removed with forceps from the resident by Emergency Medical Services (EMS) attendats. Resident #1 are pursed with forceps from the resident had a fall did not follow the process for identifying residents during the delivery of the meal trays. Immediate Jeopardy (IJ) is a situation in which the 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. The Administrator and Interim Director of Nursing (DON) were notified of the Immediate Jeopardy (IJ) on [DATE] at 6:50 PM, in the Chapel. The facility was cited Immediate Jeopardy at F-689. The facility was cited F-689 at a scope and severity of		IDENTIFICATION NUMBER:	A. Building	COMPLETED
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. "NOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY" 29708 Based on policy review, job description review, medical record review, observation, and interview, the facility falled to ensure staff provided the ordered modified diet and provided the needed assistance with meals, falled to ensure staff provided the review of the required assistance with meals. The facility recess for identifying residents during delivery of meal trays for 9 of 12 sampled residents (Resident #1, #2, #5, #7, #8, #9, #10, #11, #12) reviewed that required modified diet and/or required assistance with meals. The facility stallure resulted in Immediate Jeopardy when Resident #1 was fed a regular diet instead of the prescribed pursed diet (a texture modified diet in which all floods have a soft, pudding like consistency) and the Agency Certified Nursing Assistant (CNA) left the resident unattended after feeding the resident. Resident #1 #4, #1, #1, #1, #1, #1, #1, #1, #1, #1, #1			141 N McLean Blvd	P CODE
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)				
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Based on policy review, job description review, medical record review, observation, and interview, the facility falled to ensure necessary safe individualized resident care was provided, and falled to ensure nursing staff followed the facility process for identifying residents during delivery of meal trays for 9 of 12 sampled residents (Resident #1, #2, #5, #7, #8, #9, #10, #11, #12) reviewed that required modified diets and/or required assistance with meals. The facility's failure resulted in Immediate Jeopardy when Resident #1 was fed a regular diet instead of the prescribed pureed diet (a texture modified diet in which all foods have a soft, pudding like consistency) and the Agency Certified Nursing Assistant (CNA) left the resident unattended after feeding the resident. Resident #1 was found unresponsive and a portion of a hotdog was removed with forceps from the resident by Emregnecy Medical Services (ENA) attendants. Resident #1 expired in the emergency room (ER) of a local hospital. The facility's failures resulted in Immediate Jeopardy for Resident #2, #6, #7, #8, #9, #10, #11, and #12 when these residents regular modified diets and/or assistance with meals and staff did not follow the process for identifying residents during the delivery of the meal trays. Immediate Jeopardy (IJ) is a situation in which the 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. The Administrator and Interim Director of Nursing (DON) were notified of the Immediate Jeopardy (IJ) on [DATE] at 6:50 PM. in the Chapel. The facility was cited Immediate Jeopardy at F-689. The facility was cited F-689 at a scope and severity of K which is Substandard Quality of Care. The Immediate Jeopardy was effective from [DATE] through [DATE]. An acceptable Removal Plan, which removed the immediacy of the jeopardy, was received on [DATE	(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
	Level of Harm - Immediate jeopardy to resident health or safety	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to accidents. ***NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29706 Based on policy review, job description review, medical record review, observation, and interview, the failed to ensure staff provided the ordered modified diet and provided the needed assistance with me failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident care was provided, and failed to ensure necessary safe individualized resident to ensure necessary safe individualized resident to the resident to the consure necessary safe individualized resident for the treatment of the safety of		des adequate supervision to prevent ONFIDENTIALITY** 29706 servation, and interview, the facility needed assistance with meals, and failed to ensure nursing staff al trays for 9 of 12 sampled equired modified diets and/or a Jeopardy when Resident #1 was a diet in which all foods have a soft, IA) left the resident unattended after of a hotdog was removed with ants. Resident #1 expired in the Immediate Jeopardy for Resident iffied diets and/or assistance with the delivery of the meal trays. The with one or more requirements airment, or death to a resident. The Immediate Jeopardy (IJ) on Indiand Quality of Care. The Immediate Jeopardy (IJ) on The Immediate Jeopardy (IJ) on

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AND PLAN OF CORRECTION	445139	A. Building	05/21/2021	
	445159	B. Wing	00/21/2021	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Midtown Center for Health and Re	habilitation	141 N McLean Blvd		
Memphis, TN 38104		Memphis, TN 38104		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of the undated facility's policy titled, Consistency Modified Diets, revealed .Dysphagia [difficulty swallowing] is the impairment or loss of skills involved in swallowing foods and/or liquids .Pureed is the first consistency for solid foods that may be used after NPO [nothing by mouth] or liquid diets or for those with dysphagia. Puree consistency eliminates the need for chewing. All foods must be presented in a form that is homogenous [uniform consistency] and cohesive in nature, e.g. [for example] foods should have a pudding or mousse [light spongy texture] like consistency. Most foods will be pureed and/or strained to ensure a smooth cohesive quality without lumps .			
	Review of the CNA job description dated ,d+[DATE], revealed .Perform direct resident care duties under the supervision of licensed nursing personnel .Essential Duties & Responsibilities .assistance is provided to those residents who cannot feed themselves .			
	Review of the facility's Breakfast, Lunch, and Dinner Meal Pass Audit, dated [DATE], revealed .To ensure each Resident receive their proper meal tray, the following procedures need to take place .2. CNA deliver tray to room and verify ticket against Resident's armband .			
	Review of the undated facility's meal pass protocol titled, The 5 Rights of Meal Service Administration, attached to an in-service dated [DATE], revealed, .1. Right diet. 2. Right liquid. 3. Right resident. 4. Check door tag. 5. Check arm band .6. Check resident's armband with the name on the tray.			
	Review of employee personnel files revealed that CNA #4, #6, and #13 and Agency CNA #19 and #20 had no documentation of a competency evaluation for the employees, no documentation of the employee's skil or orientation of the employees to the facility processes and protocols related to the individual care of residents needing assistance with activities of daily living which included eating and modified diets. There was no documentation the CNAs or the Agency CNAs were determined to be competent to provide care for the residents in the facility.			
	[DATE] with diagnoses of Cerebral	aled Resident #1 was admitted to the fa Infarction, Bipolar Disorder, Dysphagia r liquids), Schizophrenia, Asthma and A	a (the impairment of loss of skills	
	Review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1 had n natural teeth or tooth fragments (edentulous).			
	Review of the Physician's Orders dated [DATE], revealed .Regular diet Pureed texture, Nectar Thicker Fluids consistency .			
	Review of the quarterly MDS assessment dated [DATE], revealed Resident #1 was assessed to have a Interview of Mental Status (BIMS) score of 6, which indicated Resident #1 was severely cognitively import of decision making, required extensive assistance for eating, had complaints of difficulty or pain with swallowing, and required a mechanically altered diet of pureed food.			
	(continued on next page)			

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2021
NAME OF PROVIDER OR SUPPLIER Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 141 N McLean Blvd Memphis, TN 38104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	[Named CNA #20, an Agency CNA card. The tray she picked [with a rewith a hat on, causing it to look sim Resident #2, which was the resident pictures [pictures of the residents a carefully validate the tray she select the identifier process [the resident [Named Resident #1] another resident's room to take a tray to an occurred, as resident [Resident #1] reentered the room about ,d+[DAT noted that Resident [Resident #1] Floor staff were told to call 911 and resident's room at 18:07 [6:07 PM] PM] the facility received notification Review of the EMS Prehospital Pardispatched to an emergency call. u [cardiopulmonary resuscitation] in eating and appeared to choke. Firshotdog was removed from obstruct was moved to stretcher and secure Shortly after transfer of care, resus Review of the ED [Emergency Dep The patient [Resident #1] presents pulled hot dog out of airway .EMS Support] for approximately 30 minuonset was unknown .Medical Decis of choking on hot dog and then bed airway during intubation .EMS reportively. CPR continued on arrival, [resuscitation] efforts deemed futile Review of the medical record, rever Acute Respiratory Failure, Dysphate Wheezing.	in dated [DATE], revealed .On [DATE], or all .grab [grabbed] a tray that had the let egular diet instead of ordered puree die illar to Ms. [Named Resident #1] picture it's tray she selected to deliver to Resider located on the bottom of the tray cated belonged to the resident in questic wristband] to correctly identify resident lent's tray .After giving the wrong tray, lother resident. Leaving the resident alcorequired assistance eating .[CNA #20 E] minutes later] Upon entering the roowas not responding to verbal command I bring the crash cart to the resident's in the Resident [Resident #1] has [had] the tray and exited the facility with the resident in the Resident [Resident #1] has [had] the tray are to the resident with the resident [Resident #1] in the progress. Pt is 80 yo [year old] female of the patient's airway using [NAME] field. Moved to unit .Upon arrival at ER .Ficitation efforts were terminated by ER .artment] Physician Documentation dat with .arrest while eating hot dog. CPR was been performing out of hospital AC attes by the time pt [patient] arrived in eating Making: Primary concern for respiration Making: Primary concern for respiration monresponsive at nursing home of the resident was asystole initially and tray and pt pronounced [dead] in ed. time and pt pronounced [ter F and the letter B on the tray til had another resident [picture] e; both Resident [Resident #1 and dent #1] had hats on in their rd] .[Named CNA #20] failed to n. Additionally, she failed to utilize [Resident #1] before giving Ms. Named CNA #20] exited the ne to eat should not have called for assistance when she m, the RN [Registered Nurse] Is and was not making any sounds on Paramedics arrived at the at 18:35 [6:35 PM] .At 20:00 [8:00 expired at the hospital . revealed .U4 [unit 4] was n cardiac arrest and CPR who went into .cardiac arrest while no rhythm] .A 1-inch section of orceps .Pt remained in asystole .Pt orceps .Pt remained in asystole .Pt orceps .Pt remained in asystole .Pt orceps .Pt remained in EMS ELS [Advanced Cardiac Life di [emergency department]. The atory arrest given reported history or EMS removed some hot dog from ansiently PEA [pulseless electrical of minutes, further resus of death 18:55 [6:55 PM] . accility on [DATE] with diagnoses of onia due to Coronavirus 2019, and ders .NAS [No Added Salt] diet ervices 5 to 7 times a week for 30

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NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OR SUPPLIER		P CODE
Midtown Center for Health and Re	habilitation	141 N McLean Blvd Memphis, TN 38104	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	BIMS score of 6, which indicated the extensive assistance for eating, an Observation of Resident #1 and Referevealed a picture quality that was were wearing hats. Resident #1's fletter F and both residents resided Observation in the resident's room Resident #2 and failed to check the had no armband and stated, I never observations on the 2nd, 3rd, and revealed there was no monitoring obedside to determine facility staff ic residents. During a telephone interview on [D I pulled the last tray out I thought we Resident #1] but it was [Named Refoom thought the tray already there even touch the tray. I fed her with to fhotdog. I put that in her mouth, and went across the hall. I left here and saw she was pale in color and Heimlich maneuver [process for discame out and goldish color fluids. Resident #1], I saw clearly a F and with the letter F. Resident #2's last different rooms]. During an interview on [DATE] at 1 event involving Resident #1. The Aff ereceived an incorrect tray and with emeal tray with the resident. She During an interview on [DATE] at 3 grainy. I didn't realize how many of look alike. We need to see if the die Electronic Healthcare Software].	on [DATE] at 12:03 PM, revealed CNA resident's armband or verify the picture had one. CNA #4 did not look for the 4th floors on [DATE] and [DATE] during of the tray delivery to the residents. The dentified the residents and delivered the ATE] at 5:21 PM, CNA #20 confirmed has hers [Resident #1]. I looked at the pistident #2]. I glanced down at the picture was the noon tray [lunch] from earlier he spoon two bites of coleslaw and pin and she chewed on it. She made a face sitting up in bed. I was gone for about fi just looking at me. I yelled for [Named slodging something lodged in a person's The nurse came in and took over. I thought it was [Named Resident #1]. [I name started with the letter F and both 2:24 PM, the Administrator was asked with diministrator stated, .I was at home. I rewas transported to the hospital .the CN are left the room, then went back into the cour residents wore hats in their picture etary system can print the pictures clear alled Resident #5 was admitted to the finiplegia and Hemiparesis Affecting Legisland in the court in the pictures clear alled Resident #5 was admitted to the finiplegia and Hemiparesis Affecting Legisland in the court in the pictures clear alled Resident #5 was admitted to the finiplegia and Hemiparesis Affecting Legisland in the pictures clear alled Resident #5 was admitted to the finiplegia and Hemiparesis Affecting Legisland in the pictures clear alled Resident #5 was admitted to the finiplegia and Hemiparesis Affecting Legisland in the pictures clear alled Resident #5 was admitted to the finiplegia and Hemiparesis Affecting Legisland in the pictures clear alled Resident #5 was admitted to the finiplegia and Hemiparesis Affecting Legisland in the pictures clear alled Resident #5 was admitted to the finiplegia and Hemiparesis Affecting Legisland in the pictures clear alled Resident #5 was admitted to the finite pictures and the pictures all the pictures clear alled Resident #5 was admitted to the finite pictures and the pictures all the pictures and pictures and pic	ment for decision making, needed a salt therapeutic diet. meal card on [DATE] at 10:30 AM, an had elongated faces and both dent #2's last name started with the way at the element of the meal card. Resident #2 armband. If delivery of the lunch trays are was no monitoring at the element of the correct meal trays to the correct mer witness statement. She stated, a point of the element of the tray. I didn't ched off with my fingers two bites and said don't want no more. I left into to seven minutes. I came back CNA #19]. I performed the swindpipe] and some coleslaw and the great of the element of the element of the element of the second of the element of the e

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2021	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Midtown Center for Health and Rehabilitation		141 N McLean Blvd Memphis, TN 38104	. 6052	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0689 Level of Harm - Immediate jeopardy to resident health or safety	Fluids consistency . Review of the annual MDS assessi score of 0, which indicated the resi	eview of the Physician's Orders dated [DATE], revealed .diet Mechanical Soft texture, Nectar Thickened uids consistency . eview of the annual MDS assessment dated [DATE], revealed Resident #5 was assessed to have a BIMS ore of 0, which indicated the resident had severe cognitive impairment for decision making, needed pervision when eating, and the resident's nutritional approach was for a mechanically altered diet with		
Residents Affected - Some	nectar thick liquids. Observation in the resident's room on [DATE] at 12:03 PM, revealed CNA #7 failed to identify the resident by checking Resident #5's armband and the picture on the meal card.			
	Review of the medical record, revealed Resident #7 was admitted to the facility on [DATE] with diagnoses Dysphagia, Chronic Obstructive Pulmonary Disease, Type 2 Diabetes, Alcohol Abuse, Heart Failure, and a Foot Ulcer.			
	Review of the quarterly MDS assessment dated [DATE], revealed Resident #7 was assessed to have a BIMS score of 15 which indicated the resident had no cognitive impairment for daily decision-making task and needed supervision when eating.			
	Observation in the resident's room on [DATE] at 12:20 PM, revealed CNA #6 failed to identify the rechecking Resident #7's armband and the picture on the meal card.			
	Review of the medical record, revealed Resident #8 was admitted to the facility on [DATE] and readmitte [DATE] with diagnoses of Convulsions, Cerebral Infarction, Dysphagia, Aphasia, Osteoarthritis, and Dementia with Behaviors.			
	BIMS score of 14 which indicated t	eview of the quarterly MDS assessment dated [DATE], revealed Resident #8 was assessed to have a MS score of 14 which indicated the resident had no cognitive impairment for daily decision-making tasteded set up help only when eating, complained of difficulty or pain with swallowing, and received a echanical altered diet. Deservation and interview in the resident's room on [DATE] at 12:19 PM, revealed CNA #21 failed to ide esident #8 by checking the resident's armband and the picture on the meal card during delivery of the lay. When CNA #21 was asked if the armband had been checked, she stated, yes. The surveyor and Cl walked back into the room and CNA #21 stated, .maybe I didn't .I lied .I did not look for an armband esident #8 did not have an armband.		
	Resident #8 by checking the reside tray. When CNA #21 was asked if the #21 walked back into the room and			
	Review of the medical record, revealed Resident #9 was admitted to the facility on [DATE] and rea [DATE] with diagnoses of Diabetes Mellitus Type 2, Chronic Obstructive Pulmonary Disease, Hea Epilepsy, Parkinson's Disease, Dementia without Behaviors and was Bipolar. Review of the quarterly MDS assessment dated [DATE], revealed Resident #9 was assessed to h BIMS score of 0 which indicated the resident had severe cognitive impairment for daily decision-m tasks, needed supervision and tray set up when eating, complained of difficulty or pain when swall received a mechanical altered diet of pureed food.			
	Observation in the resident's room on [DATE] at 11:53 AM, revealed CNA #13 failed to verify R picture on the meal card with his armband during delivery of the lunch tray.			
	(continued on next page)			

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For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	of Cerebral Infarction, Dysphagia, a Review of the quarterly MDS asses BIMS score of 9 which indicated th tasks, needed extensive assistance received a mechanically altered die Observation in the resident's room identity by checking the picture on Review of the medical record, reve on [DATE] with diagnoses of Supra Osteoarthritis. Review of Resident #11's Physician thin liquids, was vegetarian and ab Review of the quarterly MDS asses BIMS score of 9 which indicated th tasks, needed extensive assistance required a mechanically altered die Observation in the resident's room the meal card with Resident #11's resident's tray for dining. RN #1 en taco to see if meat . CNA #4 took the Review of Resident #11's meal carfortified foods. There was no docur receive beef or pork. During an interview on [DATE] at 1 regular diet with beef, the meal car Physician's Order for a vegetarian diet and cause problems for them . Observation on the 2nd, 3rd, and 4 Always Available Menu (Lunch & Dhamburgers.)	on [DATE] at 12:09 PM, revealed RN # the meal card and checking Resident # aled Resident #11 was admitted to the aventricular Tachycardia, Dementia with his Orders dated [DATE], revealed a distained from the consumption of meat. It is seen that the sement dated [DATE], revealed Reside to the resident had moderate cognitive impact when eating, complained of difficulty	Int side. Int #10 was assessed to have a airment for daily decision-making or pain with swallowing, and #5 failed to verify Resident #10's #10's armband. If acility on [DATE] and readmitted nout Behaviors, Dysphagia, and Het that was mechanical soft with that #11 was assessed to have a airment for daily decision-making or pain with swallowing, and H4 failed to verify the picture on the over bed table and prepared the ent #11] is vegetarian check that ted, .It is ground beef. Ilarge portions of mechanical soft vegetarian diet and was not to Infirmed Resident #11 received a feet diet and did not match the again .the resident gets the wrong dismoked sausage on [DATE] from a posted sign that documented . ot dogs, French fries, and

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For information on the pureing home's	plan to correct this deficiency places con	tact the nursing home or the state survey	ogopov
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES	
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of the quarterly MDS asses BIMS score of 15 which indicated to needed supervision when eating, at the observation in the resident's room failed to check Resident #12's armined tray. During an interview on [DATE] at 1 she identified a resident. CNA #6 sit. When asked if she received trainduring delivery of the meal trays, Coresident Kardex which included indiving an interview on [DATE] at 1 she identified a resident. CNA #7 some received training on the facility producted individualized resident can buring an interview on [DATE] at 1 an orientation program for agency of the training an interview on [DATE] at 1 an orientation program for agency of the training an interview on [DATE] at 1 an orientation program for agency of the training an interview on [DATE] at 1 before providing resident care. CNA During an interview on [DATE] at 1 before providing resident care. CNA During an interview on [DATE] at 1 meal pass. After the incident [on [Date] armband. When asked if every resident care of the process and audit. The staff deliver armband. When asked if every resident care of the process and audit armband computing an interview on [DATE] at 1 assurance] to audit armband computing an interview on [DATE] at 1 assurance] to audit armband computing an interview on [DATE] at 1 assurance] to audit armband computing an interview on [DATE] at 1 assurance] to audit armband computing an interview on [DATE] at 1 assurance] to audit armband computing an interview on [DATE] at 1 assurance] to audit armband computing an interview on [DATE] at 1 assurance] to audit armband computing an interview on [DATE] at 1 assurance] to audit armband computing an interview on [DATE] at 1 assurance] to audit armband computing an interview on [DATE] at 1 assurance] to audit armband computing an interview on [DATE] at 1 assurance] to audit armband computing an interview on [DATE] at 1 assurance] to audit armband computing an interview on [DATE] at 1 assurance] to audit armband computing an interview on [DATE] at 1 assurance] to audit arm	1:56 AM, CNA #10 was asked if she re A #10 stated, .No, they [facility] didn't g :01 PM, the Interim DON stated, .We heate] we put into place the breakfast, the tray to the room and verify the medident had an armband, she stated, .the :01 PM, the Administrator stated, .The	Int #12 was assessed to have a and for daily decision-making tasks, with no added salt (NAS). Iduate Practical Nurse (GPN) #1 card during delivery of the lunch object for one month was asked how and room number. I haven't seen occess for identifying residents firmed she was unaware of a object for 2 weeks was asked how ked if during orientation she ivery of the meal trays. CNA #7 of aware of a resident Kardex which if an armband. IN) #3 was asked if the facility had object in writing, It is all verbal. It is all verbal meds [medications] and meal trays are a census sheet and shown the ent had an armband, LPN #3 Indicated orientation from the facility ive me nothing about that here and no policy for identification and lunch and dinner meal pass all card against the resident's ey should. The is no routine or QA [quality ow the staff identified residents. Eath [[DATE]] is correct. I would

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	NAME OF PROVIDER OR SUPPLIER		P CODE
Midtown Center for Health and Re	habilitation	141 N McLean Blvd Memphis, TN 38104	
For information on the nursing home's plan to correct this deficiency, please con		tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or Li			on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During a telephone interview on [D about the resident. They just put us book. [Named Nursing Facility] didner the facility or assignments prior to a facility or assignment. You just sho During an interview on [DATE] at 1 information in the Kardex binder. C During an interview on [DATE] at 1 program for contract staff. The Adn staffing. When asked if she was in Administrator stated, No, not right in During an interview on [DATE] at 1 comparing the armband with the mathematical The Administrator was asked where delivery document the CNA or staff tray. She stated, It's not. The Administrations at the bedside was us were checked to assure the meal to documentation. We are auditing the documentation. We are auditing the DON shook her head no. The lifecontract personnel files to reflect factoric the Don't know. During an interview on [DATE] at 1 information and resident care direction't know. During an interview on [DATE] at 1 or contract employee files that documentation and resident care direction't know. During an interview on [DATE] at 1 or contract employee files that documentation and resident care direction't know. During an interview on [DATE] at 1 or contract employee files that documentation and resident care direction't know. During an interview on [DATE] at 2 [Named Resident #3]. During an interview on [DATE] at 2 Resident #3 in the Kardex. She states the states of the Kardex. She states are stated to the states are stated.	ATE] at 5:21 PM, CNA #20 stated, .No so n the floor. We had no training. They n't tell me anything. ATE] at 11:30 AM, CNA #19 was asked working with the residents. CNA #19 staw up. Nothing about a Kardex. 2:06 PM, CNA #2 confirmed she was n NA #2 stated, .I ain't seen that. I don't lized PM, the Administrator was asked if ninistrator stated, .The DON was the powolved in the orientation of newly hired now. 2:24 PM, the Administrator was asked if eal ticket to identify the correct residence on the audit tool did the nurse or personal member observed had identified the consistrator was asked what audit tool or sed to verify the meal card picture, name aray was delivered to the correct residence at .I would have to have faith they did with the consistency of the files contained the education of the facility orientation and competency determined the staff to access. LPN #2 states and the staff to access and the staff to access. LPN #2 states and the staff to access. LPN #2 states and the staff to access and the staff to access. LPN #2 states and the staff to access and the staff to access. LPN #2 states and the staff to access and the staf	one told me how to get information of didn't teach us about any Kardex diff she received information about ated, .No information about this not told about the resident's know about a book or binder. The facility had an orientation point of contact for the agency employees and contract staff, the the facility audits included that and she stated, .No, it does not a son that was auditing the meal correct resident before serving the data gathering documentation of the of the resident, and armband and the stated .There is no what was [they were] supposed to the difference of each CNA, no employee personnel files and no mination. Is a book or binder with resident ated, .Don't ask me. I'm agency. I are were no facility employee files or contract theet in the Kardex book for
	(continued on next page)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2021	
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Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 141 N McLean Blvd Memphis, TN 38104	PCODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying inform			on)	
F 0689	The surveyors verified the Remova	l Plan by:		
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	correct consistencies on the reside identified. The surveyors confirmed Manager. 2. Hotdogs were removed from the through review of the menus and in 3. On [DATE], the Care Plans, Kard for electronic documentation) of 12 the Unit Managers and no concern record review, and interviews with 4. The agency orientation packet w guidance of the five rights of meal a surveyors confirmed this through relation DON. 5. Resident pictures were reviewed healthcare systems. Unit Managers present on new admissions in the smanagers. 6. Residents with hats or other acc center, new pictures will be taken to identified. The surveyors confirmed 7. Meal tray audits will be complete at each meal. Any discrepancies w manager/designee, reviewing phys	 On [DATE], a tray audit was completed by the Dietary Manager to ensure that residents are receiving the correct consistencies on the resident's trays compared to the resident's diet slips with no discrepancies identified. The surveyors confirmed this through review of the tray audit and interview with the Dietary Manager. Hotdogs were removed from the menu on [DATE] by the Dietary Manager. The surveyors confirmed this through review of the menus and interview with the Dietary Manager. On [DATE], the Care Plans, Kardexes and the electronic healthcare systems (the system the CNAs use for electronic documentation) of 127 residents were reviewed for appropriate level of assistance for eating by the Unit Managers and no concerns were identified. The surveyors confirmed this through observation, record review, and interviews with the Unit Managers. The agency orientation packet was reviewed, and a checklist of all items covered including the updated guidance of the five rights of meal administration added on [DATE] by the DON were reviewed. The surveyors confirmed this through review of the orientation packed and checklist, and interview with the Interim DON. Resident pictures were reviewed on [DATE] by Unit Managers and all were present in the electronic healthcare systems. Unit Managers will check daily in the electronic healthcare system to ensure pictures are present on new admissions in the system. The surveyors confirmed this through interviews with the Unit 		
	slips, and dietary tray card system to identify where the breakdown occurred. The survey through observations of the delivery of the meal trays, record reviews and interviews with 8. Beginning on [DATE], managers will oversee meal tray delivery process at each meal tray, the right person, the right assistance is provided and is ongoing. Diets or assistance found to be in error are corrected immediately. Incorrect meal trays are removed from the and reviewed to determine how the discrepancy occurred. This is completed by the nursi manager at time of the occurrence. Assistance needed is audited by the floor nurse with nursing managers to ensure the correct level of assistance needed is provided and any of identified are corrected immediately and reviewed by the nursing manager to determine to is resolved immediately. The surveyors confirmed this through observation of the delivery and interviews with managers. (continued on next page)		s at each meal to ensure the right to or assistance provided that is moved from the cart immediately ted by the nursing staff and dietary loor nurse with oversight by the vided and any discrepancies r to determine the breakdown and it	

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Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	with no discrepancies identified. The shifts. 10. Audits of wristbands and door in additional issues identified. The sure sure identified and door in Records/designee and Saturday and identified will be corrected immedia interviews with Medical Records and procedures between [DATE]-[I Therapeutic Diets, Abuse, Neglect was developed by the Unit Manage by [DATE] for any reason will not be this through review of sign in sheet 13. An agency orientation checklist using immediately for all agency st procedures. The SDC/Unit Manage first shift in the facility. This process beginning [DATE] and is ongoing. I Nurses, Unit managers and other in performance will be addressed and responsibility of performance of age the checklist and interview with the 14. Direct meal tray observations we Nursing Managers. They will provide	ed by the Staff Development Coordinate DATE]. The policies and procedures we and Exploitation, The Five Rights of Mers and reviewed by the Administrator of e allowed to work until education is recess, employee rosters and interviews on a was created on [DATE] by the DON at aff on their first shift which included allowers will ensure the orientation packet is as so overseen daily with each new ager Monitoring of agency staff performance and corrected immediately by the same we ency staff will be the DON. The survey Interim DON. Will be conducted by the Nurse Manage de direct observation of the meal trays sess for meal delivery to ensure the right.	servation and interviews on all i] by Medical Records with no ations and interviews on all shifts. anday-Friday by Medical ensure compliance. Issues ough review of the audits and or (SDC) on the following policies are Assistance with Meals, eal Administration guidelines that on [DATE]. Any staff not in-serviced all shifts. and provided to each unit to begin of the above policies and completed prior to the start of the next staff by the DON or designee will be conducted by the Charge ach shift and any issues with ith input from the DON. Overall ors confirmed this through review of are, Charge Nurses and other at each meal to ensure facility and

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Midtown Center for Health and Re			CODE	
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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIT (Each deficiency must be preceded by fu		CIENCIES full regulatory or LSC identifying informati	on)	
F 0726	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.			
Level of Harm - Immediate jeopardy to resident health or safety	**NOTE- TERMS IN BRACKETS F	HAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 28913	
Residents Affected - Some	Based on policy review, employee job description, facility employee file review, agency employee file review, medical record review, and interview, the facility failed to ensure the Certified Nursing Assistants (CNAs) had the competencies and skill sets necessary to assure safety and provide individualized care for 9 of 12 sampled residents (Resident #1, #2, #5, #7, #8, #9, #10, #11, and #12) reviewed with modified and therapeutic diet orders and/or required assistance with meals. The facility's failure to ensure the CNAs had the specific knowledge, skill sets, and orientation necessary to provide the resident's individual needs resulted in Immediate Jeopardy when Resident #1 was fed a regular diet instead of the ordered pureed diet (a texture modified diet in which all foods have a soft, pudding like consistency) and CNA #20 (an Agency CNA) left the resident unattended after feeding the resident a regular diet. Resident #1 was found unresponsive and a portion of a hotdog was removed with forceps by Emergency Medical Services (EMS) attendants. Resident #1 expired in the emergency room (ER) of a local hospital. The facility's failures resulted in Immediate Jeopardy for Resident #2, #5, #7, 8, #9, #10, #11, and #12 when these residents required modified diets and/or assistance with meals and staff did not follow the process for identifying residents during delivery of the meal trays. Immediate Jeopardy (IJ) is a situation in which the 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. The Administrator and Director of Nursing (DON) were notified of the Immediate Jeopardy (IJ) on [DATE] at			
	6:50 PM, in the Chapel. The facility was cited Immediate Jeopardy at F-726.			
	The Immediate Jeopardy was effect	ctive from [DATE] through [DATE].		
	An acceptable Removal Plan, which removed the immediacy of the jeopardy, was received on [DATE] at 2:26 PM, and was validated onsite by the surveyors on [DATE] through medical record reviews, observations, review of education provided, audits, and staff interviews.			
	The findings include:			
	Review of the facility's policy titled, Assistance with Meals, revised ,d+[DATE], revealed .Resident shall receive assistance with meals in a manner that meets the individual needs of each resident .Residents who cannot assist themselves will be assisted with attention to safety, comfort and dignity .All employees who provide resident assistance with meals will be trained and shall demonstrate competency in the prevention of foodborne illness, including personal hygiene practices and safe food handling .			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2021	
NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OF CURRUER		D CODE	
Midtown Center for Health and Re		STREET ADDRESS, CITY, STATE, ZI 141 N McLean Blvd Memphis, TN 38104	PCODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of the Administrator job description dated ,d+[DATE], revealed .Lead and direct the overall operations of the facility .management duties including, but not limited to, hiring, training and developing, coaching and counseling .Monitor each department's activities, communicate policies, evaluate performance . Oversee regular rounds to monitor delivery of nursing care .and ensure resident needs are being addressed . Manage turnover and solidify current and future staffing through development of recruiting sources, and through appropriate selection, orientation, training, and staff education and development . Review of the CNA job description dated ,d+[DATE], revealed .Perform direct resident care duties under the supervision of licensed nursing personnel .Essential Duties & Responsibilities .assistance is provided to those residents who cannot feed themselves . Review of employee personnel files revealed that CNA #4, #6, and #13 and Agency CNA #19 and #20 had			
	no documentation of a competency evaluation for the employees, no documentation of the employee's skills, or orientation of the employees to the facility processes and protocols related to the individual care of residents needing assistance with activities of daily living which included eating and modified diets. There was no documentation the CNAs or the Agency CNAs were determined to be competent to provide care for the residents in the facility.			
	Review of the medical record, revealed Resident #1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Cerebral Infarction, Bipolar Disorder, Dysphagia (the impairment or loss of skills involved in swallowing foods and/or liquids), Schizophrenia, Asthma, and Anxiety Disorder.			
	Review of the Physician's Orders dated [DATE], revealed .Regular diet Pureed texture, Nectar Thickened Fluids consistency .			
	Review of the quarterly MDS assessment dated [DATE], revealed Resident #1 needed extensive assistance for eating and had complaints of difficulty or pain with swallowing and required a mechanically altered diet of pureed food.			
	Review of the EMS Prehospital Patient Record dated [DATE] at 6:08 PM, revealed .U4 [unit 4] was dispatched to an emergency call. upon arrival .Pt [patient] [Resident #1] in cardiac arrest and CPR [cardiopulmonary resuscitation] in progress. Pt is 80 yo [year old] female who went into .cardiac arrest wl eating and appeared to choke. First initial rhythm was asystole [no pulse, no rhythm] .A 1-inch section of hotdog was removed from obstructing the patient's airway using [NAME] forceps .Pt remained in asystole was moved to stretcher and secured. Moved to unit .Upon arrival at ER [emergency room] .Pt care was transferred to RN [Registered Nurse]. Shortly after transfer of care, resuscitation efforts were terminated ER doctor .			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2021
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Midtown Center for Health and Rehabilitation		141 N McLean Blvd Memphis, TN 38104	
or information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0726 Level of Harm - Immediate leopardy to resident health or safety Residents Affected - Some	The patient [Resident #1] presents pulled hot dog out of airway .EMS h Support] for approximately 30 minu unknown .Medical Decision Making on hot dog and then becoming non during intubation .EMS reports rhyt CPR continued on arrival, prolonge efforts deemed futile and pt pronou Review of the facility's investigation [Named CNA #20, an Agency CNA card. The tray she picked [with a re with a hat on, causing it to look sim Resident #2, which was the resident pictures [pictures of the residents a carefully validate the tray she select the identifier process [the resident x [Named Resident #1] another resid resident's room to take a tray to an occurred, as resident [Resident #1] reentered the room about ,d+[DATI [Resident #1] was not responding to call 911 and bring the crash cart [6:07 PM] and exited the facility with notification the Resident #1 and Rerevealed a picture quality that was were wearing a hat. Resident #1's the letter F and both residents resident #1's at the letter F and both residents resident #1's but it was [Named Rereom thought the tray already there even touch the tray .I fed her with the of hotdog. I put that in her mouth, a	ent (ED) Physician Documentation dat with .arrest while eating hot dog. CPR has been performing out of hospital AC ites by the time pt arrived in ed [emerging: Primary concern for respiratory arress responsive at nursing home. EMS rem hm was asystole initially and transienth and downtime > [greater than] 30 minute inced [dead] in ed. time of death 18:55 and dated [DATE], revealed .On [DATE], or all grabbed] a tray that had the let gular diet instead of ordered puree die illar to Ms. [Named Resident #1] picture it's tray she selected to deliver to Resider located on the bottom of the tray can be called to the resident in question wristband] to correctly identify resident ent's tray .After giving the wrong tray, [other resident. Leaving the resident alconger required assistance eating .[CNA #20 confirmed to the resident's room Paramedics arrive to the resident's room Paramedics arrive to the resident at 18:35 [6:35 PM] .At 20 and 19 an	in progress upon arrival .EMS ELS [Advanced Cardiac Life ency department]. The onset was t given reported history of chokin oved some hot dog from airway y PEA [pulseless electrical activit s, further resus [resuscitation] [6:55 PM] . during the dinner meal pass, ther F and the letter B on the tray t] had another resident [picture] e; both Resident [Resident #1 and the time that the time th

(continued on next page)

different rooms].

and went across the hall. I left her sitting up in bed. I was gone for about five to seven minutes. I came back and saw she was pale in color and just looking at me. I yelled for [Named CNA #19]. I performed the Heimlich maneuver [process for dislodging something lodged in a person's windpipe] and some coleslaw came out and goldish color fluids .The nurse came in and took over .I thought it [dinner tray] was [Named Resident #1], I saw clearly a F and thought it was [Named Resident #1] .[Resident #1's first name started with the letter F. Resident #2's last name started with the letter F and both residents resided in the B bed in

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NAME OF PROVIDER OR SUPPLIER Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 141 N McLean Blvd Memphis, TN 38104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	Lact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	#9, #10, #11, and #12 revealed the with eating. Observation in the resident's room picture on the meal card to his arm Observation in the resident's room failed to check Resident #12's arm meal tray. Observation in the resident's room armband and verify the picture on to no armband and stated, I never had observation in the resident's room armband and verify the picture on to the observation in the resident's room armband and verify the picture on the observations in the resident's room armband and verify the picture on the observation in the resident's room armband and verify the picture on the meal card with Resident #10's arm observation in the resident's room the meal card with Resident #11's at the over bed table and prepared to is vegetarian. Check that taco to seground beef. Review of Resident #11's meal card documentation of a vegetarian diet. During an interview on [DATE] at 1 diet with beef, the meal card and did Order for a vegetarian diet. She state cause problems for them. She state Always Available Menu. Observation and interview in the refersident #8's armband and verify the CNA #21 was asked if she checked into room and CNA #21 stated, .mathave an armband. Observations on the 2nd, 3rd, and observations on the 2nd, 3rd, and and 2nd 2nd 2nd 2nd 2nd 2nd 2nd 2nd 2nd 2	MDS) assessments and Physician's Or se residents had modified/therapeutic on [DATE] at 11:53 AM, revealed CNA band during delivery of the lunch meal on [DATE] at 12:01 PM, revealed Grac band and verify the picture on the meal on [DATE] at 12:03 PM, revealed CNA he meal card during delivery of the the done. CNA #4 did not look for the arminon [DATE] at 12:03 PM, revealed CNA he meal card during delivery of the lunch meal card during delivery of the lunch meal on [DATE] at 12:09 PM, revealed CNA he meal card during delivery of the lunch meal on on [DATE] at 12:20 PM, revealed CNA armband during delivery of the lunch meal on [DATE] at 11:57 AM, revealed CNA armband during delivery of the lunch meal card during delivery of the lunch meal on the tray. RN #1 entered the roose if meat. CNA #4 took the spoon and device if meat. CNA manager confirmed et listing documented an incorrect diet sted, .Yes, this can happen again .the red, .We removed hotdogs and smoked sident's room on [DATE] at 12:19 PM, he picture on the meal card during delivery of the suraband she stated, yes. The suraba of the armband she stated, yes. The suraba of the armband she stated, yes. The suraba of the red in the red card during delivery of the included chicken tenders, he included chicken tenders.	diets and/or needed assistance #13 failed to verify Resident #9's tray. duate Practical Nurse (GPN) #1 all card during delivery of the lunch #4 failed to check Resident #2's lunch meal tray. Resident #2 had band. #7 failed to check Resident #5's ch meal tray. 6 failed to verify the picture on the tray. A #6 failed to check Resident #7's ch meal tray. #4 failed to verify the picture on weal tray. A #4 failed to verify the picture on meal tray. CNA #4 placed the tray on m and stated, .She [Resident #11] I lifted the lettuce. She stated, .It is chanical soft large portions, and no wer or pork. d Resident #11 received a regular and did not match the Physician's esident gets the wrong diet and d sausage on [DATE] from the revealed CNA #21 failed to check very of the lunch meal tray. When reveyor and CNA #21 walked back armband . Resident #8 did not a posted sign that documented

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For information on the nursing home's plan to correct this deficiency, please		, .	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on [DATE] at 1 she identified a resident. CNA #6 sit. When asked if she received trait during meal pass, CNA #6 stated, I which included individualized resident included individualized resident. CNA #7 sorientation about the facility process stated, I know there is a name on the included individualized resident care. During an interview on [DATE] at 1 an orientation program for agency of They [staff] are supposed to look a With agency [agency staff] when the Kardex. The computer gives more stated, Residents take them off all before providing resident care. CNA During an interview on [DATE] at 1 identification of the resident to be concluded individualized resident to be concluded in the providing resident care. CNA During an interview on [DATE] at 1 identification of the resident to be concluded in the providing resident to be concluded in the provided in the providing resident to be concluded in the providing resident to be concluded in the provided in the prov	2:23 PM, CNA #6 who had been employated, A log at the front desk with name ining in orientation about the facility's proposed in the proposed	byed for one month, was asked how e and room number. I haven't seen rocess for identifying residents into aware of a resident Kardex byed for 2 weeks, was asked how sked if she received training in ary of the meal trays. CNA #7 but aware of a resident Kardex which an armband. PN) #3 was asked if the facility had hything in writing, It is all verbal. meds [medications] and meal trays en a census sheet and shown the ent had an armband, LPN #3 Received orientation from the facility give me nothing about that here. The facility had a policy for the encicent diet/medication and the incident [on [DATE]] we put into staff deliver the tray to the room and or resident had an armband, she Resked how the staff identified the one on the 8th [[DATE]] is correct. If that she did it correctly. I one told me how to get information or didn't teach us about any Kardex dif she received information about that told about the resident's

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Midtown Center for Health and Rel		STREET ADDRESS, CITY, STATE, ZI 141 N McLean Blvd	. 5552
		Memphis, TN 38104	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on [DATE] at 1 program for contract staff. The Adm When asked if she was involved in Administrator stated, No, not right in the facility currently had and the Administrator with the facility and she stated that infor instrument included staff identificat. During an interview on [DATE] at 2 files from the staffing agency. Whe the Interim DON shook her head in and no contract personnel files for During an interview on [DATE] at 1 information for the staff to use with know. During an interview on [DATE] at 1 or contract employee files for orien. During an interview on [DATE] at 2 [Named Resident #3]. During an interview on [DATE] at 2 Resident #3 in the book [Kardex]. Since Administrator and Interim DON personnel files that contained compared to F-689 The surveyors verified the removal 1. On [DATE], a tray audit was concorrect consistencies on the reside identified. The surveyors reviewed 2. On [DATE], hotdogs were remove observations, reviewed the menus, 3. On [DATE], Care plans, Kardexe electronic documentation) were revered.	:24 PM, the Administrator was asked if ininistrator stated, .The DON is the point the orientation of newly hired employen. The Administrator was asked the iministrator stated .Off the top of my heavas asked how she was made aware or mation was directed to the DON. She was not the armband and the Administration of the armband and the Administration of the armband and the Administration. The Interim DON confirmed the facility orientation and competency detector. The Interim DON confirmed the facility orientation and competency detector. The Interim DON confirmed the facility orientation and competency detector. The Interim DON confirmed the facility orientation and competency detector. The Interim DON confirmed the facility orientation or competency checks. 135 PM, the Interim DON confirmed the facility or competency checks. 126 PM, CNA #10 stated, .There is no substantially the stated, I need to update this whole of the stated, I need to update this whole of the stated. I need to update this whole of the stated by the Dietary Manager to ensure the stream of the menu by the Dietary Manager to ensure the form the menu by the Dietary Manager to ensure the form the menu by the Dietary Manager to ensure the form the menu by the Dietary Manager to ensure the form of the proportiate level of assistantial concerns were identified. The surveyors	is the facility had an orientation at of contact for the agency staffing and agency staff, the number of nursing positions that had the facility has 4 RNs, 12 LPNs, if how things were progressing in was also asked if the audit for stated No, it does not and received the contract employee atton and competency of each CNA, it had no employee personnel files ermination. It is a book or binder with resident and and the facility employee files sheet in the Kardex book for the Visual/Kardex Report for thing. It is personnel files or contract that residents are receiving the et slips with no discrepancies ager. The surveyors made
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2021
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Midtown Center for Health and Rehabilitation		141 N McLean Blvd Memphis, TN 38104	. 6052
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	 4. On [DATE], an agency orientation packet was reviewed, and a checklist of all items covered including the updated guidance of the five rights of meal administration were added by the DON. The surveyors reviewed the orientation packets. 5. On [DATE], resident pictures were reviewed by Unit Managers and all were present in (named electronic healthcare systems). Unit Managers will check daily in (named electronic healthcare systems) to ensure pictures are present on new admissions in (named electronic healthcare systems). The surveyors reviewed the pictures and interviewed the Unit Managers. 6. Residents with hats or other accessories (to include facial coverings) that are not worn daily in the center will have pictures retaken to display usual appearance so the resident will be more correctly identified. The surveyors reviewed the pictures. 7. Meal tray audits will be completed by the Floor/Charge LPN/RN or their designee for resident meal tray delivery at each meal. Any discrepancies will be addressed and resolved immediately by nursing staff and dietary manager/designee reviewing physician orders in (named electronic healthcare systems), dietary communication slips and dietary tray card system to identify where the breakdown occurred. The surveyors made observations and interviewed the Charge Nurses. 8. Beginning on [DATE], managers oversee meal tray delivery process at each meal to ensure the right tray right person, right assistance is provided, and this is ongoing. The surveyors observed meal tray deliveries and interviewed the managers. 9. Diets or assistance provided that is found to be in error are corrected immediately. Incorrect meal trays a removed from the cart immediately and reviewed to determine how the discrepancy occurred. This is completed by the nursing staff and dietary manager at the time of the occurrence. Assistance needed is audited by floor nurse with oversight by nursing managers to ensure correct level of assistance needed is audit		t of all items covered including the the DON. The surveyors reviewed overe present in (named electronic healthcare systems) to ensure systems). The surveyors reviewed at are not worn daily in the center, be more correctly identified. The designee for resident meal tray immediately by nursing staff and conclusion healthcare systems), dietary eakdown occurred. The surveyors deach meal to ensure the right tray, for observed meal tray deliveries on mediately. Incorrect meal trays are screpancy occurred. This is currence. Assistance needed is reviewed by nursing managers to the delivery of the meal trays and
	 10. On [DATE], door name tags and armbands were audited by the Wound Care Nurse on all residents no discrepancies identified in the 127 residents in the facility on that day. The surveyors reviewed the audit. 11. On [DATE], audits of wristbands and door name plates were completed by Medical Records with no additional issues identified. The surveyors reviewed the audits. 12. Audits of wristbands and door name plates will be completed daily Monday-Friday by Medical 		
	Records/designee and Saturday and Sunday by the Manager on Duty to ensure compliance. Issued identified will be corrected immediately. The surveyors reviewed the audit forms and interviewed Me Records and managers. (continued on next page)		ensure compliance. Issues

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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Midtown Center for Health and Re	habilitation	141 N McLean Blvd Memphis, TN 38104	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by f		CIENCIES full regulatory or LSC identifying informati	on)
F 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	13. Between [DATE]-[DATE], all nu following policies and procedures: Exploitation, The Five Rights of Me reviewed by Administrator on [DAT to work until education was received staff on all shifts. 14. On [DATE], agency orientation using immediately ([DATE]) for all a procedures. Staff Development Co to start of the first shift in facility. The DON/designee beginning [DATE] aby the Charge Nurses, Unit Manag issues with performance will be addresponsibility of performance of again interviewed staff on all shifts. 15. Beginning [DATE], Nurse Mana observations and will provide direct agency staff are following the proceprovided to the residents and this is interviewed the Charge Nurses and 16. The dietary tray cards were altesize as the resident name font. The 17. On [DATE], training was conduby (named dietary software) on the updating/editing profiles, preference education and interviewed dietary software).	arsing staff were in-serviced by the Staff Assistance with Meals, Therapeutic Die all Administration guidelines (developed E]). Any staff not in-serviced by [DATE d. The surveyors reviewed the sign in such checklist was created by the DON and agency staff on their first shift which incordinator/Unit Managers will ensure or inis process is overseen daily with each and is ongoing. Monitoring of agency sters, and other nursing management teadressed and corrected immediately with ency staff will be the DON. The surveyor agers, Charge Nurses and other Nursing to observation of meal tray delivery at each of the surveyors observed del and the surveyors observed del and the surveyors observed del and the surveyors observed the dietary tray can be surveyors observed the dietary tray can dietary orders to ensure consists that a scope and severity of E for monitors.	f Development Coordinator on the ets, Abuse, Neglect and d by the Unit Managers and of or any reason will not be allowed sheets, education, and interviewed provided to each unit to begin ludes all the above policies and entation packet is completed prior new agency staff by the aff performance will be conducted am members each shift and any input from the DON. Overall ors reviewed the orientation packet at tray with the right meal tray and a tray with the right meal is being every of the meal trays and ethe room number font the same ards.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2021
NAME OF PROVIDER OR SUPPLIER Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 141 N McLean Blvd Memphis, TN 38104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con		agency.
(X4) ID PREFIX TAG	X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Memphis, TN 38104 e's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES		ctively and efficiently. ONFIDENTIALITY** 28913 cord review, observation, and er to provide oversight, to monitor delivering the meal trays, and to assure safety and provide 2, #5, #7, #8, #9, #10, #11, and assistance with meals. These ular diet instead of the pureed (a ccy) diet that was ordered and an er feeding the resident a piece of a emoved from the resident's airway Resident #1 expired in the Immediate Jeopardy for Resident iffied diets and/or assistance with delivery of the meal trays. The with one or more requirements airment, or death to a resident. The diate Jeopardy (IJ) on [DATE] at and F-867. Cope and severity of K, which is E], revealed .This facility will provide I focus on attaining and maintaining ach resident .The facility will

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	445139	B. Wing	05/21/2021
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Midtown Center for Health and Rehabilitation		141 N McLean Blvd Memphis, TN 38104	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	operations of the facility in accorda with focus on maintaining excellent Essential Duties & [Symbol for and training and developing, coaching a Lead the facility management staff focuses on all aspects of facility op department's activities, communica coach, and discipline as needed .C resident needs are being addresse and solidify current and future staff selection, orientation, training, staff concerning the operation of their deimprovement of services . The DON job description was requested. The facility's policy titled, Abuse, N facility to provide protection for the implementing written policies and prisappropriation of resident proper current staffing patterns, staff quality environment, and equipment. The assure that it's policies are implementions of current staffing paphysical environment, and equipment. Review of employee personnel files no documentation of a competency or orientation of the employees to tresidents needing assistance with a was no documentation the CNAs of the residents in the facility. Review of the EMS Prehospital Pal Documentation dated [DATE], and Resident #1 another resident's sup Resident #1 was found unresponsi	escription dated ,d+[DATE] revealed .L. nce with customer needs, government is care for the residents while achieving] Responsibilities: .management duties and counseling, and terminating depart and consultants in developing and wor erations, including setting priorities and ite policies, evaluate performance, provocesee regular rounds to monitor delived .Responsible for the QA [Quality Assing through development of recruiting set education and development .Consult we partments to assist in eliminating/correlested on two separate occasions but we eglect and Exploitation, revised ,d+[DA health, welfare and rights of each residencedures that prohibit and prevent about .The facility will make individual determinations, competency and knowledge, facility will provide ongoing oversight are ented as written .The facility will make interns, staff qualifications, competency ent . The revealed that CNA #4, #6, and #13 are revealed that CNA #4, #6, and #13 are revealed that CNA #4, #6, and #13 are revealed that CNA were determined to the facility processes and protocols related activities of daily living which included eactivities of daily living which included for the Agency CNAs were determined to the facility's investigation revealed CNA per tray, which was a regular diet insterve, a portion of a hotdog was removed Services (EMS) attendants, and Residence in the Agency CNAs were determined to the scription of a hotdog was removed Services (EMS) attendants, and Residence in the Agency CNAs were determined to the scription of a hotdog was removed Services (EMS) attendants, and Residence in the Agency CNAs were determined to the scription of a hotdog was removed Services (EMS) attendants, and Residence in the Agency CNAs were determined to the scription of a hotdog was removed Services (EMS) attendants, and Residence in the scription of the employees of the scription of the scription of the scription of the scription o	regulations and company policies, the facility's business objectives . including, but not limited to, hiring, ment staff, as deemed necessary . king from the business plan that digob assignments . Monitor each vide feedback and assist, observe, ery of nursing care . and ensure urance] program . Manage turnover sources, and through appropriate with department managers ecting problem areas, and/or as not submitted to the surveyors are not submitted to the surveyors. TE] revealed . It is the policy of this dent by developing and use, neglect, exploitation, and ermination in consideration of clinical resources, physical and supervision of staff in order to individual determination in and knowledge, clinical resources, and Agency CNA #19 and #20 had amentation of the employee's skills, ated to the individual care of eating and modified diets. There to be competent to provide care for a Department (ED) Physician A #20, an Agency CNA, served and of the ordered pureed diet. from the resident's airway with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2021
NAME OF PROMISES OF SUPPLIE	<u> </u>		D 0005
NAME OF PROVIDER OR SUPPLIER Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 141 N McLean Blvd	P CODE
Wildlown Genter for Fleathrand Res	labilitation	Memphis, TN 38104	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety	Observations were made on [DATE] and [DATE] during meal tray delivery that revealed staff did not verify residents were the right residents to the meal card pictures of the residents, did not identify residents with their armbands nor did staff ensure all residents had arm bands for identification purposes and staff did not ensure residents received the correct physician ordered meals. These residents observed were residents which required assistance with eating and/or modified/therapeutic diets.		
Residents Affected - Some	During an interview on [DATE] at 1:01 PM, the Interim DON stated, .We had no policy for identification and meal pass .After the incident [on [DATE]] we put into place the breakfast, lunch and dinner meal pass process and audit .The staff deliver the tray to the room and verify the meal card against the resident's arm band . When asked if every resident had an armband, the DON stated, .They should .		
	During an interview on [DATE] at 1:20 PM, the Administrator was asked how staff identified residents. She stated, .I have to have confidence the audit tool that was done on the 8th [[DATE]] is correct .I would have to assume that she [Unit Manager] identified the resident. I would have faith that she did it correctly .		
	event involving Resident #1. The A #1] received an incorrect tray and videntify the meal tray with the resid The Administrator was asked if the stated, .The DON was the point of orientation of newly hired employed the Administrator was asked what by the DON .QA [quality assurance Administrator was asked if the facil not . The Administrator was asked of the staff verifying the meal card resident's meal tray to be certain the	DATE] at 1:24 PM, the Administrator was asked when she received notification of the #1. The Administrator stated, .I was at home. I received notification she [Resident that the tray and was transported to the hospital the CNA [Agency CNA #20] didn't proper that the resident. She left the room, then went back into the room, then called for help tasked if the facility had an orientation program for contract staff. The Administrator he point of contact for the agency staffing. When asked if she was involved in the demployees and contract staff, the Administrator stated, No, not right now. When sked what her role in the QAPI program was, she stated, Had always been oversed assurance] reports were kept in the DON's office in a binder. When the difficultity's audit included the identifier of the arm band, she stated, .No, it does was asked where the facility documented the collection of the data and observation meal card picture with the name of the resident and the armband when delivering the certain the correct resident receives the correct tray. The Administrator stated on we are auditing that .I would have to have faith they [staff] did what [they] was DATE] at 2:37 PM, the Interim DON stated she had received the contract employeemency. When asked if the files contained the education and competency of each CN her head no.	
	grainy .I didn't realize how many of	:30 PM, the Interim DON stated, .The p our residents wore hats in their picture y system can print the pictures clearer	s and so many of them [residents]
		view on [DATE] at 1:35 PM, the Interim DON confirmed there were no contract employee file prientation or competency checks in the facility or at the agency.	
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2021
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Midtown Center for Health and Rehabilitation		141 N McLean Blvd Memphis, TN 38104	. 6552
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety	The Administrator and the Interim DON were unable to present any employee personnel files or contract personnel files that contained the employee's competency determination. The facility did not have any Agency employee personnel files. Refer to F-689 and F-726		
Residents Affected - Some	The surveyors verified the removal	Plan by:	
	 On [DATE], the Regional Director of Operations (RDO) educated the Administrator on the role of the Administrator, the job description, the tools and resources available to effectively administer nursing operations. The surveyors confirmed this through interviews with the RDO and the Administrator. On [DATE], the Regional Director of Clinical Services educated the Administrator on the Accident The surveyors confirmed this by review of the education provided, interview with the Regional Director Clinical Services and the Administrator. On [DATE], the Administrator was educated by the RDO and the Regional Director of Clinical Service the full orientation agenda/education required by all staff, both agency and full-time staff, prior to work the facility. The surveyors confirmed this by reviewing the education provided, interview with the Regional Director of Clinical Services and the Administrator. The Administrator was educated on Quality Assessment and Performance Improvement (QAPI) a relates to self-identifying, monitoring and correcting in-house process issues. This included bringing issues to the committee for review, revision, and monitoring. The surveyors confirmed this through rethe education provided and interview with the Administrator. 		
Nurses and other Nursing ensure facility and agen		ay observations will be conducted by the conducted by the state of the conduct direct observation of collowing the process for meal delivering the resident and this is ongoing. The state of the conducted by the	s of meal trays at each meal to y to ensure the right tray with the
	6. The Administrator and/or designee will review results of the direct meal tray observations daily beginning [DATE] and this will be ongoing. The results will be presented to the QAPI committee for review, monitoring and discussion. The surveyors confirmed this through interview with the Administrator and review of the audit tool.		
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER OR SUPPLIER Midtown Center for Health and Rehabilitation STATEMENT OF DEFICIENCIES (Each deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be pieceded by full regulatory or LSC identifying information) 7. An agency orientation checklist was created on (DATE) by the DON and was provided to each unit for them to begin using immediately. This will be completed for all agency staff on their first shift and will include at the above policies and procedures. The Staff Development (SDC)/Unit Managers will ensure the orientation poles is completed for protein the specy staff managers and other Nursing Management team members each shift. Any concerns with the agency staff min managers and other Nursing Management team members each shift. Any concerns with the agency staff min anagers and the Interim DON. 8. The RDO and Area Director of Clinical Services provide oversight of facility the process of the staff person with input from the DON. 1. The RDO and Area Director of Clinical Services provide oversight of facility administration with a week it is through interview with the Staff Development (SDC)/Unit Managers and the Interim DON. 8. The RDO and Area Director of Clinical Services provide oversight of facility administration with a week it is through interview with the Staff Development (SDC)/Unit Managers and the Interim DON. 8. The RDO and Area Director of Clinical Services provide oversight of facility administration with a week it is through interview with the Staff Development (SDC)/Unit Managers and the Interim DON. 8. The RDO and Area Director of Clinical Services provide oversight of facility administration if the surveyor confirmed this through interview with the RDO, Area Director of Clinical Services, and the Administrator. The facility is required to submit a Plan of Correction.				NO. 0930-0391
Midtown Center for Health and Rehabilitation 141 N McLean Blvd Memphis, TN 38104 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) 7. An agency orientation checklist was created on [DATE] by the DON and was provided to each unit for them to begin using immediately. This will be completed for all agency staff on their first shift and will include all the above policies and procedures. The Staff Development (SDC)/Unit Managers will ensure the orientation packet is completed prior to the start of the first shift in the facility. This process is overseend with each new agency staff performance will be conducted by Charge Nurses, Unit managers and other Nursing Management team members each shift. Any concerns with the agency staff member performance will be addressed and corrected immediately by the same facility staff person with input from the DON. T DON will have the overall responsibility of evaluating the performance of agency staff. The surveyors confirmed this through interview with the Staff Development (SDC)/Unit Managers and the Interim DON. 8. The RDO and Area Director of Clinical Services provide oversight of facility administration with a week 1:1 interaction reviewing the completed audits and QA findings. The plan of correction will be reviewed weekly to ensure all the audits are completed and concerns are identified for 4 weeks and/or until substat compliance is achieved. The QAPI meetings will be conducted monthly and attended by the RDO and Area Director of Clinical Services for a period of three months to ensure compliance is sustained. The surveyor confirmed this through interview with the RDO, Area Director of Clinical Services, and the Administrator. The facility's noncompliance at F-835 continues at a scope and severity of E for monitoring the effectiven of the corrective		IDENTIFICATION NUMBER:	A. Building	COMPLETED
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) 7. An agency orientation checklist was created on [DATE] by the DON and was provided to each unit for them to begin using immediately. This will be completed for all agency staff on their first shift and will include all the above policies and procedures. The Staff Development (SDC)/Unit Managers will ensure the orientation packet is completed prior to the start of the first shift in the facility. This process is overseen of with each new agency staff performance will be conducted by Charge Nurses, Unit managers and other Nursing Management team members each shift. Any concerns with the agency staff member performance will be addressed and corrected immediately by the same facility staff person with input from the DON. T DON will have the overall responsibility of evaluating the performance of agency staff. The surveyors confirmed this through interview with the Staff Development (SDC)/Unit Managers and the Interim DON. 8. The RDO and Area Director of Clinical Services provide oversight of facility administration will be reviewed weekly to ensure all the audits are completed audits and QA findings. The plan of correction will be reviewed weekly to ensure all the audits are completed and concerns are identified for 4 weeks and/or until substate compliance is achieved. The QAPI meetings will be conducted monthly and attended by the RDO and Area Director of Clinical Services for a period of three months to ensure compliance is sustained. The surveyor confirmed this through interview with the RDO, Area Director of Clinical Services, and the Administrator. The facility's noncompliance at F-835 continues at a scope and severity of E for monitoring the effectiven of the corrective actions.			141 N McLean Blvd	P CODE
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) 7. An agency orientation checklist was created on [DATE] by the DON and was provided to each unit for them to begin using immediately. This will be completed for all agency staff on their first shift and will included all the above policies and procedures. The Staff Development (SDC)/Unit Managers will ensure the orientation packet is completed prior to the start of the first shift in the facility. This process is overseen d with each new agency staff person by the DON or designee beginning [DATE] and will be ongoing. Monitoring of agency staff performance will be conducted by Charge Nurses, Unit managers and other Nursing Management team members each shift. Any concerns with the agency staff member performance will be addressed and corrected immediately by the same facility staff person with input from the DON. T DON will have the overall responsibility of evaluating the performance of agency staff. The surveyors confirmed this through interview with the Staff Development (SDC)/Unit Managers and the Interim DON. 8. The RDO and Area Director of Clinical Services provide oversight of facility administration with a week 1:1 interaction reviewing the completed and concerns are identified for 4 weeks and/or until substace compliance is achieved. The QAPI meetings will be conducted monthly and attended by the RDO and Ar Director of Clinical Services for a period of three months to ensure compliance is sustained. The surveyor confirmed this through interview with the RDO, Area Director of Clinical Services, and the Administrator. The facility's noncompliance at F-835 continues at a scope and severity of E for monitoring the effective of the corrective actions.			, .	
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some 7. An agency orientation checklist was created on [DATE] by the DON and was provided to each unit for them to begin using immediately. This will be completed for all agency staff on their first shift and will incl all the above policies and procedures. The Staff Development (SDC)/Unit Managers will ensure the orientation packet is completed prior to the start of the first shift in the facility. This process is overseen d with each new agency staff performance will be conducted by Charge Nurses, Unit managers and other Nursing Management team members each shift. Any concerns with the agency staff member performance will be addressed and corrected immediately by the same facility staff person with input from the DON. T DON will have the overall responsibility of evaluating the performance of agency staff. The surveyors confirmed this through interview with the Staff Development (SDC)/Unit Managers and the Interim DON. 8. The RDO and Area Director of Clinical Services provide oversight of facility administration with a week 1:1 interaction reviewing the completed audits and QA findings. The plan of correction will be reviewed weekly to ensure all the audits are completed and concerns are identified for 4 weeks and/or until substate compliance is achieved. The QAPI meetings will be conducted monthly and attended by the RDO and Area Director of Clinical Services for a period of three months to ensure compliance is sustained. The surveyor confirmed this through interview with the RDO, Area Director of Clinical Services, and the Administrator. The facility's noncompliance at F-835 continues at a scope and severity of E for monitoring the effectiven of the corrective actions.	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
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	Level of Harm - Immediate jeopardy to resident health or safety	7. An agency orientation checklist them to begin using immediately. I all the above policies and procedure orientation packet is completed privited the each new agency staff person Monitoring of agency staff performations. Nursing Management team member will be addressed and corrected im DON will have the overall responsiconfirmed this through interview with the each policy to ensure all the audits are compliance is achieved. The QAPI Director of Clinical Services for a proconfirmed this through interview with the facility's noncompliance at F-8 of the corrective actions.	was created on [DATE] by the DON and this will be completed for all agency states. The Staff Development (SDC)/United to the start of the first shift in the fact by the DON or designee beginning [Deance will be conducted by Charge Nursers each shift. Any concerns with the attended to the start of the st	d was provided to each unit for aff on their first shift and will include a Managers will ensure the lility. This process is overseen daily ATE] and will be ongoing. Sees, Unit managers and other gency staff member performance agency staff. The surveyors lanagers and the Interim DON. The agency staff. The surveyors lanagers and the Interim DON. cility administration with a weekly of correction will be reviewed for 4 weeks and/or until substantial and attended by the RDO and Area ance is sustained. The surveyors ervices, and the Administrator.

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2021
NAME OF PROVIDER OR SUPPLIER Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N McLean Blvd Memphis, TN 38104	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG			
F 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Set up an ongoing quality assessm corrective plans of action. **NOTE- TERMS IN BRACKETS IN Based on policy review, job descriinterview, the Quality Assurance Poprocesses were in place and consiindividualized resident care when the assistance with meals, and failed to during the delivery of the meal tray systemic problems and determined skills necessary to assure safety ar #2, #5, #7, #8, #9, #10, #11, and # assistance with meals. The facility's impaired resident who required assitexture modified diet in which all founattended after feeding the reside hotdog was removed with forceps be expired in the emergency room (EF #5, #7, #8, #9, #10, #11, and #12 v and staff did not follow the process Immediate Jeopardy (IJ) is a situation of participation has caused, or is like The Administrator and Interim Direction [DATE] at 6:50 PM, in the Chapel. The facility was cited Immediate Jeopardy was effected an acceptable Removal Plan, which	nent and assurance group to review qualitative BEEN EDITED TO PROTECT Comption review, record review, medical reserformance Improvement (QAPI) computed the staff failed to provide the ordered made ensure nursing staff followed the facility. The facility failed to ensure the QAPI as a system was in place to ensure nursing provide individualized care for 9 of 1 and provide individualized care for 9 of 1 provides a staff followed that required modified an serious follows a soft, pudding like consistent bites of solid food. Resident #1 was by Emergency Medical Services (EMS) provides for identifying residents during delivery for identifying residents during delivery for identifying residents during delivery for identifying the provider's noncompliant for identifying the provider	ality deficiencies and develop ONFIDENTIALITY** 29706 cord review, observation, and nittee failed to ensure systems and ality concerns related to safe odified diet meal, failed to provide lity process for identifying residents I committee reviewed and validated ing staff had the knowledge and 2 sampled residents (Resident #1, d therapeutic diets and/or required dy when Resident #1, a cognitively instead of the ordered pureed (a cy) diet and the resident was left found unresponsive, a portion of a pattendants, and Resident #1 inediate Jeopardy for Resident #2, diets and/or assistance with meals by of the meal trays. Ince with one or more requirements airment, or death to a resident. Inch Immediate Jeopardy (IJ) on and F-867. Cope and severity of K, which is

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2021
NAME OF PROVIDER OR SUPPLIER Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N McLean Blvd	
For information on the nursing home's	plan to correct this deficiency, please con		agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)	
F 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some			approach to continually improve the will participate in ongoing QAPI individuality and independence and high quality with all clinical dents (or resident's agents), by different agents agents), by different agents agents agents agents agents agents agents agents. When a proactive ct QAPI efforts .[Named responsible for overseeing the functions of the QAPI Committee follows the medical director, is agreed to the medical director to the medical director and medical directors and medical directors agreed the medical director and with the quality will develop and will dev

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2021
NAME OF PROVIDER OR SUPPLI	FD.	STREET ADDRESS, CITY, STATE, ZI	P CODE
Midtown Center for Health and Re		141 N McLean Blvd	CODE
		Memphis, TN 38104	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0867 Level of Harm - Immediate jeopardy to resident health or safety	Observations were made on [DATE] and [DATE] during meal tray delivery that revealed staff did not verify residents were the right residents by comparing the meal card pictures of the residents, did not identify residents with their armbands nor did staff ensure all residents had arm bands for identification purposes and staff did not ensure residents received the correct physician ordered meals. These residents observed were residents which required assistance with eating and/or modified/therapeutic diets.		
Residents Affected - Some	During an interview on [DATE] at 1 Assurance] to audit armband comp	:01 PM, the Administrator stated, .Ther liance .	e is no routine or QA [Quality
	During an interview on [DATE] at 1:24 PM the Administrator was asked what her role in the QAPI program was and she stated, Had always been overseen by the DON .QA [quality assurance] reports were kept in the DON's office in a binder. When the Administrator was asked if the facility's audit included the identifier of the arm band, she stated, .No, it does not . The Administrator was asked where the facility documented the collection of the data and observations of the staff verifying the meal card picture with the name of the resident and the armband when delivering the resident's meal tray to be certain the correct resident receives the correct tray. The Administrator stated .There is no documentation we are auditing that .I would have to have faith they [staff] did what [they] was supposed to do .		
	During a telephone interview on [DATE] at 3:00 PM, when asked if the facility had identified the root cause of the incident of Resident #3 when she was served the incorrect ordered meal, the Chief Operating Officer stated, .isolated freaky accident.		
	Refer to F-600, F-689, and F-726.		
	The surveyors verified the Removal Plan by:		
		ed) QAPI meeting was conducted with the derations, and Area Director of Clinical States of the CAPI members.	
	correcting in-house process issues	as educated on QAPI as it relates to se , to include bringing identified issues to firmed this by reviewing the education	the committee for review, revision,
	Clinical Services regarding the QAl Process. Results of audits will be b discussed with the members of QA Director, Social Services, Activities	administrator and Interim DON were edither process to include systems review a strought to the QAPI committee meeting PI, which include the Administrator, DC Director, Maintenance, and the Dietary ewed the Administrator and Interim DO	nd Performance Improvement s and will be reviewed and DN, Unit Managers, Medical / Managers. The surveyors
	The facility's noncompliance at F-8 of the corrective actions.	67 continues at a scope and severity o	f E for monitoring the effectiveness
	The facility is required to submit a l	Plan of Correction.	