

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 01/24/2023
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 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)
<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28913</p> <p>Based on policy review, grievance log review, medical record review, observation, and interview, it was determined the facility failed to treat the residents' personal clothing and items with respect by not returning clothing items timely after they were discharged for 2 of 2 (Resident #12 and #13) sampled residents reviewed and failed to have an inventory of personal belongings for 3 of 3 (Resident #12, #13, and #14) sampled residents reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled Resident Personal Belongings, dated January 2022, revealed It is the policy of this facility to protect the resident's right to possess personal belongings such as clothing and furnishings for their use while in the facility and assure the personal belongings and/or possessions are rightfully returned to the resident, to the resident's representative in the event of the resident's death or discharge from the facility .All resident possessions, regardless of their apparent value to others, will be treated with respect .All resident personal items will be inventoried at the time of admission by the social services designee, or another designated staff member and documentation shall be in the medical record . Additional possessions brought in during the duration of the individual's stay shall be added to the existing personal belongings inventory listing .The facility will ensure resident belongings are kept in a neat and orderly fashion and maintained in each resident's room .The facility will exercise reasonable care for the protection of the resident's property from loss or theft .Following the discharge or death of a resident, all personal clothing and items of customized personal nature are to be given to the designated resident representative .Inventories of all items are to be reviewed and examined by Social Services designee and the resident's representative . 2. Review of the Grievance Form dated 3/14/2023, revealed a complaint filed by Resident #12's family member which documented the resident was missing a [NAME] coat. 3. Review of the medical record revealed Resident #12 was admitted to the facility on [DATE], with diagnoses of Diastolic Heart Failure, Obstructive Sleep Apnea, Type 2 Diabetes Mellitus, Peripheral Vascular Disease, Neuropathy, and Essential Hypertension. Resident #12 was discharged from the facility on 3/13/2023. <p>(continued on next page)</p>

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
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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #12 scored a 15 on the Brief Interview of Mental Status (BIMS) assessment which indicated no cognitive impairment.</p> <p>Review of the Personal Inventory form dated 12/1/2022, revealed Resident #12 had no items of clothing, shoes/footwear, and no valuables brought to the facility were locked up/secured.</p> <p>During an interview on 3/29/2023 at 11:43 AM, when asked if Resident #12 had any clothing items and other personal items while in the facility, the Social Services Assistant #1 stated, She did. She had multiple items and said she had a fur coat. There was a coat of some sort that was in a bag and hung here in my office for a long time .When our office was rearranged the coat was taken to storage and then was thrown out in the trash by mistake .</p> <p>4. Review of the medical record revealed Resident #13 was initially admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses of Paraplegia, Infectious Gastroenteritis and Colitis, Type 2 Diabetes Mellitus, and Essential Hypertension. Resident #13 was discharged from the facility on 12/21/2022.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #13 scored a 15 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Personal Inventory form dated 3/30/2022, revealed Resident #13 had no items of clothing, shoes/footwear, no assistive devices, no valuables brought to the facility were locked up/secured.</p> <p>During an interview on 3/29/2023, at 11:43 AM when asked if Resident #13 had received his personal belongings upon discharge or soon after, the Social Service Director (SSD) stated, I found a large bag of clothing with his name on it in an adjacent part of the building. Leg braces are in it [the bag] and what looks like dirty clothing . When asked if the resident had a personal inventory of belongings, the SSD revealed he was not aware of an inventory of all belongings.</p> <p>During an interview on 4/4/2023 at 10:25 AM, when asked if Resident #13 had received all his belongings since discharge, the Administrator provided a list of personal belongings that had been located in an adjacent building on 3/31/2023. The list included an identification card, insurance cards, \$100 cash, 2 leg braces, 2 bank cards, shoes, shirts, pants, under garments, and personal mail. The personal items had not been returned to the resident since discharge on 12/21/2022.</p> <p>5. Review of the medical record revealed Resident #14 was admitted to the facility on [DATE], with diagnoses of Systolic and Diastolic Heart Failure, Acute Respiratory Failure with Hypoxia, Acute Pulmonary Edema, Type 2 Diabetes Mellitus, Essential Hypertension, and Chronic Kidney Disease Stage 3. Resident #14 was discharged from the facility on 3/14/2023.</p> <p>Review of the BIMS assessment dated [DATE], revealed Resident #14 scored a 15 which indicated no cognitive impairment.</p> <p>There was no documentation in the medical record that personal belongings were inventoried upon admission for Resident #14.</p> <p>(continued on next page)</p>		

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/29/2023, at 12:05 PM when asked who was responsible to complete a Personal Inventory Form for each resident upon admission and as needed, Certified Nursing Assistant (CNA) #1 stated, We used to have a form. Now we use a plain sheet of paper and then give the list to the nurse. Mostly the CNAs go through a new admit's [resident admission] things. I don't know how it gets on record. When asked if personal items brought in after admission were added to the list of belongings, CNA #1 stated, Probably not. We don't know what they have.</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28913</p> <p>Based on policy review, medical record review, observation, and interview the facility failed to ensure the implementation of Residents' Right to be free of abuse neglect as evidenced by the failure to complete assessments, provide the necessary care, services and treatments for residents determined to be at risk of skin breakdown for 4 of 7 sampled residents (Resident #1, #4, #5, and #8,) reviewed for pressure ulcer wounds; failed to complete assessments and provide treatments as ordered for 2 of 2 sampled residents (Resident #3 and #6) reviewed with other wounds; and the facility failed to provide sufficient licensed nursing staff to administer significant medications as ordered by the physician for 40 of 63 sampled residents (Resident #3, #4, #5, #7, #8, #14, #23, #24, #28, #29, #30, #31, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #45, #46, #47, #48, #49, #50, #51, #52, #53, #55, #56, #57, #59, #60, #68, #69, #71, #72) reviewed with significant medications ordered.</p> <p>The facility's failure resulted in Immediate Jeopardy (IJ) when Resident #1 did not receive treatments for a pressure ulcer wound identified upon admission and the wound worsened and required debridement. Resident #4 did not receive treatments for a Stage 2 pressure ulcer wound and the wound developed to a Stage 3. Resident #5 had a Stage 3 pressure ulcer wound that the facility failed to identify. Resident #8 did not receive treatments for a pressure ulcer wound identified upon admission and developed an infection in the wound. The facility failed to identify and provide wound treatments for for Resident #3 and #6 and the wounds developed into gangrene; and the facility failed to provide a licensed nurse to assess, monitor, and administer medications as ordered by the physician.</p> <p>Immediate Jeopardy 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, or impairment, or death of a resident.</p> <p>The Regional Director of Operations, the Area Director of Clinical Services, the Administrator, and the Director of Nursing (DON) were notified of the Immediate Jeopardy (IJ) for F-684 and F-686 on 1/17/2023 at 6:12 PM, in the Chapel.</p> <p>The Regional Director of Operations, the Area Director of Clinical Services, the Regional Special Projects Nurse, and the Administrator were notified of the Immediate Jeopardy (IJ) for F600, F725, F760, F835, and F867 on 1/24/2023 at 12:38 PM, in the Chapel.</p> <p>The facility was cited Immediate Jeopardy at F600, F684, F686, F725, F760, F835, and F867.</p> <p>The facility was cited Immediate Jeopardy at F686 at a scope and severity of J which is Substandard Quality of Care.</p> <p>The facility was previously cited Immediate Jeopardy at F600, F835, and F867 during a complaint survey on 9/19/2022 through 9/20/2022.</p> <p>Non-compliance of F600, F684, F725, F760, F835, and F867 continues at a scope and severity of K.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An acceptable Removal Plan, which removed the immediacy of the Jeopardy for F684 and F686, was received on 1/19/2023, and the Removal Plan was validated onsite by the surveyors on 1/24/2023 through policy review, medical record review, observation, review of education records, and staff interviews.</p> <p>The IJ began on 12/16/2022 through 1/24/2023 for F684 and F686.</p> <p>The facility is required to submit a Plan of Correction.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Abuse, Neglect and Exploitation revised 3/3/2022 revealed, .It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse and neglect 'Neglect' means failure of a facility, its employees, or services providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress .Define how care provision will be changed and/or improved to protect residents .Training of staff on changes made and demonstration of staff competency .Identification of staff responsible for implementation or corrective actions . Identification of staff responsible for monitoring the implementation of the plan .</p> <p>Review of the facility's policy titled Wound Treatment Management dated 3/24/2022 revealed, .To promote healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders .Wound treatments will be provided in accordance with physicians orders, including the cleansing method, type of dressing, and frequency of dressing changes .In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders .Treatments will be documented on the Treatment Administration Record .The effectiveness of treatments will be monitored through ongoing assessment of the wound .</p> <p>Review of the facility's undated policy titled Skin Assessment revealed, .It is our policy to perform a full body assessment as part of our systematic approach to pressure injury prevention and management. This policy includes the following procedural guidelines in performing the full body skin assessment .A full body, or head to toe skin assessment will be conducted by a licensed or registered nurse upon admission/re-admission, and weekly thereafter. The assessment may also be performed after a change of condition or after any newly identified pressure injury .</p> <p>Review of the facility's policy titled Nursing Services and Sufficient Staff revised 8/30/2022 revealed, .It is the policy of this facility to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident .The facility will supply services by sufficient numbers of each of the following personnel types on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans .a. Except when waived, licensed nurses; and b. Other nursing personnel, including but not limited to nurse aides .The facility is required to provide licensed nursing staff 24 hours a day, 7 days a week .Providing care includes, but is not limited to, assessing, evaluating, planning and implementing resident care plans and responding to residents' needs .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>2. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses of Type 2 Diabetes Mellitus, Intestinal Obstruction, Muscle Weakness, Cognitive Communication Deficit, Dysphagia, and Hypertension.</p> <p>Review of the Braden Scale assessment completed on admission revealed Resident #1 was a high risk of developing a pressure ulcer.</p> <p>Review of a Treatment Nurse Communication Form dated 12/16/2022 revealed Resident #1 had a wound to the sacral region with measurements of length by (x) width x depth (LxWxD) of 0.4 centimeters (cm) x 3.5 cm x 0.4 cm, a wound to the left heel with measurements of 4.0 cm x 3.2 cm x 0.2 cm, and a wound to the right heel with measurements of 0.2 cm x 3.0 cm x 0.1 cm.</p> <p>Review of the admission nursing assessment dated [DATE] documented, .Right heel Bruising to heel .Left heel Bruising to heel .Sacrum Pressure sore on sacrum .</p> <p>Review of a Nurse's Progress Note dated 12/16/2022 documented, .Resident has pressure sore to sacrum and flaky skin, as well as bruising to heels .</p> <p>Review of the Care Plan initiated on 12/19/2022 documented, .The resident has pressure ulcer with potential for further pressure ulcer development .Assess/record/monitor wound healing as ordered and per protocol. Measure length, width, depth where possible. Assess and document status of wound perimeter, wound bed and healing progress .</p> <p>Review of a Physician's order dated 12/21/2022 with a start date of 12/22/2022 documented, .Cleanse Unstageable wound to Sacrum with sound cleanser. Pat dry. Apply Santyl and Calcium alginate to site. Cover with dry foam dressing. Change dressing daily on Monday, Wednesday, and Friday and Prn (as needed) until resolved .</p> <p>There was no documentation of treatment orders for the sacral pressure ulcer wound from the admitted [DATE] until 12/21/2022.</p> <p>Review of a Physician's order dated 12/21/2022 with a start date of 12/22/2022 documented, .Cleanse Unstageable wound to R [right] heel with wound cleanser. Pat dry. Apply medi-honey and cover with Calcium alginate with silver. Cover site with dry foam dressing. Change dressing daily, Monday, Wednesday, and Friday, and prn until resolved .</p> <p>There was no documentation of treatment orders to the right heel pressure ulcer wound from the admitted [DATE] until 12/21/2022.</p> <p>Review of a Physician's order dated 12/21/2022 with a start date of 12/22/2022 documented, .Cleanse Unstageable wound to L [left] heel with wound cleanser. Pat dry. Apply medi-honey and cover with Calcium alginate with silver. Cover site with dry foam dressing. Change dressing daily, Monday, Wednesday, and Friday, and prn until resolved .</p> <p>There was no documentation of treatment orders to the left heel pressure ulcer wound from the admitted [DATE] until 12/22/2022.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the wound care Physician's Initial Progress Note dated 12/21/2022 revealed an Unstageable Pressure Ulcer to the Sacrum which measured 5 cm x 7cm with 50 percent (%) dermis and 50% eschar. The right heel was documented as unstageable and measured 7 cm x 5 cm with 50% dermis and 50% eschar. The left heel was documented as unstageable and measured 9 cm x 7 cm with 50% eschar and 50% serum filled blister.</p> <p>Review of the admission Minimum Data Set (MDS) dated [DATE] revealed Resident #1 scored an 11 on the Brief Interview of Mental Status (BIMS) which indicated moderately impaired cognition. The resident required extensive assistance for bed mobility and was dependent for transfers.</p> <p>Review of the wound care Physician's Initial Progress Note dated 1/4/2023 revealed an Unstageable Pressure Ulcer to the Sacrum and measured 8.3 cm x 7.2 cm x 0.2 cm with 75% slough and 25% granulation.</p> <p>Review of the wound care Physician's Initial Progress Note dated 1/11/2023 revealed an Unstageable Pressure Ulcer to the Sacrum and measured 6.0 cm x 6.5 cm x 0.2 cm with 75% slough and 25 % granulation. The pressure ulcer wound was debrided on 1/11/2023.</p> <p>Review of the Treatment Administration Record (TAR) for December 2022 revealed there was no treatment administered as ordered for the unstageable wound to the sacrum, unstageable wound to the right heel, and unstageable wound to the left heel on 12/28/2022 and 12/30/2022.</p> <p>Review of the TAR for January 2023 revealed there was no treatment administered as ordered for the unstageable wound to the sacrum, unstageable wound to the right heel, and unstageable wound to the left heel on 1/6/2023.</p> <p>Observations in the resident's room on 12/27/2022 at 3:40 PM revealed Resident #1 lying supine in bed. The resident was alert and oriented. When asked if she had any wounds to her skin she stated, I have a sore on my bottom .The nurse puts a cover [dressing] on it now. I guess it got worse.</p> <p>During an interview on 12/27/2022 at 1:02 PM, Resident #1's family member stated, .She has been here about a week or 10 days I guess and has a bad sore. That tells me they are not turning her as they should . That bed sore has gotten much worse in the 10 days she has been here .</p> <p>During an interview on 12/29/2022 at 9:59 AM, the Licensed Practical Nurse (LPN) #5 reviewed the Physician orders and the TAR and stated, This is not okay. She [Resident #1] came in on the 16th [12/16/2022] and the order is not until the 21st [12/22/2022]. That's not okay .</p> <p>During a telephone interview on 12/29/2022 at 10:21 AM, when asked what the meaning was of unstageable related to a pressure ulcer wounds, LPN #1 stated, You can't measure the depth. When asked if she could measure the depth of the sacral wound and the wound to the right heel and left heel of Resident #1 upon admission, LPN #1 stated, Yes ma'am. I guess I should have called it a Stage 2 . When asked if treatments and wound care was provided for Resident #1, LPN #1 stated, Documented on the place where we document treatments if I did them .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/29/2022 at 11:08 AM, the DON confirmed there was no documentation of wound assessments or care provided for the pressure ulcer wounds from 12/16/2022 until 12/23/2022. The DON stated, If not documented, it wasn't done. What I see is an order on 12/21 [2022]. I see nothing before that.</p> <p>During an interview on 1/4/2023 at 4:02 PM, when asked when the first treatment was administered to the pressure ulcer wounds the LPN #5 stated, .From the 16th till the 21st when [Named physician] saw her there is no documentation of a treatment. That's awful. When asked if there was documentation of wound assessments that described the wounds appearance, LPN #5 stated, I didn't document any assessments in the computer. I threw the papers away. I don't have any of my papers prior to the 7th [1/7/2023]. That's when I was inserviced what to document in the computer. When I came here, I wasn't told about pressure and non-pressure assessments. I did not receive the proper training for this system to document. I threw my papers away that had the assessments .</p> <p>During an interview on 1/4/2023 at 10:38 AM, the Regional Director of Clinical Services (RDCS) stated, We did a facility wide skin sweep over the weekend. We found some new wounds and we are taking care of that. When asked what she meant by a skin sweep the RDCS stated, A skin assessment of every resident to see if there were any wounds that had been missed .</p> <p>During an interview on 1/5/2023 at 9:58 AM, when asked if Resident #1 had Pressure Ulcer wounds, LPN #2/Unit Manager stated, I don't remember what her wounds are. I looked at her paperwork from the hospital . If there are wounds it's passed on to the treatment nurse. I wouldn't know about the wound location .</p> <p>3. Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] with diagnoses of Type 2 Diabetes Mellitus, Hypothyroidism, Covid-19, and Epilepsy.</p> <p>(a) Review of the Braden Scale assessment completed on 9/21/2022 and 1/3/2023 revealed Resident #4 was at risk of developing a pressure ulcer.</p> <p>Review of the quarterly MDS dated [DATE] revealed Resident #4 scored a 13 on the BIMS which indicated no cognitive impairment. The resident required extensive assistance for bed mobility and activities of daily living.</p> <p>Review of the Weekly Skin Reviews dated 11/30/2022, 12/7/2022, 12/14/2022, 12/21/2022, 12/28/2022, and 1/4/2023 revealed Resident #4 had redness to the sacrum.</p> <p>Review of the Nursing Daily Skilled Services assessments dated 12/29/2022, 1/1/2023, 1/2/2023, 1/3/2023, 1/9/2023, 1/10/2023, and 1/11/2023 documented there was no change in the resident's skin integrity.</p> <p>Review of the current Shower Day Skin Inspection sheet dated 1/1/2022 (2023) revealed Resident #4 had a Stage 2 open area to the sacral region. There were no documented descriptions or measurements of the wound.</p> <p>Review of a Physician's order dated 1/1/2023 revealed, .Cleanse stage 2 pressure ulcer to R [right] buttock with wound cleanser. Pat dry. Apply hydrocolloid dressing to site and cover with bordered foam dressing MWF [Monday-Wednesday, Friday] and PRN [as needed] .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of a Physician's order dated 1/4/2023 revealed, .Cleanse stage 2 pressure ulcer to sacrum with wound cleanser. Pat dry. Apply medi-honey followed by collagen. Cover with bordered foam dressing MWF and PRN .</p> <p>Review of the wound care Physician's Initial Progress Note dated 1/4/2023 revealed a Stage 3 Pressure Ulcer to the sacrum which measured 4.2 cm x 3.7 cm x 0.1 cm with 25% slough, 50% epithelial, and 25% serum blister.</p> <p>Review of the wound care Physician's Progress Note dated 1/11/2023 revealed a Stage 3 Pressure Ulcer to Resident #4's lower back which measured 2.3 cm x 0.5 cm x 0.1 cm with 50% slough and 50% dermis.</p> <p>During an interview on 1/5/2023 at 12:44 PM, when asked when the Stage 2 to the sacrum was first identified, the DON stated, We did a facility wide skin sweep on the 1st [1/1/2023] and that is when it was found . The DON confirmed there was no documentation describing the wound or measurements of the wound until 1/4/2023.</p> <p>During an interview on 1/9/2023 at 1:47 AM, The DON stated, She has no TARs for months other than January.</p> <p>During a telephone interview on 1/6/2023 at 2:45 PM, when asked if she was notified of the Stage 2 Pressure Ulcer on 1/1/2023, the wound care Physician stated, Not that I recall. I saw the wound during my visit on the 4th [1/4/2023]. It was a Stage 3. Nurse was probably not aware of the slough .</p> <p>During an interview on 1/19/2023 at 2:55 PM, when asked when the Stage 3 to the lower back was first identified the LPN/Wound Nurse stated, Identified by [Named Wound Care Physician] during her visit on the 11th [1/11/2023].</p> <p>(b) Review of the Physician's medication order dated 9/1/2022 for Resident #4 revealed, .Alogliptin Benzoate 12.5 MG (milligrams) Tablet Give one tablet by mouth one time a day related to TYPE 2 DIABETES MELLITUS .AmLODIPine Besylate Tablet 10 MG Give one tablet one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION .</p> <p>Review of the Medication Administration Record (MAR) dated December 2022 revealed no documentation of Alogliptin administered at 9:00 AM on 12/4/2022 and 12/25/2022 as ordered by the physician. There was no documentation the Amlodipine was administered at 9:00 AM or 9:00 PM on 12/4/2022 and 12/25/2022. There was no documentation to reveal the resident's blood pressure was assessed.</p> <p>4. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Paraplegia, Chronic Osteomyelitis, Open Wound of Buttock, History of Failed Surgical Flap, Peripheral Vascular Disease, Anemia, and Protein-Calorie Malnutrition.</p> <p>Review of the annual MDS dated [DATE] revealed Resident #5 scored a 15 on the BIMS which indicated no cognitive impairment. The resident required supervision for activities of daily living. The MDS Section M Skin Conditions documented no pressure ulcer wounds and one surgical wound.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N McLean Blvd Memphis, TN 38104	
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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>(a) Review of the Physician's orders dated 11/2/2022, documented .Cleanse Surgical Site to L [left] buttock with wound cleaner. Dry with 4x4, Pack wound with dry collagen. Cover with dry bordered foam dressing Mon [Monday] Wed [Wednesday] Fri [Friday], and PRN .</p> <p>Review of the TAR for November 2022 and December 2022 revealed treatments were not provided as ordered for the surgical site to the left buttock on 11/7/2022, 11/14/2022, 11/21/2022, 11/25/2022, and 12/28/2022.</p> <p>Review of the Braden Scale assessment completed on 1/3/2023 revealed Resident #5 was at risk of developing a pressure ulcer.</p> <p>Review of the Physician's orders dated 1/4/2023 documented, .Cleanse pressure ulcer to Right medial buttock with wound cleanser. Pat dry. Apply honey followed by collagen. Cover with bordered foam MWF and PRN .</p> <p>Review of the wound care Physician's progress note dated 1/4/2023 revealed Resident #5 had a new Stage 3 Pressure Ulcer wound to the right medial buttock which measured 2.8 cm x 2.3 cm x 0.2 cm with 50% slough and 50% dermis.</p> <p>Review of the Weekly Summary dated 1/6/2023 documented no Pressure Ulcer wounds.</p> <p>Observations in the resident's room on 1/5/2023 at 10:41 AM revealed the Resident was propelling himself in a wheelchair in his room and able to transfer himself to the bed. He was alert and oriented. Resident #5 stated, I had a bad place on my butt. I had surgery on that. Now they say I've got a new wound. I need a new cushion, but it hadn't come in yet.</p> <p>During an interview on 1/9/2023 at 12:57 PM, when asked when the Stage 3 to the right medial buttock was first identified, the DON stated, It was identified on the 4th [1/4/2023] on the other side of the buttock. The DON confirmed the new pressure ulcer was identified during the facility wide skin sweep on 1/1/2023.</p> <p>(b) Review of the Physician's medication orders for Resident #5 revealed, .Start Date 10/21/2022 Lantus SoloStar 100 UNIT/ML (milliliter) Solution pen-injector Inject 10 unit subcutaneously at bedtime for DM [Diabetes Mellitus] .Start Date 8/2/2019 Minocycline HCL capsule 100 MG Give 100 mg by mouth two times a day for infection .Start Date 2/1/2022 rifAMPin Capsule 300 MG Give 300 mg by mouth two times a day for chronic osteomyelitis .</p> <p>Review of the MAR dated December 2022 revealed no documentation Lantus Solostar, Minocycline HCL, and Rifampin was administered at 9:00 PM on 12/22/2022 and 12/31/2022 as ordered by the physician.</p> <p>During an interview on 1/11/2023 at 1:10 PM when asked if Resident #5 received the medications as ordered on 12/22/2022 and 12/31/2022 LPN #2 stated, No, I don't see that. Could have been when there was only one nurse on the hall and she may have missed it .</p> <p>5. Review of the medical record revealed Resident #8 was admitted to the facility on [DATE] with diagnoses of Pressure Ulcer Sacral Region, Sepsis Unspecified Organism, Urinary Tract Infection, Cerebral Infarction, Type 2 Diabetes Mellitus, Acute Embolism and Thrombosis of Deep Vein or Right Upper Extremity, and Osteomyelitis.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the quarterly MDS dated [DATE] revealed Resident #8 scored a 7 on the BIMS which indicated severe cognitive impairment. The resident required extensive assist for activities of daily living. The MDS Section M Skin Conditions documented one unstageable pressure ulcer wound.</p> <p>(a) Review of the Shower Day Skin Inspection sheet dated 12/22/2022 revealed Resident #8 had a wound to the sacral region which measured 6.8 cm x 11.3 cm x 0.0 cm.</p> <p>Review of the Braden Scale assessment completed on 12/23/2022 revealed Resident #8 was a very high risk of developing a pressure ulcer wound.</p> <p>Review of the admission nursing assessment dated [DATE] revealed Resident #8 had a pressure related skin condition. There was no assessment with descriptions of the wound.</p> <p>Review of the Physician's orders dated 12/23/2022 documented, .Cleanse Unstageable pressure ulcer to Sacrum with wound cleaner. Pat dry. Apply Dakin's wet to dry dressing to site. Cover with dry foam dressing. Change dressing daily, Monday, Wednesday, and Friday, and prn until resolved .</p> <p>Review of the TAR for December 2022 revealed there was no treatment administered as ordered for the unstageable Pressure Ulcer wound to the sacrum, identified upon admission from 12/22/2022 - 12/31/2022.</p> <p>Review of the Physician's orders dated 1/4/2023 documented, .Cleanse DTI [Deep Tissue Injury] to lateral L foot with wound cleanser. Pat dry. Apply skin prep MWF and PRN .Santyl Ointment 250 UNIT/GM [gram] (Collagenase) Apply to sacrum topically every day shift every Mon, Wed, Fri for stage 4 pressure ulcer to sacrum. Cleanse stage 4 ulcer to sacrum with Dakin's solution. Pat dry. Apply santyl and medihoney followed by calcium alginate. Cover with bordered foam MWF and PRN .</p> <p>Review of the wound care Physician's Progress Note dated 1/4/2023 documented, .Debrided sacrum of necrotic tendon, bone, and fascia. Recommend Ciprofloxacin 750 mg BID [twice daily] PO [by mouth] for osteomyelitis .Sacrum Pressure Ulcer Stage 4, 7.8 [cm] x 11.3 [cm] .Left lateral foot Deep Tissue Injury .8.5 [cm] x 3.7 [cm] x 0 [cm] .</p> <p>Review of the Physician's orders dated 1/5/2023 documented, .Ciprofloxacin HCL Tablet 750 MG [milligrams] by mouth two times a day related to OSTEOMYELITIS OF VERTEBRA, SACRAL AND SACROCOCCYGEAL REGION for 4 weeks .</p> <p>Review of the TAR for January 2023 revealed there was no treatment administered as ordered for the unstageable Pressure Ulcer wound to the sacrum on 1/2/2023.</p> <p>Observations in the resident's room on 1/4/2023 at 9:30 AM revealed Resident #8 lying supine in bed. She was alert with confusion.</p> <p>During an interview on 1/4/2023 at 2:36 PM when asked when the Pressure Ulcer was wound to Resident #8's left foot was first identified the LPN/Wound Care Nurse stated, .It was actually noted today during Physician rounds as a left lateral deep tissue injury. I would assume no one saw it or looked at the foot .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/6/2023 at 2:45 PM when asked when was the first notification Resident #8 had a Pressure Ulcer wound to the sacrum the wound care physician stated, I saw her on Wednesday [1/4/2023] for the first time. That was the first time my attention was brought to the wound .</p> <p>During an interview on 1/10/2023 at 9:50 AM when asked from the admission measurements on 12/22/2022 until the physician was notified on 1/2/2022 was the Pressure Ulcer to the sacrum assessed and monitored, and the LPN/Wound Care Nurse stated, Those assessments were not completed. When asked if the TAR had documentation of the treatments administered the LPN/Wound Treatment Nurse stated, They [TAR dates] are all blank. She [LPN #1] didn't sign off that she did the treatments .That's awful .</p> <p>During an interview on 1/10/2023 at 2:10 PM the DON confirmed no assessments were completed and no treatments were administered for the Pressure Ulcer wounds from admission on 12/22/2022- 1/2/2023.</p> <p>(b) Review of the Physician's orders revealed, .Start Date 12/25/2022 Doxycycline Monohydrate Capsule 100 MG Give 100 mg by mouth two times a day for sepsis .Start Date 12/23/2022 Eliquis Tablet 5 MG (Apixaban) Give 5 mg by mouth two times a day .Start Date 12/29/2022 Metronidazole Tablet 500 MG Give 500 mg by mouth three times a day for sepsis .Start Date 12/29/2022 NovoLOG FlexPen 100 UNIT/ML Solution pen-injector Inject as per sliding scale: if 60-149 = 0 units; 150-199 = 4 units; 200-249 = 6 units; 250-299 = 8 units; 300-349 = 10 units; 350-400 = 12 units .subcutaneously two times a day related to DIABETES MELLITUS .</p> <p>Review of the MAR dated December 2022 revealed no documentation Doxycycline Monohydrate, Eliquis, Metronidazole was administered at 9:00 PM on 12/31/2022, the Novolog insulin per sliding scale was not administered on 12/29/2022-12/31/2022, and the blood glucose levels were tested as ordered by the physician.</p> <p>6. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE] with diagnoses of Pressure Ulcer Sacral Region Stage 4, History of Venous Thrombosis and Embolism, Human Immunodeficiency Disease, Protein-Calorie Malnutrition, and Hypertension.</p> <p>Review of the admission MDS dated [DATE] revealed Resident #3 scored a 12 on the BIMS which indicated moderately impaired cognition. The resident required extensive assistance for bed mobility and was dependent for transfers. Resident #3 had 1 Stage 2 pressure ulcer and 1 Stage 4 pressure ulcer documented in Section M Skin Conditions.</p> <p>(a) Review of the admission nursing assessment dated [DATE] documented, .Right toe(s) open area .</p> <p>There was no documentation of skin assessments describing the open area to the right toe(s) that was observed upon admission.</p> <p>Review of a Weekly Skin Review dated 12/28/2022 and 1/4/2023 revealed no new skin issues identified.</p> <p>Review of a Telemedicine note by the wound care Physician dated 12/30/2022 documented, .Pt [patient - Resident #3] is being seen today for evaluation and treatment of .gangrene to left toes 1-5 and right toes 1-5 . left Toes 1-5 Gangrene 4 cm x 8.2 cm x 0 cm .right Toes 1-5 Gangrene 3.8 cm x 8.5 cm x 0 cm .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of a Physician's order with a start date of 12/31/2022 documented, .Cleanse thick, dry flaky skin to toes 1-5 to L [left] foot with wound cleanser. Pat dry. Apply skin repair cream to foot and leave open to air MWF [Monday, Wednesday, Friday] and PRN .Cleanse thick, dry flaky skin to toes 1-5 to R [right] foot with wound cleanser. Pat dry. Apply skin repair cream to foot and leave open to air MWF and PRN .</p> <p>Review of a Physician's order with a start date of 1/2/2023 documented, .Cleanse gangrene to toes 1-5 to L foot with wound cleanser. Pat dry. Apply calcium alginate with silver and wrap with kerlix MWF and PRN . Cleanse gangrene to toes 1-5 to R foot with wound cleanser. Pat dry. Apply calcium alginate with silver and wrap with kerlix MWF and PRN .</p> <p>Review of the Treatment Administration Record (TAR) for December 2022 revealed there was no treatment administered as ordered for the gangrene to the toes of the right and left foot on 12/31/2022.</p> <p>During an interview on 1/5/2023 at 9:53 AM when asked if she was aware Resident #3 had wounds to her toes Certified Nursing Assistant (CNA) #1 stated, .Yes Ma'am. I only saw the sores on her toes. I didn't see the heels. I told the nurse last weekend .</p> <p>During an interview on 1/9/2023 at 4:15 PM, the LPN/Wound Care Nurse confirmed the treatments for the gangrene to the toes of the right and left foot were not administered as ordered.</p> <p>(b) Review of the Physician's orders revealed, .Start Date 12/23/2022 Azithromycin Tablet 500 MG Give 1 tablet by mouth one time a day for HIV [Human Immunodeficiency Virus] .Start Date 12/22/2022 Bactrim DS Tablet 800-160 MG Give 1 tablet by mouth one time a day for bacterial infection .Biktarvy Tablet 50-200-25 MG Give 1 tablet by mouth one time a day for HIV .Start Date 12/23/2022 Carvedilol Tablet 6.25 MG Give 1 tablet by mouth two times a day .Eliquis Tablet 5 MG Give 5 mg by mouth two times a day .</p> <p>Review of the MAR dated December 2022 revealed no documentation Carvedilol was administered at 9:00 AM on 12/23/2022 and 9:00 AM and 9:00 PM on 12/25/2022 as ordered by the physician, Eliquis was not administered on 12/23/2022 and 12/24/2022 at 9:00 PM and 9:00 AM on 12/25/2022. There was no documentation Bactrim DS and Biktarvy were administered at 9:00 AM and 9:00 PM on 12/25/2022 and Azithromycin was not administered at 9:00 AM on 12/25/2022.</p> <p>7. Review of the medical record revealed Resident #6 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of End Stage Renal Disease, Dependence Upon Dialysis, Pressure Ulcer of Sacral Region Stage 4, Heart Failure, Type 2 Diabetes Mellitus, Nontraumatic Subarachnoid Hemorrhage, Encephalopathy, and Severe Protein-Calorie Malnutrition.</p> <p>Review of the Physician's order with a start date of 12/7/2022 documented, .Cleanse diabetic ulcer to L lateral heel with wound cleanser. Pat dry. Apply skin prep and cover with dry bordered dressing Mon [Monday], Wed [Wednesday], Fri [Friday] and PRN .Cleanse diabetic ulcer to R calf with wound cleanser. Pat dry. Apply skin prep and cover with dry bordered dressing Mon, Wed, Fri and PRN .Cleanse diabetic ulcer to R lateral heel with wound cleanser. Pat dry. Apply collagen and cover with bordered gauze Mon, Wed, Fri, and PRN .</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N McLean Blvd Memphis, TN 38104	

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of a Physician's order with a start date of 12/9/2022 documented, .Cleanse diabetic ulcer to R medial heel with wound cleanser. Pat dry. Apply skin prep and cover with dry bordered dressing Mon, Wed, Fri, and PRN .</p> <p>Review of the quarterly MDS dated [DATE] revealed Resident #6 scored 13 on the BIMS which indicated no cognitive impairment. The resident required extensive assistance for activities of daily living, except for eating.</p> <p>Review of a Physician's order with a start date of 12/28/2022 documented, .Cleanse diabetic ulcer to R lateral heel with wound cleanser. Pat dry. Apply collagen and cover with bordered gauze Mon, Wed, Fri, and PRN .</p> <p>Review of the TAR for December 2022 revealed the following:</p> <p>There was no documentation treatment was administered as ordered for the wounds to the left lateral heel and the right calf on 12/19/2022, 12/26/2022, and 12/28/2022.</p> <p>There was no documentation the treatment was administered as ordered for the wound to the right lateral heel on 12/19/2022 and 12/26/2022.</p> <p>There was n [TRUNCATED]</p>

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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29706</p> <p>Based on policy review, medical record review, and interview the facility failed to permit a resident to return to the facility after transfer to the Emergency Department for 1 of 2 (Resident #10) sampled residents transferred to the Emergency Department.</p> <p>The findings included:</p> <p>1. Review of the facility's undated policy titled Transfer and Discharge [including AMA] [Against Medical Advice], revealed .Facility-initiated transfer or discharge is a transfer or discharge which the resident objects to, or did not originate through a resident's verbal or written request, and/or is not in alignment with the resident's stated goals for care and preferences .The facility will evaluate and determine the level of care needed for the resident prior to admission to ensure the facility's ability to meet the resident's needs . Emergency Transfers/Discharges - initiated by the facility for medical reasons to an acute care setting such as a hospital, for the immediate safety and welfare of a resident (nursing responsibilities unless otherwise specified) .The resident will be permitted to return to the facility upon discharge from the acute care setting. In a situation where the facility initiates discharge while the resident is in the hospital following emergency transfer, the facility will have evidence that the resident's status at the time the resident seeks to return to the facility meets one of the specified exemptions .In situations where the facility has decided to discharge the resident while the resident is still hospitalized , the facility will send a notice of discharge to the resident and resident representative before the discharge, and must also send a copy of the discharge notice to a representative of the Office of the State Long-Term Care Ombudsman. Notice to the Ombudsman will occur at the same time the notice of discharge is provided to the resident and resident representative, even though, at the time of initial emergency transfer, sending a copy of the transfer notice to the Ombudsman only needed to occur as soon as practicable. The resident has the right to return to the facility pending an appeal of any facility-initiated discharge unless the return would endanger the health or safety of the resident or other individuals in the facility. The facility will document the danger that the failure to transfer or discharge would pose .</p> <p>2. Medical record review of the Psychiatry Consultation, performed in the hospital, dated 1/26/2023, at 1:38 PM provided to the facility prior to Resident #10's admission, revealed .admitted [DATE] Admission Diagnoses Femoral neck fracture .60 y.o. [year old] .with a history of Bipolar Disorder. Vascular dementia, admitted after a fall, sustaining a L [left] femoral fracture. Surgical repair is planned for tomorrow. I am asked to see re [regarding] her mental status. History is obtained from her husband .She has had Bipolar Disorder since about 17. She was diagnosed with dementia about 8 years ago .She is on Tegretol as mood stabilizer and Keppra as anticonvulsant .Correct psychotropics per Mr. [spouse name] Tegretol 300 mg [milligrams] tid [three times day], Cogentin 1 mg bid [twice a day], Thorazine 50 mg bid [increased recently as pt [patient] became manic a few weeks ago] Klonopin 1 mg qid [four times day] Trazodone 100 mg q hs [bedtime], Vit D, Not on Aricept, Nuedexta, prolixin, Celexa .Saw Dr .for many years. hospitalized remotely. Now sees psych NP [nurse practitioner] .</p> <p>Medical record review revealed Resident #10 was admitted to the facility on [DATE], with diagnoses Dementia, Bipolar Disorder, Schizophrenia, Depression, Anxiety, Seizure Disorder, Depression and After Care for Fracture Left Femur.</p> <p>(continued on next page)</p>		

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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Nursing Admission note dated 2/1/2023 at 20:00 PM [8:00 PM], revealed .Resident arrived via stretcher accompanied by EMT [Emergency Medical Technician]/Paramedics. admitted from [named hospital of Memphis] .alert, confused .</p> <p>Review of Nurse's note dated 2/1/2023 at 23:40 PM [11:40 PM], revealed .Patient was observed lying supine in the floor beside her bed in her room at 22:30 [10:30 PM]. She had removed her incontinence brief and was consuming the bowel movement present in the brief. When this nurse instructed the patient to refrain from eating bowel movement, she became angry and started throwing bowel movement at this nurse. She refused for any vital signs to be checked. She also resisted to be cleaned by nursing staff. She also began attempting to eat, take small bites with her mouth, of her bed mattress. She was attempted to be redirected with no success. She was successfully assisted back into bed with several staff members, where she continued to hit at staff and make verbally aggressive threats of bodily harm towards staff members. She also began spitting bowel movement from mouth at staff; eventually striking a nurse in the face with feces. This nurse contacted [Named on-call physician services] provider at 22:48 [10:48 PM] to inform the on-call provider of the patient's [Resident #10] behaviors, refusal of care and unwitnessed fall. After [named MD] witnessed her physical and verbal aggressive behaviors, MD ordered for the patient to be sent to [named hospital] ER [emergency room] for further evaluation and treatment at 22:55 [10:55 PM]. This nurse called Memphis EMS [Emergency Medical Services] at 23:00 [11:00 PM] and requested for immediate transfer to the ER department. Memphis EMS and fire department arrived to the facility at 23:09 [11:09 PM]. This nurse called and informed the patient's spouse/RP [responsible party] [named person] at 23:12 [11:12 PM] of the patient's abnormal behaviors, fall, refusal of care and the need for transport. He stated that he had expected nursing staff to restrain his wife when behaviors occurred. This nurse explained to the patient's husband that this facility has a no restraint policy and would not be performed. He commented that she conducts abnormal behaviors regularly. At 23:30 [11:30 PM] Memphis EMS left with the patient via stretcher .</p> <p>Review of the hospital ED (Emergency Department) note dated 2/2/2023, revealed XXX[AGE] year-old .sent from Midtown Health and Rehab for altered mental status .She has a medical history significant for bipolar, and EMS and rehab report schizophrenia. She was found to be eating her own feces, throwing feces at the staff and around the room and very altered. She is covered in feces in her hair, throughout her all of her clothing, on her face and her teeth .After evaluation, patient does not appear to have any acute abnormality and after psychiatry evaluation of the patient, they believe her symptoms are less consistent with a psychiatric disease and more consistent with her severe vascular dementia. The patient was recommended to be returned to her rehab facility for continued outpatient care .ED course as of 2/2/2023 at 1:51 AM I have discussed this patient and formally consulted Dr .with the telepsychiatry service. SBAR [Situation Background Assessment Recommendation] given regarding history, exam, imaging, and lab findings relevant to their consultation today. Has seen and examined the patient. Recommends discharge to her rehab facility. Symptoms consistent with her vascular dementia. Less likely psychiatric in nature .</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N McLean Blvd Memphis, TN 38104	

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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/28/2023 at 2:49 PM, Licensed Practical Nurse (LPN) #4 stated .I admitted Ms. [Resident #10] and she was relatively calm, alert to self and confused, but not agitated upon admission .I had in my admission pack her face sheet, H&P [history and physical] from the hospital, hospital orders and therapy notes .I received report from inhouse staff nothing special about her .About three hours later she was verbally and physically aggressive, eating her feces, throwing her feces .I called the on call service .and video chatted, the doctor observed her behaviors and said send her out .I called her husband and he stated she had these repeated behaviors at home, the hospital had her in restraints and he wanted her to be tied up and I explained no we can't do that here .I called report to [named hospital] ED .</p> <p>During a telephone interview on 3/29/2023, at 1:22 PM, Resident #10's husband stated .Some lady called from Midtown hollering at me and said we are sending her back, throwing her out .I said why are you hollering at me .I said you gotta do what you gotta do. I didn't feel like getting in an argument with her .When she [Resident #10] was in the hospital, I asked that social worker are they [Midtown] going to be able to handle her and she said yes .un-doubtingly not, she got there at 7 [7:00 PM] and at 11 [11:00 PM] the lady called sending her back and hollering at me .We agreed for her to go to Midtown because I could catch a bus to see her. They told me they could provide for her needs .Her goal was to get rehab then come home . Resident #10's husband was asked did the nurse from Midtown use the actual words throwing her out. He stated .Yes, both Midtown nurse said they were throwing her out and [named hospital] said Midtown was throwing her out .[named hospital] told me she was thrown out of Midtown and told me she was coming home .She came home .</p> <p>During an interview on 3/28/2023 at 2:58 PM, the Administrator was asked does the facility accept residents with behaviors. She stated .We don't take the behaviors if someone threatens staff, eats feces, wanders or elopements .No, we did not take her [Resident #10] back . The Administrator confirmed the Responsible Party was not notified upon transfer the resident would not be allowed to return.</p>

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28913</p> <p>Based on policy review, medical record review, observation, and interview the facility failed to identify wounds and provide treatments for 2 of 2 sampled residents (Resident #3 and #6) reviewed with wounds and failed to ensure medications were administered as ordered for 40 of 63 sampled residents (Resident #3, #4, #5, #7, #8, #14, #23, #24, #28, #29, #30, #31, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #45, #46, #47, #48, #49, #50, #51, #52, #53, #55, #56, #57, #59, #60, #68, #69, #71, and #72) reviewed with significant medications. The facility's failure resulted in Immediate Jeopardy (IJ) when the facility failed to identify and provide treatments for wounds for Resident #3 and #6 and the wounds developed into gangrene and the facility's failure to administer significant medications as ordered had the likelihood to cause serious adverse outcomes and unstable declines in the residents' medical conditions.</p> <p>Immediate Jeopardy 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, or impairment, or death of a resident.</p> <p>The Regional Director of Operations (RDO), the Area Director of Clinical Services (ADCS), the Administrator, and the Director of Nursing (DON) were notified of the Immediate Jeopardy (IJ) for F-684 on 1/17/2023 at 6:12 PM, in the Chapel.</p> <p>The facility was cited Immediate Jeopardy at F-684.</p> <p>The facility was cited Immediate Jeopardy F-684 at a scope and severity of K which is Substandard Quality of Care.</p> <p>An acceptable Removal Plan, which removed the immediacy of the Jeopardy, was received on 1/19/2023, and the Removal Plan was validated onsite by the surveyors on 1/24/2023 through policy review, medical record review, observation, review of education records, and staff interviews.</p> <p>The IJ began on 12/16/2022 through 1/24/2023. Noncompliance continues at F684 at a scope and severity of E.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled, Wound Treatment Management dated 3/24/2022, revealed .To promote healing of various types of wounds .Wound treatments will be provided in accordance with physicians orders .In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders .Treatments will be documented on the Treatment Administration Record .The effectiveness of treatments will be monitored through ongoing assessment of the wound . <p>Review of the facility's undated policy titled, Skin Assessment, revealed .A full body, or head to toe skin assessment will be conducted by a licensed or registered nurse upon admission/re-admission, and weekly thereafter .</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>2. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE] with diagnoses which included a Stage 4 Pressure Ulcer to the Sacral area.</p> <p>The 12/28/2022 admission Minimum Data Set (MDS) revealed Resident #3 had moderately impaired cognition, required extensive assistance for bed mobility and was dependent for transfers.</p> <p>a. Review of the 12/21/2022 admission nursing assessment revealed .Right toe(s) open area . There was no skin assessment describing the area to the right toe(s) upon admission.</p> <p>Review of a Telemedicine note by the wound care Physician dated 12/30/2022 documented, .Pt [patient - Resident #3] is being seen today for evaluation and treatment of .gangrene to left toes 1-5 and right toes 1-5 . left toes 1-5 Gangrene 4 cm x 8.2 cm x 0 cm. right toes 1-5 Gangrene 3.8 cm x 8.5 cm x 0 m</p> <p>Review of the 12/31/2022 Physician's order revealed an order to cleanse thick, dry flaky skin to toes 1-5 to left and right feet with, wound cleanser. Pat dry. Apply skin repair cream to foot and leave open to air Monday, Wednesday, and Friday, and as needed.</p> <p>Review of the Treatment Administration Record (TAR) for December 2022 revealed there was no treatment administered as ordered for the gangrene to the toes of the right and left feet on 12/31/2022.</p> <p>Review of a Weekly Skin Review dated 12/28/2022 and 1/4/2023 revealed no new skin issues identified.</p> <p>Review of the 1/2/2023 Physician's order revealed an order change to cleanse gangrene to toes 1-5 to left and right feet with, wound cleanser, pat dry, apply calcium alginate with silver and wrap with kerlix MWF [Monday-Wednesday-Friday] and PRN [as needed].</p> <p>During an interview on 1/5/2023 at 9:53 AM, when asked if she was aware Resident #3 had wounds, Certified Nursing Assistant (CNA) #1 stated, .Yes Ma'am. I only saw the sores on her toes. I didn't see the heels. I told the nurse last weekend .</p> <p>During an interview on 1/9/2023 at 4:15 PM, the LPN/Wound Care Nurse confirmed the treatments for the gangrene to the toes of the right and left foot were not administered as ordered.</p> <p>b. Review of Resident #3's medication orders revealed on 12/22/2022 the Physician ordered Bactrim DS 800-160 milligrams (mgs) 1 tablet by mouth one time a day for bacterial infection, and Biktarvy Tablet 50-200-25 mg 1 tablet by mouth one time a day for Human Immunodeficiency Virus (HIV).</p> <p>The 12/23/2022 Physician's orders revealed Azithromycin Tablet 500 mg 1 tablet by mouth one time a day for HIV, Carvedilol Tablet 6.25 mg 1 tablet by mouth two times a day, and Eliquis 5 mg by mouth two times a day.</p> <p>Review of the December 2022 MAR revealed the following:</p> <p>Carvedilol was not administered on 12/23/2022 at 9:00 AM; and on 12/25/2022 at 9:00 AM and 9:00 PM as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The Eliquis was not administered on 12/23/2022 and 12/24/2022 at 9:00 AM 9:00 PM.</p> <p>There Bactrim DS and Biktarvy was not administered on 12/25/2022 at 9:00 AM and 9:00 PM.</p> <p>The Azithromycin was not administered on 12/25/2022 at 9:00 AM.</p> <p>3. Review of the medical record revealed Resident #6 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included Pressure Ulcer of Sacral Region Stage 4, Type 2 Diabetes Mellitus, and Severe Protein-Calorie Malnutrition.</p> <p>The quarterly MDS dated [DATE] revealed Resident #6 had no cognitive impairment and required extensive assistance for activities of daily living except for eating.</p> <p>Review of the Physician's order dated 12/7/2022 documented the following:</p> <p>.Cleanse diabetic ulcer to L [left] lateral heel with wound cleanser. Pat dry. Apply skin prep and cover with dry bordered dressing Mon,Wed, Fri [Monday, Wednesday, Friday] and PRN .Cleanse diabetic ulcer to R [right] calf with wound cleanser. Pat dry. Apply skin prep and cover with dry bordered dressing Mon, Wed, Fri and PRN .</p> <p>Cleanse diabetic ulcer to R lateral heel with wound cleanser. Pat dry. Apply collagen and cover with bordered gauze Mon, Wed, Fri, and PRN .</p> <p>Review of the 12/9/2022 Physician's order revealed, Cleanse diabetic ulcer to R medial heel with wound cleanser. Pat dry. Apply skin prep and cover with dry bordered dressing Mon, Wed, Fri, and PRN .</p> <p>An additional 12/28/202 Physician's order revealed, .Cleanse diabetic ulcer to R lateral heel with wound cleanser. Pat dry. Apply collagen and cover with bordered gauze Mon, Wed, Fri, and PRN .</p> <p>Review of the December 2022 TAR revealed the following:</p> <p>There was no treatment administered as ordered for the right lateral heel wound on 12/19/2022, 12/26/2022, and 12/28/2022.</p> <p>There was no treatment administered as ordered for the right medial heel wound on 12/19/2022, 12/26/2022, and 12/28/2022.</p> <p>There was no treatment administered as ordered for the left lateral heel and the right calf wounds on 12/19/2022, 12/26/2022, and 12/28/2022.</p> <p>Review of a Shower Day Skin Inspection sheet dated 1/1/2022 (2023), used to record skin assessment observations for January 2023, revealed there was no documentation the skin condition of Resident #6's fingers was assessed.</p> <p>Review of a 1/4/2023 Physician's order revealed, .Cleanse gangrene to 4th digit of R hand with wound cleanser. Pat dry. Apply skin prep MWF and PRN .</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Observations in the resident's room on 1/4/2023 at 4:46 PM revealed Resident #6 was alert and oriented. The skin of the 4th finger on her left hand appeared dry and dark black from the first joint of the finger to the tip. She had very long, painted fingernails that needed cleaning. The resident stated, .The doctor saw my finger today and said she will get some medicine for it .</p> <p>During an interview on 1/5/2023 at 10:05 AM, when asked if Resident #6 had a wound to her finger, CNA #2 stated, I know her finger is black. I saw it last week when I cleaned her nails. I thought it was a blood blister. It was like a bruise, but with a red color. When asked if she reported the discoloration to anyone, CNA #2 stated, Yes, I told the nurse .I don't know her name. She was agency [contract staff].</p> <p>During a telephone interview on 1/6/2023 at 2:45 PM, when asked what the signs and symptoms of gangrene are, the wound care Physician stated, .The beginning signs and symptoms would be a color change in the skin, pain, coldness, and after a day or so there may be a blood blister. She [Resident #6] has dry gangrene. I want to refer her to a vascular surgeon for evaluation for removal of the affected area of the finger .</p> <p>During an interview on 1/9/2023 at 3:20 PM, when asked if a skin assessment would include a resident's hands and fingers, the DON stated, Yes it would. When asked if the change in condition of Resident #6's finger was observed during the assessment on 1/1/2023 or during assisted bathing, the DON stated, She likes to do things for herself. She has long nails. I can't answer why it wasn't seen. I don't know if it was reported.</p> <p>During a telephone interview on 1/19/2023 at 1:34 PM with Resident #6's family member stated, When I came on the 1st [1/1/2023] I told them about her finger. I was upset. It looked like a blister .They were not aware until I told them. How could they not see that? .</p> <p>4. Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] with diagnoses of Type 2 Diabetes Mellitus, Hypothyroidism, Covid-19, and Epilepsy.</p> <p>Review of the 9/1/2022 Physician's medication order revealed, Alogliptin Benzoate 12.5 milligrams (mg) 1 tablet by mouth one time a day related to Type 2 Diabetes Mellitus, and Amlodipine Besylate 10 mg 1 tablet daily related to Hypertension.</p> <p>Review of the December 2022 Medication Administration Record (MAR) revealed the Alogliptin was not administered at 9:00 AM on 12/4/2022 and 12/25/2022 as ordered. The Amlodipine was not administered at 9:00 AM or 9:00 PM on 12/4/2022 and 12/25/2022.</p> <p>There was no documentation the resident's blood pressure was assessed.</p> <p>5. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included Osteomyelitis and an open wound to the buttocks. The 10/26/2022 MDS revealed Resident #5 had no cognitive impairment.</p> <p>Review of the Physician's orders revealed the following orders and dates:</p> <p>8/2/2019 - Minocycline HCL 100 mg 2 times a day infection.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>10/21/2022 Lantus SoloStar 100 units/milliliter - give 10 units subcutaneously at bedtime for Diabetes Mellitus.</p> <p>2/1/2022 Rifampin Capsule 300 mg - 1 tablet two times a day for Osteomyelitis.</p> <p>Review of the the December 2022 MAR revealed on 12/22/2022 and 12/31/2022 the Lantus Solostar, Minocycline HCL, and Rifampin were not administered at 9:00 PM on 12/22/2022 and 12/31/2022 as ordered.</p> <p>During an interview on 1/11/2023 at 1:10 PM, LPN #5 was asked if the medications were administered on 12/22/2022 and 12/31/2022. LPN #2 stated, No, I don't see that. Could have been when there was only one nurse on the hall and she may have missed it .</p> <p>6. Review of the medical record revealed Resident # 7 was admitted on [DATE] with diagnoses that included Diabetes and Hypertension (HTN).</p> <p>Review of the Physician Orders revealed the following dates and orders:</p> <p>10/4/2022 - Amlodipine Besylate 5 mg 1 tablet two times a day for HTN.</p> <p>11/22/2022 - Basaglar KwikPen 100 units/ml inject 32 unit subcutaneously at bedtime related to Type 2 Diabetes.</p> <p>Review of the January 2023 MAR revealed on 1/9/2023 the Amlodipine Besylate 5 mg and Basaglar KwikPen was not administered at 9:00 PM as ordered.</p> <p>7. Review of the medical record revealed Resident #8 was admitted to the facility on [DATE] with diagnoses of Pressure Ulcer Sacral Region, Sepsis Unspecified Organism, Urinary Tract Infection, Cerebral Infarction, Type 2 Diabetes Mellitus, Acute Embolism and Thrombosis of Deep Vein or Right Upper Extremity, and Osteomyelitis.</p> <p>The 12/29/2022 MDS revealed the resident had severe cognitive impairment.</p> <p>Review of the Physician's orders revealed the following dates and orders:</p> <p>12/23/2022 - Eliquis (Apixaban) 5 mg by mouth two times a day.</p> <p>12/25/2022 - Doxycycline Monohydrate Capsule 100 mg by mouth two times a day for sepsis.</p> <p>12/29/2022 - Metronidazole Tablet 500 mg by mouth three times a day for sepsis, and NovoLOG FlexPen 100 units/ml sliding scale related to Diabetes Mellitus.</p> <p>Review of the December 2022 MAR dated revealed the Doxycycline Monohydrate, Eliquis, Metronidazole were not administered at 9:00 PM on 12/31/2022 and the Novolog insulin per sliding scale was not administered on 12/29/2022-12/31/2022 as ordered.</p> <p>8. Review of the medical record revealed Resident #14 was initially admitted to the facility on [DATE] and readmitted on [DATE]. The 11/21/2022 MDS revealed the resident had no cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the Physician's orders revealed the following dates and orders:</p> <p>11/30/2022 - Clonidine HCL 0.3 mg 1 tablet by mouth three times a day for hypertension. HOLD for SBP [systolic blood pressure] < [less than]100, DBP [diastolic blood pressure] < 60, HR [heart rate] < than 60. Notify MD.</p> <p>12/1/2022 - Minoxidil Tablet 2.5 mg 1 tablet by mouth two times a day related to Hypertension.</p> <p>12/10/2022 - Methlmazole 5 mg 1 tablet by mouth one time a day related to Thyrotoicosis.</p> <p>Review of the January 2023 MAR revealed the Methlmazole was not administered at 9:00 AM on 1/1/2023.</p> <p>The Minoxidil was not administered on 1/4/2022 and 1/6/2022 at 9:00 AM; and on 1/4/2022 and 1/5/2022 at 9:00 PM as ordered.</p> <p>During an interview on 1/10/2023 at 3:37 PM Resident #14 stated, .Sometimes I don't get my early morning medicine for my thyroid problem. They tell me they don't want to wake me up. I just want my pill brought to me .</p> <p>9. Review of the medical record revealed Resident #23 was admitted on [DATE] with diagnoses that included Type 2 Diabetes Mellitus and Hypertension. The 11/19/2022 MDS revealed the resident had no cognitive impairment.</p> <p>Review of the Physician's orders revealed the following dates and orders:</p> <p>6/10/2021 - Midodrine HCL Tablet 10 mg 1 tablet by mouth every 8 hours for Postural Hypotension hold for SBP greater than (>) 110, and DBP > 70 and; Novolog FlexPen 100 units/ml Give as per sliding scale for elevated blood glucose levels before meals and at bedtime .</p> <p>7/13/2022 - Metoprolol Tartrate 50 mg 1 tablet by mouth every 12 hours for hypertension Hold for SBP less than 110, DBP less than 60 or heart rate less than 60 beats per minute; and Sacubitril-Valsartan 24-26 mg 1 tablet by mouth every 12 hours.</p> <p>Review of the January 2023 MAR revealed no documentation Metoprolol Sacubitril-Valsartan was administered at 9:00 PM on 1/9/2023 as ordered. The Midodrine was not administered at 10:00 PM on 1/9/2023 and at 6:00 AM on 1/10/2023. The Novolog Insulin was not administered on 1/9/2023 at 8:00 PM as ordered and the resident's blood glucose level was not assessed at 8:00 PM. There was no documentation the resident's Blood pressure was checked.</p> <p>During an interview on 1/10/2023 at 7:10 PM Resident #23 was was asked about the medications that were not administered. Resident #23 stated, .I didn't get it. No nurse here. The CNA told me. I went to the desk downstairs and the receptionist said they trying to get someone to come. No one came .</p> <p>10. Review of the medical record revealed Resident #24 was admitted on [DATE] with diagnoses that included History of Venous Thrombosis and Embolism. The 1/8/2023 MDS revealed the resident had no cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the 9/25/2021 Physician's orders revealed Apixaban Tablet (Eliquis) 5 mg give by mouth two times a day.</p> <p>Review of the January 2023 MAR revealed the Apixaban was not administered on 1/9/2023 at 9:00 PM as ordered.</p> <p>During an interview on 1/10/2023 at 4:01 PM the resident was asked about the 1/9/2023 medication. Resident #24 stated, No, I didn't get all my medicine. There was no nurse.</p> <p>11. Review of the medical record revealed Resident #28 was admitted on [DATE] with diagnoses including Supraventricular Tachycardia. The 1/4/2023 MDS revealed the resident had moderate cognitive impairment.</p> <p>Review of the 4/30/2020 Physician's orders revealed Metoprolol Tartrate Tablet 25 mg give by mouth two times a day for HTN Hold for heart rate less than 60 or SBP less than 110.</p> <p>Review of the January 2023 MAR revealed the Metoprolol Tartrate was not administered on 1/9/2023 at 9:00 PM as ordered or the resident's blood checked.</p> <p>12. Review of the medical record revealed Resident #29 was admitted on [DATE] with the diagnosis of Heart Failure. The 12/8/2022 MDS revealed the resident had moderate cognitive impairment.</p> <p>Review of the 12/17/2020 Physician's orders revealed Carvedilol Tablet 25 mg give by mouth two times a day for Heart Failure. Hold if HR less than 60 bpm.</p> <p>Review of the January 2023 MAR revealed the Carvedilol was not administered on 1/9/2023 at 9:00 PM as ordered or the heart rate checked.</p> <p>13. Review of the medical record revealed Resident #30 was admitted on [DATE] with diagnoses of Cerebral Infarction, Hemiplegia and Hemiparesis Left Nondominant Side, Osteoarthritis, and Benign Neoplasm of Skin.</p> <p>The 12/13/2022 MDS revealed the resident had no cognitive impairment.</p> <p>Review of the 11/06/2021 Physician's orders revealed Apixaban Tablet 5 mg 1 tablet two times a day for anticoagulant therapy, and Carvedilol Tablet 6.25 mg 1 tablet by mouth two times a day.</p> <p>Review of the January 2023 MAR revealed the Apixaban and Carvedilol were not administered on 1/9/2023 at 9:00 PM as ordered.</p> <p>14. Review of the medical record revealed Resident #31 admitted on [DATE] with diagnoses that included Hypertension, History Transient Ischemic Attack, and Cerebral Infarction. The 12/24/2022 MDS revealed the resident had no cognitive impairment.</p> <p>Review of the 10/24/2022 Physician's orders revealed Diltiazem HCL 30 mg give 1 tablet by mouth three times a day for HTN, hold for SBP < 100, DBP < 60, or HR < 60.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the January 2023 MAR revealed the Diltiazem was not administered on 1/9/2023 at 9:00 PM as ordered. There was no documentation the resident's blood pressure and heart rate were assessed.</p> <p>15. Review of the medical record revealed Resident #33 was admitted on [DATE] with diagnoses that included Type 2 Diabetes Mellitus. The 10/15/2022 MDS revealed the resident had no cognitive impairment.</p> <p>Review of the 9/20/2022 Physician's orders revealed Lantus SoloStar 100 units/ml inject 26 units Intradermally at bedtime.</p> <p>Review of the January 2023 MAR revealed the Lantus insulin was not administered on 1/9/2023.</p> <p>16. Review of the medical record revealed Resident #34 admitted on [DATE] with a diagnosis of Type 2 Diabetes Mellitus. The 12/14/2022 MDS revealed the resident had no cognitive impairment.</p> <p>Review of the 12/08/2022 Physician's orders revealed Insulin Lispro (1 Unit Dial) 100 unit/ml pen-injector, inject 3 units subcutaneously before meals, and Insulin Glargine-yfgn 100 units/ml pen-injector inject 40 units subcutaneously at bedtime.</p> <p>Review of the December 2022 MAR revealed the Insulin Lispro was not administered on 12/15/2022 at 5:00 PM as ordered, and the Insulin Glargine-yfgn was not administered on 1/9/2023 at 9:00 PM as ordered.</p> <p>17. Review of the medical record revealed Resident #35 was admitted on [DATE] with a diagnosis of Essential Hypertension. The 12/14/2022 MDS revealed the resident had no cognitive impairment.</p> <p>Review of the physician's orders revealed the following orders and dates:</p> <p>3/13/2021- Eliquis Tablet 2.5 mg give 1 tablet by mouth two times a day.</p> <p>10/24/2022 - Coreg Tablet 6.25MG (Carvedilol) give 1 tablet by mouth two times a day for HTN. Hold for SBP less than 100, DBP less than 60 or HR less than 60,</p> <p>Review of the January 2023 MAR revealed the Coreg and Eliquis were not administered on 1/9/2023 at 9:00 PM as ordered. There was no documentation the resident's blood pressure and heart rate were assessed.</p> <p>18. Review of the medical record revealed Resident #36 was readmitted on [DATE] with diagnoses that included Hypertension and Hypothyroidism Disease. The 11/10/2022 MDS revealed the resident had no cognitive impairment.</p> <p>Review of the Physician's orders revealed the following orders and dates:</p> <p>12/17/2022 - Levothyroxine Sodium Tablet 150 MCG Give 150 micrograms (mcg) by mouth on time a day every Mon, Tue, Wed, Thu, Fri, and Sat.</p> <p>Review of the January 2023 MAR revealed the Levothyroxine and Hydralazine were not administered on 1/9/2023 at 9:00 PM as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>19. Review of the medical record revealed Resident #37 was readmitted on [DATE] with diagnoses that included Epilepsy, Cerebral Infarction, and Schizoaffective Disorder, and Hallucinations. The 12/14/2022 MDS revealed the resident had a severe cognitive impairment.</p> <p>Review of the Physician's orders revealed the following orders and dates:</p> <p>10/6/2022 - Lacosamide Tablet 200 mg give 200 mg by mouth two times a day for seizure disorder.</p> <p>12/13/2022 - Risperidone Tablet 0.5 mg give 1 tablet by mouth at bedtime related to schizoaffective disorder.</p> <p>Review of the January 2023 MAR the Risperidone and Lacosamide were not administered on 1/9/2023 at 9:00 PM as ordered.</p> <p>20. Review of the medical record revealed Resident #38 was admitted on [DATE] with diagnoses that included Type 2 Diabetes Mellitus and Unspecified Psychosis. The 1/2/2023 MDS revealed the resident had severe cognitive impairment.</p> <p>Review of the Physician's orders revealed the following orders and dates:</p> <p>6/10/2022 - Depakote Tablet Delayed Release 250 mg give 1 tablet by mouth three times a day.</p> <p>8/4/2022 - Humalog KwikPen 100 units/ml pen-injector inject as per sliding scale subcutaneously before meals and at bedtime.</p> <p>Review of the January 2023 MAR revealed the Depakote was not administered on 1/9/2023 at 9:00 PM as ordered, and the Humalog insulin was not administered on 1/9/2023 at 8:00 PM as ordered by the physician. The MAR revealed the resident's blood glucose level was not checked for the sliding scale insulin on 1/9/2023 as ordered.</p> <p>21. Review of the medical record, revealed Resident #39 readmitted on [DATE] with diagnoses that included Cerebral Infarction, Atrial Fibrillation, and Hypothyroidism. The 12/2/2022 MDS revealed the resident had severe cognitive impairment.</p> <p>Review of the Physician's orders revealed the following orders and dates:</p> <p>6/6/2022 - Eliquis Tablet 5 mg give 1 tablet by mouth two times a day, and Levetiracetam Tablet 500 mg give 1000 mg by mouth two times a day.</p> <p>6/25/2022 - Levothyroxine Sodium Tablet 125 MCG give 1 tablet by mouth one time a day.</p> <p>Review of the January 2023 MAR the Levothyroxine was not administered on 1/10/2023 at 6:00 AM as ordered, and the Eliquis and Levetiracetam were not not administered on 1/9/2023 at 9:00 PM as ordered.</p> <p>22. Review of the medical record revealed Resident #40 was readmitted on [DATE] with diagnoses of Type 2 Diabetes Mellitus, Seizures, Asthma, and Hypothyroidism. The 11/2/2022 MDS revealed the resident had moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the Physician's orders revealed the following orders and dates:</p> <p>7/27/2022 - Levothyroxine Sodium Tablet 100 MCG give 1 tablet by mouth one time a day, Rosuvastatin Calcium Oral Tablet 5 MG give 5 mg by mouth at bedtime, and Levetira tablet 250 MG give 250 mg by mouth two times a day.</p> <p>8/10/2022 - Basaglar KwikPen 100 units/ml pen-injector inject 10 units subcutaneously at bedtime.</p> <p>Review of the January 2023 MAR revealed the Basaglar insulin, Rosuvastatin Calcium, and Levetiracetam were not administered on 1/9/2023 at 9:00 PM as ordered.</p> <p>The Levothyroxine was not administered at 6:00 AM on 1/10/2023 as ordered.</p> <p>23. Review of the medical record revealed Resident #41 was readmitted on [DATE] with diagnoses of Type 2 Diabetes Mellitus, End Stage Renal Disease on dialysis, Atrial Fibrillation, Congestive Heart Failure, Chronic Pulmonary Edema, and Atherosclerotic Heart Disease. The 12/24/2022 MDS revealed the resident had moderate cognitive impairment.</p> <p>Review of the Physician's orders revealed the following orders and dates:</p> <p>11/30/2021 - Hydralazine HCL 25 mg give 50 mg by mouth two times a day.</p> <p>5/22/2021 - Clopidogrel Bisulfate 75 mg give 1 tablet by mouth one time a day, and Isosorbide Mononitrate ER (extended release) 30 mg give 1 tablet by mouth one time a day.</p> <p>1/5/2023 - Carvedilol Oral 12.5 mg give 1 tablet by mouth two times a day.</p> <p>Review of the January 2023 MAR revealed the Clopidogrel, Isosorbide Mononitrate, and Hydralazine were not administered on 1/10/2023 at 6:00 AM as ordered. The Carvedilol was not administered on 1/9/2023 at 9:00 PM as ordered.</p> <p>24. Review of the medical record revealed Resident #42 was admitted on [DATE] and had a diagnosis of Diabetes. The 12/28/2022 MDS revealed the resident 42 had no cognitive impairment.</p> <p>Review of the Physician Orders revealed the following orders and dates:</p> <p>3/11/2022 - Janumet XR ER ,d+[DATE] mg give 1 tablet by mouth one time a day for Diabetes Mellitus.</p> <p>8/2/2022 - Lantus SoloStar 100 units/ml pen-injector inject 30 units subcutaneously at bedtime related to TYPE 2 DIABETES.</p> <p>11/22/2022 - Glimepiride 1 mg by mouth one time a day for Diabetes Mellitus.</p> <p>Review of the January 2023 MAR revealed the Glimepiride 1 mg and the Janumet ER ,d+[DATE] mg were not administered at 6:00 AM on 1/10/2023.</p> <p>The Lantus SoloStar 100 units/ml was not administered at 9:00 PM on 1/9/2023 as ordered.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>25. Review of the medical record revealed Resident #45 was admitted on [DATE] with diagnoses of Atrial Fibrillation, Atherosclerotic Heart Disease, and Hypertension. The 1/7/2023 MDS the resident had no cognitive impairment.</p> <p>Review of the Physician Orders revealed the following orders and dates:</p> <p>3/10/2022 - hydralazine HCl 25 MG give 1 tablet by mouth two times a day related to Hypertension.</p> <p>5/20/2022 - Entresto 49-51 mg give 1 tablet by mouth two times a day related to Other Heart Failure.</p> <p>Review of the January 2023 MAR revealed the Entresto 49-51 mg was not administered at 9:00 PM on 1/9/2023. The Hydralazine 25 mg was not administered at 8:00 PM on 1/9/2023 as ordered.</p> <p>26. Review of the medical record revealed Resident #46 admitted on [DATE] had a diagnosis of Hypertension. The 12/3/2022 MDS revealed the resident had moderate cognitive impairment.</p> <p>Review of the 11/21/2022 Physician Orders revealed Metoprolol Tartrate 12.5 mg by mouth two times a day for hypertension.</p> <p>Review of the January 2023 MAR revealed the Metoprolol 12.5 mg was not administered at 9:00 PM on 1/9/2023 as ordered.</p> <p>27. Review of the medical record revealed Resident #47 was admitted on [DATE] and had diagnoses that included Anxiety Disorder and Schizoaffective Disorder. The 11/4/2022 MDS revealed the resident had no cognitive impairment.</p> <p>Review of the 10/20/2022 Physician Orders revealed Quetiapine Fumerate 100 mg give 1.5 tablet by mouth at HS for a total dose of 150 mg related to Schizoaffective Disorder.</p> <p>Review of the January 2023 MAR revealed the Quetiapine Fumerate was not administered at 9:00 PM on 1/9/2023 as ordered.</p> <p>28. Review of the medical record revealed Resident #48 was admitted on [DATE] and had a diagnosis Diabetes The 12/18/2022 MDS revealed the resident had a severe cognitive impairment.</p> <p>Review of the 7/21/2022 Physician Orders revealed Glargine-yfgn insulin 100 units/ml pen-injector inject 28 unit subcutaneously two times a day related to Diabetes.</p> <p>Review of the January 2023 MAR revealed the Glargine-yfgn 100 units/ml was not administered at 9:00 PM on 1/9/2023 as ordered.</p> <p>29. Review of the medical record, revealed Resident #49 admitted on [DATE] with diagnoses that include Diabetes, and Hypertension. The 12/16/2022 MDS revealed the resident was severely impaired cognitive impairment.</p> <p>Review of the Physician Orders revealed the following orders and dates:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>8/12/2021 - Metoprolol Tartrate 100 mg give 1 tablet by mouth two times a day for Hypertension.</p> <p>1/19/2022 - Novolog FlexPen 100 units/ml pen-injector inject subcutaneously before meals and at bedtime related to Diabetes.</p> <p>10/4/2022 - Verapamil HCl 40 MG give 40 mg by mouth three times a day for Hypertension.</p> <p>Review of the January 2023 MAR revealed the Metoprolol Tartrate Tablet 100 MG was not administered at 9:00 PM on 1/9/2023 as ordered.</p> <p>The Verapamil HCl Tablet 40 MG was not administered at 10:00 PM on 1/9/2023 and 6:00 AM on 1/10/2023 as ordered.</p> <p>The Novolog FlexPen 100 UNIT/ML was not administered at 6:30 AM on 1/3/2023, at 6:30 AM and 8:00 PM on 1/9/2023, and at 6:30 AM on 1/10/2023 as ordered.</p> <p>30. Review of the medical record, revealed Resident #50 admitted on [DATE] with a diagnosis of Hypertension. The 11/08/2022 MDS revealed the resident had moderate cognitive impairment.</p> <p>Review of the Physician Orders dated 11/17/2022 revealed Hydralazine HCl 50 mg give 1 tablet by mouth four times a day for Hypertension.</p> <p>Review of the January 2023 MAR revealed the Hydralazine HCl 50 mg was not administered at 9:00 PM on 1/9/2023 as ordered.</p> <p>31. Review of the medical record revealed Resident #51 was admitted on [DATE] with a diagnosis of Hypertension. The 11/25/2022 MDS revealed the resident had a severe cognitive impairment.</p> <p>Review of the 3/1/2022 Physician Orders revealed Eliquis 5 mg give 5 mg by mouth two times a day for blood thinner related to Hypertension.</p> <p>Review of the January 2023 MAR revealed the Eliquis 5 mg was not administered at 8:00 PM on 1/9/2023 as ordered.</p> <p>32. Review of the medical record revealed Resident #52 was admitted on [DATE] with diagnoses of Cerebral Infarction, Seizures, and Hypertension. The 12/17/2022 MDS revealed the resident had a moderate cognitive impairment.</p> <p>Review of the 3/12/2022 Physician Orders dated 3/12/2020 revealed Levetiracetam 1000 mg give 1000 mg by mouth two times a day for Seizures.</p> <p>Review of the January 2023 MAR revealed the Levetiracetam 1000 mg was not administered at 9:00 PM on 1/9/2023 as ordered.</p> <p>33. Review of the medical record revealed Resident #53 was admitted on [DATE] with a diagnosis of Hypertension. The 12/3/2022 MDS revealed the resident had moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the 10/4/2022 Physician Orders revealed Hydralazine HCl 25 mg give 1 tablet by mouth two times a day for Hypertension.</p> <p>Review of the January 2023 MAR revealed the Hydralazine HCl 25 MG was not administered at 9:00 PM on 1/9/2023 as ordered.</p> <p>34. Review of the medical record revealed Resident #55 was admitted on [DATE] with diagnoses that included of Atrial Fibrillation, Diabetes and Hypertension. The 11/2/2022 MDS revealed the resident had severe cognitive impairment.</p> <p>Review of the Physician Orders, revealed the following orders and dates:</p> <p>2/12/2020 Apixaban 2.5 mg give 2.5 mg by mouth two times a day for Anticoagulation, and Metoprolol Tartrate 12.5 mg give by mouth two times a day for Hypertension.</p> <p>9/21/2021 - Lantus SoloStar 100 units/ml pen-injector inject 5 unit subcutaneously at bedtime for Diabetes.</p> <p>10/27/2022 - Humalog 100 units/ml pen-injector inject subcutaneously before meals and at bed</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28913</p> <p>Based on policy review, medical record review, observation, and interview the facility failed to complete skin assessments and administer wound treatments for residents determined to be at risk of skin breakdown for 4 of 7 sampled residents (Resident #1, #4, #5, and #8,) reviewed for pressure ulcer wounds. The facility's failure resulted in Immediate Jeopardy (IJ) when Resident #1 did not receive treatments for a pressure ulcer wound identified upon admission with measurable depth and the wound worsened to unstageable and required debridement, Resident #4 did not receive treatments for a Stage 2 pressure ulcer wound and the wound developed to a Stage 3, Resident #5 was admitted with pressure ulcer wounds, the resident did not receive treatments as ordered and developed additional pressure ulcer wounds, and Resident #8 did not receive treatments for a pressure ulcer wound identified upon admission and developed infection to the wound.</p> <p>Immediate Jeopardy 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, or impairment, or death of a resident.</p> <p>The Regional Director of Operations, the Area Director of Clinical Services, the Regional Director of Clinical Services, the Administrator, and the Director of Nursing (DON) were notified of the Immediate Jeopardy (IJ) for F-686 on 1/17/2023 at 6:12 PM, in the Chapel.</p> <p>The facility was cited Immediate Jeopardy at F-686.</p> <p>The facility was cited Immediate Jeopardy F-686 at a scope and severity of J which is Substandard Quality of Care.</p> <p>An acceptable Removal Plan, which removed the immediacy of the Jeopardy, was received on 1/19/2023, and the Removal Plan was validated onsite by the surveyors on 1/24/2023 through policy review, medical record review, observation, review of education records, and staff interviews.</p> <p>The IJ began on 12/16/2022 through 1/24/2023.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Wound Treatment Management dated 3/24/2022, revealed .To promote healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders .Wound treatments will be provided in accordance with physicians orders, including the cleansing method, type of dressing, and frequency of dressing changes .In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders. This may be the treatment nurse, or the assigned licensed nurse in the absence of the treatment nurse .The facility will follow specific physician orders for providing wound care .Treatments will be documented on the Treatment Administration Record .The effectiveness of treatments will be monitored through ongoing assessment of the wound .</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the facility's policy titled, Wound Care-Pressure Injuries Overview dated 3/24/2022, revealed .The purpose of this procedure is to provide information regarding clinical identification of pressure injuries and associated risk factors, which is derived from the definitions in 483.25(b)(1) Pressure Injuries (F686) . Pressure Ulcer/Injury (PU/PI) refers to localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device .Eschar/Slough .is dead or devitalized tissue that is hard or soft in texture, usually black, brown, or tan in color, and may appear scab-like .Slough is non-viable yellow, tan, gray, green or brown tissue .Slough may be adherent to the base of the wound or present throughout the wound bed .Stage 2 Pressure Ulcer: Partial-thickness skin loss with exposed dermis . presenting as a shallow open ulcer .The wound bed is viable, pink or red, moist, and may also appear as an intact or open/ruptured blister .Granulation tissue, slough and eschar are not present .Unstageable Pressure Ulcer: Obscured full-thickness skin and tissue loss .the extent of tissue damage within the ulcer cannot be confirmed because the wound bed is obscured by slough or eschar .</p> <p>Review of the facility's undated policy titled, Skin Assessment, revealed .It is our policy to perform a full body assessment as part of our systematic approach to pressure injury prevention and management. This policy includes the following procedural guidelines in performing the full body skin assessment .A full body, or head to toe skin assessment will be conducted by a licensed or registered nurse upon admission/re-admission, and weekly thereafter. The assessment may also be performed after a change of condition or after any newly identified pressure injury .</p> <p>Review of the facility's policy titled Nursing Services and Sufficient Staff dated, 8/30/2022, revealed .It is the policy of this facility to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident .Providing care includes, but is not limited to, assessing, evaluating, planning and implementing resident care plans and responding to resident's needs .</p> <p>2. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses of Type 2 Diabetes Mellitus, Intestinal Obstruction, Muscle Weakness, Cognitive Communication Deficit, Dysphagia, and Hypertension. Review of the Braden Scale assessment completed on admission revealed Resident #1 was a high risk of developing a pressure ulcer.</p> <p>Review of the admission Minimum Data Set (MDS) dated [DATE], revealed Resident #1 scored an 11 on the Brief Interview of Mental Status (BIMS) which indicated moderately impaired cognition. The resident required extensive assistance for bed mobility and was dependent for transfers.</p> <p>Review of a Treatment Nurse Communication Form dated 12/16/2022, revealed Resident #1 had pressure ulcer wounds as follows:</p> <p>Sacral region with measurements of length by (x) width x depth (LxWxD) of 0.4 centimeters (cm) x 3.5 cm x 0.4 cm.</p> <p>Left heel with measurements of 4.0 cm x 3.2 cm x 0.2 cm.</p> <p>Right heel with measurements of 0.2 cm x 3.0 cm x 0.1 cm.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N McLean Blvd Memphis, TN 38104	
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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the admission nursing assessment dated [DATE] documented .Right heel Bruising .Left heel Bruising .Sacrum Pressure sore .</p> <p>Review of a Nurse's Progress Note dated 12/16/2022 documented .Resident has pressure sore to sacrum and flaky skin, as well as bruising to heels .</p> <p>Review of the Care Plan initiated on 12/19/2022 documented, .The resident has pressure ulcer with potential for further pressure ulcer development .Assess/record/monitor wound healing as ordered and per protocol. Measure length, width, depth where possible. Assess and document status of wound perimeter, wound bed and healing progress .</p> <p>There was no documentation of treatment orders to the sacrum, right heel and left heel pressure ulcer wounds from the admitted [DATE] until 12/21/2022.</p> <p>Review of a 12/21/2022 Physician's orders with a start date of 12/22/2022 documented the following treatment for sacral, right heel and left heel:</p> <p>.Cleanse Unstageable wound to Sacrum with sound cleanser. Pat dry. Apply Santyl and Calcium alginate to site. Cover with dry foam dressing/ Change dressing daily on Monday, Wednesday, and Friday and Prn (as needed) until resolved .</p> <p>.Cleanse Unstageable wound to R [right] heel with wound cleanser. Pat dry. Apply medi-honey and cover with Calcium alginate with silver. Cover site with dry foam dressing. Change dressing daily, Monday, Wednesday, and Friday, and prn until resolved .</p> <p>.Cleanse Unstageable wound to L [left] heel with wound cleanser. Pat dry. Apply medi-honey and cover with Calcium alginate with silver. Cover site with dry foam dressing. Change dressing daily, Monday, Wednesday, and Friday, and prn until resolved .</p> <p>Review of the 12/21/2022 wound care Physician's Initial Progress Note revealed:</p> <p>Unstageable Pressure Ulcer to the Sacrum which measured 5cm x 7cm with 50% dermis and 50% eschar.</p> <p>Right heel was documented as unstageable and measured 7cm x 5 cm with 50% dermis and 50% eschar.</p> <p>Left heel was documented as unstageable and measured 9cm x 7cm with 50% eschar and 50% serum filled blister.</p> <p>Review of the Treatment Administration Record (TAR) for December 2022, revealed there was no treatment administered as ordered for the unstageable wound to the sacrum, unstageable wound to the right heel, and unstageable wound to the left heel on 12/28/2022 and 12/30/2022.</p> <p>Review of the 1/4/2023 wound care Physician's Initial Progress Note revealed an Unstageable Pressure Ulcer to the Sacrum and measured 8.3 cm x 7.2 cm x 0.2 cm with 75% slough and 25% granulation.</p> <p>Review of the wound care Physician's Initial Progress Note dated 1/11/2023, revealed an Unstageable Pressure Ulcer to the Sacrum and measured 6.0 cm x 6.5 cm x 0.2 cm with 75% slough and 25 % granulation. The pressure ulcer wound was debrided on 1/11/2023.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the TAR for January 2023, revealed there was no treatment administered as ordered for the unstageable wound to the sacrum, unstageable wound to the right heel, and unstageable wound to the left heel on 1/6/2023.</p> <p>Observations in the resident's room on 12/27/2022 at 3:40 PM, revealed Resident #1 lying supine in bed. The resident was alert and oriented. When asked if she had any wounds to her skin she stated, I have a sore on my bottom .The nurse puts a cover [dressing] on it now. I guess it got worse.</p> <p>During an interview on 12/27/2022 at 1:02 PM, Resident #1's family member stated, .She has been here about a week or 10 days I guess and has a bad sore. That tells me they are not turning her as they should . That bed sore has gotten much worse in the 10 days she has been here .</p> <p>During an interview on 12/29/2022 at 9:59 AM, the Licensed Practical Nurse (LPN)/Wound Nurse reviewed the Physician orders and the TAR and stated, This is not okay. She [Resident #1] came in on the 16th [12/16/2022] and the order is not until the 21 [12/21/2022]. That's not okay .</p> <p>During a telephone interview on 12/29/2022 at 10:21 AM, when asked what the meaning was of unstageable related to a pressure ulcer wounds, LPN #1 stated, You can't measure the depth. When asked if she could measure the depth of the sacral wound and the wound to the right heel and left heel of Resident #1 upon admission, LPN #1 stated, Yes ma'am. I guess I should have called it a Stage 2 . When asked if treatments and wound care was provided for Resident #1, LPN #1 stated, Documented on the place where we document treatments if I did them .</p> <p>During an interview on 12/29/2022 at 11:08 AM, the DON confirmed there was no documentation of wound assessments or care provided for the pressure ulcer wounds from 12/16/2022 until 12/23/2022. The DON stated, If not documented, it wasn't done. What I see is an order on 12/21 [2022]. I see nothing before that. There were no treatments provided to the resident's sacrum, right heel and left heel from 12/16/2022 until 12/22/2022.</p> <p>During an interview on 1/4/2023 at 4:02 PM, when asked when the first treatment was administered to the pressure ulcer wounds, the LPN/Wound Nurse stated, .From the 16th till the 21st when [Named physician] saw her there is no documentation of a treatment. That's awful. When asked if there was documentation of wound assessments that described the wounds appearance, LPN/Treatment Nurse stated, I didn't document any assessments in the computer. I threw the papers away. I don't have any of my papers prior to the 7th [1/7/2023]. That's when I was inserviced what to document in the computer. When I came here, I wasn't told about pressure and non-pressure assessments. I did not receive the proper training for this system to document. I threw my papers away .</p> <p>During an interview on 1/4/2023 at 10:38 AM, the Regional Director of Clinical Services (RDCS) stated, We did a facility wide skin sweep over the weekend. We found some new wounds and we are taking care of that. When asked what she meant by a skin sweep the RDCS stated, A skin assessment of every resident to see if there were any wounds that had been missed.</p> <p>During an interview on 1/5/2023 at 9:58 AM, when asked if Resident #1 had Pressure Ulcer wounds, LPN #2/Unit Manager stated, I don't remember what her wounds are. I looked at her paperwork from the hospital . If there are wounds it's passed on to the treatment nurse. I wouldn't know about the wound location.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>3. Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] with diagnoses of Type 2 Diabetes Mellitus, Hypothyroidism, Covid-19, and Epilepsy.</p> <p>Review of the quarterly MDS dated [DATE] revealed Resident #4 scored an 13 on the BIMS which indicated no cognitive impairment. The resident required extensive assistance for bed mobility and activities of daily living.</p> <p>Review of the Braden Scale assessment completed on 9/21/2022 and 1/3/2023 revealed Resident #1 was at risk of developing a pressure ulcer.</p> <p>Review of the Weekly Skin Reviews dated 11/30/2022, 12/7/2022, 12/14/2022, 12/21/2022, 12/28/2022, and 1/4/2023 revealed Resident #4 had redness to the sacrum.</p> <p>Review of the Nursing Daily Skilled Services assessments dated 12/29/2022, 1/1/2023, 1/2/2023, 1/3/2023, 1/9/2023, 1/10/2023, and 1/11/2023 documented there was no change in the resident's skin integrity.</p> <p>Review of the Shower Day Skin Inspection sheet dated 1/1/2022 [2023], revealed Resident #4 had a Stage 2 open area to the sacral region. There were no documented descriptions or measurements of the wound.</p> <p>Review of a Physician's order dated 1/1/2023, documented, .Cleanse stage 2 pressure ulcer to R buttock with wound cleanser. Pat dry. Apply hydrocolloid dressing to site and cover with bordered foam dressing MWF and PRN .</p> <p>Review of a Physician's order dated 1/4/2023, documented .Cleanse stage 2 pressure ulcer to sacrum with wound cleanser. Pat dry. Apply medi-honey followed by collagen. Cover with bordered foam dressing MWF and PRN .</p> <p>Review of the wound care Physician's Initial Progress Note dated 1/4/2023, revealed a Stage 3 Pressure Ulcer to the sacrum which measured 4.2cm x 3.7 cm x 0.1 cm with 25% slough, 50% epithelial, and 25% serum blister.</p> <p>Review of the wound care Physician's Progress Note dated 1/11/2023, revealed a Stage 3 Pressure Ulcer to Resident #4's lower back which measured 2.3 cm x 0.5 cm x 0.1 cm with 50% slough and 50% dermis.</p> <p>The facility failed to document accurate skin assessments and failed to identify that the resident's sacral pressure ulcer wound had progressed to a Stage 3.</p> <p>During an interview on 1/5/2023 at 12:44 PM, when asked when the Stage 2 to the sacrum was first identified, the DON stated, We did a facility wide skin sweep on the 1st [1/1/2023] and that is when it was found . The DON confirmed there was no documentation describing the wound or measurements of the wound until 1/4/2023.</p> <p>During a telephone interview on 1/6/2023 at 2:45 PM, when asked if she was notified of the Stage 2 Pressure Ulcer on 1/1/2023, the wound care Physician stated, Not that I recall. I saw the wound during my visit on the 4th [1/4/2023]. It was a Stage 3. Nurse was probably not aware of the slough .</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/19/2023 at 2:55 PM, when asked when the Stage 3 to the lower back was first identified the LPN/Wound Nurse stated, Identified by [Named Wound Care Physician] during her visit on the 11th [1/11/2023].</p> <p>4. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Paraplegia, Chronic Osteomyelitis, Open Wound of Buttock, History of Failed Surgical Flap, Peripheral Vascular Disease, Anemia, and Protein-Calorie Malnutrition.</p> <p>Review of the annual MDS dated [DATE], revealed Resident #5 scored a 15 on the BIMS which indicated no cognitive impairment. The resident required supervision for activities of daily living. The MDS Section M Skin Conditions documented no pressure ulcer wounds and one surgical wound.</p> <p>Review of the Physician's orders dated 11/2/2022, documented .Cleanse Surgical Site to L buttock with wound cleaner. Dry with 4x4, Pack wound with dry collagen. Cover with dry bordered foam dressing Mon [Monday] Wed [Wednesday] Fri [Friday], and PRN .</p> <p>Review of the TAR for November 2022 and December 2022 revealed treatments were not provided as ordered for the surgical site to the left buttock on 11/7/2022, 11/14/2022, 11/21/2022, 11/25/2022, and 12/28/2022.</p> <p>Review of the Braden Scale assessment completed on 1/3/2023 revealed Resident #5 was at risk of developing a pressure ulcer.</p> <p>Review of the Physician's orders dated 1/4/2023, documented .Cleanse pressure ulcer to Right medial buttock with wound cleanser. Pat dry. Apply honey followed by collagen. Cover with bordered foam MWF and PRN .</p> <p>Review of the 1/6/2023 Weekly Summary revealed the did not have any Pressure Ulcer wounds. The weekly skin summary failed to identify the resident's right medial buttock pressure ulcer wound.</p> <p>Review of the wound care Physician's progress note dated 1/4/2023, revealed Resident #5 had a new Stage 3 Pressure Ulcer wound to the right medial buttock which measured 2.8 cm x 2.3 cm x 0.2 cm with 50% slough and 50% dermis.</p> <p>Observations in the resident's room on 1/5/2023 at 10:41 AM, revealed he was propelling himself in a wheelchair in his room and able to transfer himself to the bed. He was alert and oriented. Resident #5 stated, I had a bad place on my butt. I had surgery on that. Now they say I've got a new wound. I need a new cushion, but it hadn't come in yet.</p> <p>During an interview on 1/9/2023 at 12:57 PM, when asked when the Stage 3 to the right medial buttock was first identified, the DON stated, It was identified on the 4th [1/4/2023] on the other side of the buttock. The DON confirmed the new pressure ulcer was identified during the facility wide skin sweep on 1/1/2023.</p> <p>The facility failed to identify the right medial buttock pressure ulcer wound until progression to a Stage 3.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>5. Review of the medical record revealed Resident #8 was admitted to the facility on [DATE] with diagnoses of Pressure Ulcer Sacral Region, Sepsis Unspecified Organism, Urinary Tract Infection, Cerebral Infarction, Type 2 Diabetes Mellitus, Acute Embolism and Thrombosis of Deep Vein or Right Upper Extremity, and Osteomyelitis.</p> <p>Review of the Shower Day Skin Inspection sheet dated 12/22/2022, revealed Resident #8 had a wound to the sacral region which measured 6.8 cm x 11.3 cm x 0.0 cm.</p> <p>Review of the Physician's orders dated 12/23/2022, documented .Cleanse Unstageable pressure ulcer to Sacrum with wound cleaner. Pat dry. Apply Dakin's wet to dry dressing to site. Cover with dry foam dressing. Change dressing daily, Monday, Wednesday, and Friday, and prn until resolved .</p> <p>Review of the admission nursing assessment dated [DATE], revealed Resident #8 had a pressure related skin condition.</p> <p>Review of the Braden Scale assessment completed on 12/23/2022 revealed Resident #8 was a very high risk of developing a pressure ulcer wound.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #8 scored a 7 on the BIMS which indicated severe cognitive impairment. The resident required extensive assist for activities of daily living. The MDS Section M Skin Conditions documented one unstageable pressure ulcer wound.</p> <p>Review of the TAR for December 2022, revealed there was no treatment administered for the unstageable Pressure Ulcer wound to the sacrum from 12/22/2022 - 12/31/2022.</p> <p>Review of the Physician's orders dated 1/4/2023, documented .Cleanse DTI [Deep Tissue Injury] to lateral L foot with wound cleanser. Pat dry. Apply skin prep MWF and PRN . Santyl Ointment 250 UNIT/GM [gram] (Collagenase) Apply to sacrum topically every day shift every Mon, Wed, Fri for stage 4 pressure ulcer to sacrum. Cleanse stage 4 ulcer to sacrum with Dakin's solution. Pat dry. Apply santyl and medihoney followed by calcium alginate. Cover with bordered foam MWF and PRN .</p> <p>Review of the wound care Physician's Progress Note dated 1/4/2023, documented .Debrided sacrum of necrotic tendon, bone, and fascia. Recommend Ciprofloxacin 750 mg BID [twice daily] PO [by mouth] for osteomyelitis .Sacrum Pressure Ulcer Stage 4 7.8 [cm] x 11.3 [cm] .Left lateral foot Deep Tissue Injury .8.5 [cm] x 3.7 [cm] x 0[cm] .</p> <p>There was no documentation the facility identified the left lateral foot wound until 1/4/2023.</p> <p>Review of the Physician's orders dated 1/5/2023, documented .Ciprofloxacin HCL Tablet 750 MG [milligrams] by mouth two times a day related to OSTEOMYELITIS OF VERTEBRA, SACRAL AND SACROCOCCYGEAL REGION for 4 weeks .</p> <p>Review of the TAR for January 2023, revealed there was no treatment administered as ordered for the unstageable Pressure Ulcer wound to the sacrum on 1/2/2023.</p> <p>Observations in the resident's room on 1/4/2023 at 9:30 AM, revealed Resident #8 lying supine in bed. She was alert with confusion.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/4/2023 at 10:47 AM, when if the facility wide skin assessments completed on all residents had revealed new wounds, the Regional Director of Clinical Services RDCS stated, I have a list. There were several new wounds. We are on it now though. Started an inservice already. When asked what monitoring was being done to ensure skin assessments were completed, the RDCS stated, We are meeting about that today.</p> <p>During an interview on 1/4/2023 at 2:36 PM, when asked when the Pressure Ulcer wound to Resident #8's left foot was first identified, the LPN/Wound Care Nurse stated .It was actually noted today during Physician rounds as a left lateral deep tissue injury. I would assume no one saw it or looked at the foot .</p> <p>During an interview on 1/6/2023 at 2:45 PM, when asked when the was the 1st notification Resident #8 had a Pressure Ulcer wound to the sacrum, the wound care physician stated, I saw her on Wednesday [1/4/2023] for the first time. That was the first time my attention was brought to the wound .</p> <p>During an interview on 1/9/2023 at 11:18 AM, when asked where in the medical record would the nurse completing a weekly summary describe a new wound that had been identified, the DON stated, I would have to go look. I'm not sure.</p> <p>During an interview on 1/10/2023 at 9:50 AM, when asked from the admission measurements on 12/22/2022 until the physician was notified on 1/2/2022 was the Pressure Ulcer to the sacrum assessed and monitored, the LPN/Wound Care Nurse stated, Those assessments were not completed. When asked if the TAR had documentation of the treatments administered, the LPN/Wound Treatment Nurse stated, They [TAR dates] are all blank. She [LPN #1] didn't sign off that she did the treatments .That's awful .</p> <p>During an interview on 1/10/2023 at 2:10 PM, the DON confirmed no assessments were completed and no treatments were administered for the Pressure Ulcer wounds from admission on 12/22/2022 - 1/2/2023 for Residnet #8.</p> <p>The surveyors verified the Removal Plan by:</p> <ol style="list-style-type: none"> 1. The DON/SDC (Staff Development Coordinator)/and three Nursing Supervisors will conduct skin assessments on all current residents on 1/18/2023. Any additional concerns will be addressed immediately. The surveyors confirmed this by record review and interview. 2. A medical record review was completed on all residents admitted to the facility after 12/27/2022 by DON/ADCS(Area Director Clinical Services)/RDCS (Regional Director Clinical Services) to ensure initial skin assessments were completed on 1/17/2023. The surveyors confirmed this by record review and interview. 3. A care plan audit was conducted by the Care Plan Coordinator(s) to ensure that treatment recommendations/orders were on the care plan that the care plan was being followed. Audit was complete on 1/18/2023. The surveyors confirmed this by record review and interview. 4. All facility policies and procedures related to skin care, wound care, and pressure injury prevention were reviewed by the Administrator, DON and QAPI (Quality Assurance Performance Improvement) team on 1/18/2023 without the need for amendment. The surveyors confirmed this by record review and interview. <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>5. DON/SDC provided education to all licensed nurses on facility policies and procedures related to skin/wound care, assessing residents upon admission, and assuring completion of treatments as ordered. Education began on 1/17/2023 and was completed on 1/18/2023. New nurses and agency nurses will not be able to work until they have been educated. The surveyors confirmed this by review of sign in sheets and interviews.</p> <p>6. DON/SDC educated all nurse aides on preventative skin care beginning 1/17/2023 with 100% of CNAs (Certified Nursing Assistant) being educated by 1/18/2023. No additional concerns have been noted related to preventative care. The surveyors confirmed this by review of sign in sheets and interviews.</p> <p>7. Beginning 1/18/2023 the DON/SDC/Unit Managers will conduct daily treatment record and nursing documentation audits to ensure accurate and complete documentation of skin related treatments and preventative measures. Audits will be conducted Monday thru Friday in the Clinical meeting. Weekend audits will be conducted by the DON or house supervisor assuring that audits are complete 7 days a week. Audits will include all current treatment orders as well as assuring that all new admission have a head-to-toe skin assessment documented within 24 hours of admission. Audits will be on-going. The surveyors confirmed this by record review and interviews.</p> <p>8. A QAPI PIP (Performance Improvement Project) has been initiated to report on the above monitoring and auditing procedures. All findings from the PIP will be presented at the monthly QAA (Quality Assessment and Assurance) meeting. Monitoring/auditing and reporting will continue for a minimum of three months. The surveyors confirmed this by record review and interviews.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28913</p> <p>Based on policy review, medical record review, and interview, the facility failed to monitor residents' nutritional status in accordance with the facility's policy for obtaining weights for 4 of 7 (Resident #5, #16, #17, and #18) sampled residents reviewed for nutritional status.</p> <p>The findings included:</p> <p>1. Review of the facility's policy titled Nutritional Management dated 1/2/2020, revealed The facility provides care and services to each resident to ensure the resident maintains acceptable parameters of nutritional status in the context of his or her overall condition .Definitions: Acceptable parameters of nutritional status refers to factors that reflect an individual's nutritional status is adequate, relative to his/her overall condition and prognosis, such as weight .Nursing staff shall obtain the resident's height and weight upon admission, and subsequently in accordance with facility protocol .The assessment shall clarify the resident's current nutritional status and individual risk factors for altered nutrition/hydration .</p> <p>Review of the facility's policy titled Weight Assessment/Monitoring dated 1/21/2021, revealed .The multidisciplinary team will strive to prevent, monitor, and intervene for undesirable weight loss for our residents .Weight Assessment 1. The nursing staff will measure resident weights on admission. If no weight concerns are noted, weights will be measured monthly thereafter. 2. Weights will be recorded in the individual's medical record .</p> <p>2. Review of the medical record, revealed Resident #5 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses of End Stage Renal Disease with Dialysis, HIV (Human Immunodeficiency Virus) Disease, Diabetes Mellitus Type 2, Encephalopathy and Hypertension.</p> <p>Review of the Physician's orders with a start date of 3/3/2023, revealed Resident #5 was to be weighed every Monday, Wednesday, and Friday for weight monitoring.</p> <p>Review of the Weight Summary revealed Resident #5 had no documentation of a weight assessment on Friday 3/10/2023.</p> <p>3. Review of the medical record revealed Resident #16 was admitted to the facility on [DATE], with diagnoses of Schizophrenia, Dementia, Osteoporosis with Pathological Fracture of Right Femur, and Pain in Unspecified Joint.</p> <p>Review of the Weight Summary revealed Resident #16 had no documentation of a weight assessment on admission. The resident's weight of 186 pounds was obtained on 3/6/2023, 7 days after admission.</p> <p>4. Review of the medical record revealed Resident #17 was initially admitted to the facility on [DATE], at 6:49 PM and readmitted on [DATE], at 2:28 PM with diagnoses of Pneumonia, Epilepsy, Unstageable Wound Right Foot Plantar Region, Acute Kidney Failure, Acute Pulmonary Edema, Essential Hypertension, and Gastrostomy Status.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N McLean Blvd Memphis, TN 38104	
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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Weight Summary revealed Resident #17 had no documentation of a weight assessment on admission 2/27/2023 or readmission on 3/9/2023. The resident's weight of 196 pounds was obtained on 3/16/2023, 7 days after admission.</p> <p>Review of a Nutrition Admission Note dated 3/1/2023, revealed .no new weight available, hospital weight 96kg [96 kilograms = 211.2 pounds], however suspect resident no longer weighs this, doesn't appear 211# [symbol for pounds] .</p> <p>5. Review of the medical record revealed Resident #18 was admitted to the facility on [DATE], with diagnoses of Dysphagia, Gastrostomy Status, Cerebral Infarction, Convulsions, Essential Hypertension, Anemia, and Metabolic Encephalopathy.</p> <p>Review of the care plan with a start date of 3/1/2023, revealed Resident #18 was at risk for alterations of nutritional status related to feeding tube.</p> <p>Review of the Weight Summary revealed Resident #18 had no documentation of a weight assessment on admission 2/28/2023. The resident's weight of 108 pounds was obtained on 3/6/2023, 6 days after admission.</p> <p>6. During an interview on 3/29/2023 at 2:20 PM, when asked what the protocol was for obtaining resident weights upon admission, Restorative Aide #1/Scheduler stated, New admits are weighed within 24 hours then we have to weigh weekly for 4 weeks after admission then monthly. The weights were not done in February and part of March .</p> <p>During an interview on 3/29/2023 at 3:13 PM, when asked what the policy was for obtaining resident weights for a newly admitted resident, the Director of Nursing (DON) stated, Restorative Aides or the CNAs (Certified Nursing Assistants) get the weights. Should weigh a new resident on arrival or within 24 hours .</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28913</p> <p>Based on policy review, daily staffing records, medical record review, observation, and interview, the facility failed to ensure a sufficient number of licensed staff was available to provide care and services to all residents based on physician orders when there was no nurse to provide assessments and services for 1 of 2 sampled residents (Resident #22) admitted to the 3rd floor on 1/9/2023 and administer significant and other medications for 29 of 40 sampled residents (Resident #7, #23, #24, #28, #29, #30, #31, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #45, #46, #47, #48, #49, #50, #51, 52, #53, #55, #56, and #57) reviewed on the 3rd floor with orders for medications. The facility's failure to ensure staffing was sufficient to provide oversight of the residents and ensure timely assessments and medications were administered resulted in Immediate Jeopardy.</p> <p>Immediate Jeopardy 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, or impairment, or death of a resident.</p> <p>The Regional Director of Operations, Area Director of Clinical Services, Special Projects Nurse, and the Administrator, were notified of the Immediate Jeopardy (IJ) for F600, F725, F760, F835, and F867 on 1/24/2023 at 12:38 PM, in the Chapel.</p> <p>The facility was cited Immediate Jeopardy at F600, F684, F686, F725, F760, F835, and F867.</p> <p>The facility was cited Immediate Jeopardy at F725 at a scope and severity of K which is Substandard Quality of Care.</p> <p>The Immediate Jeopardy for F725 began on 1/9/2023 and is ongoing.</p> <p>The facility was previously cited Immediate Jeopardy at F600, F835, and F867 during a complaint survey on 9/19/2022 through 9/20/2022.</p> <p>The facility is required to submit a Plan of Correction.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled Nursing Services and Sufficient Staff revised 8/30/2022 revealed, .It is the policy of this facility to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident .The facility will supply services by sufficient numbers of each of the following personnel types on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans. a. Except when waived, licensed nurses; and b. Other nursing personnel, including but not limited to nurse aides .The facility is required to provide licensed nursing staff 24 hours a day, 7 days a week .Providing care includes, but is not limited to, assessing, evaluating, planning and implementing resident care plans and responding to residents' needs .</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the Director of Nursing job description dated 12/2011 revealed, .to manage the overall operations of the Nursing Department in accordance with Company policies, standards of nursing practices and governmental regulations so as to maintain excellent care of all residents' needs .Plan, develop, organize, implement, evaluate and direct the nursing services department, as well as its programs and activities, in accordance with current rules, regulations, and guidelines that govern the long-term facility. Assume administrative authority, responsibility and accountability for all functions, activities, and training of the nursing department. Organize, develop, and direct the administration and resident care of the nursing service department .Perform nursing services and deliver resident care services in compliance with corporate policies and State and Federal regulations .Schedule daily rounds to observe residents and to determine if nursing needs are being met in accordance with the resident's request .Ensure that all nursing service personnel follow established departmental policies and procedures .Assure residents a comfortable, clean, orderly and safe environment .</p> <p>Review of the facility's policy titled Medication Administration dated 1/21/2022 revealed, .Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection .Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician. If other than PO [by mouth] route, administer in accordance with facility policy for the relevant route of administration [i.e., injection, eye, ear, rectal, etc.] .Sign MAR after administered. For those medications requiring vital signs, record the vital signs onto the MAR .Report and document any adverse side effects or refusals .Example guidelines for Medication Administration [unless otherwise ordered by physician], this list is not all-inclusive .Medication requiring vital signs prior to administration: Digitalis, Lanoxin, Digoxin, Anti-Hypertensives .Medication timing [excludes insulin]: .AC [before meals] 30 minutes before meal service. PC [administered after meals]. BID [twice daily] 9 am, 9 pm. HS [at bedtime] 9 pm. QD [daily] 9 am. QID [four times daily] 9 am, 1 pm, 5 pm, 9 pm .</p> <p>Review of the facility's CMS Daily Staffing Record dated 1/9/2023 revealed on the 7:00 PM - 7:00 AM shift the facility had a total of 3 Licensed Practical Nurses (LPNs) with a total of 21 actual hours worked with a census of 146 residents.</p> <p>Review of the Census By Floors form dated 1/9/2023 revealed a total census of 145 residents. A total of 54 residents resided on the 3rd floor.</p> <p>Review of the printed electronic Medication Administration Record (MAR) revealed the MAR had pre-printed medication due times for each medication per physician orders.</p> <p>2. Review of the medical record revealed Resident #22 was admitted to the facility 1/9/2023 with diagnoses of Seizures, Syncope and Collapse, Rhabdomyolysis, Metabolic Encephalopathy, Essential Hypertension, Muscle Weakness, and Dysphagia.</p> <p>Review of Resident #22's medical record revealed no assessments were completed upon admission and no documentation was in the medical record related to the resident's condition and needs.</p> <p>Review of the hospital transfer orders dated 1/9/2023 revealed, .Admit To Midtown Health and Rehab .Stg [Stage] III [3] B [bilateral] buttocks and sacrum .multiple erupted blister B heel blisters . The resident had no medications ordered.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of a Nurse's Progress Note dated 1/10/2023 timed 12:59 PM revealed staff were unable to feed Resident #22 due to the Resident clinching her teeth together and being combative. Resident #22 was transferred to the hospital for evaluation.</p> <p>During an interview on 1/10/2023 at 2:05 PM, when asked if she was notified there was no nurse on the 3rd floor on 1/9/2023 for the 7:00 PM-7:00 AM shift, LPN #6 stated, I left here about 7 [7:00 PM] last night. I was on call for staff. [Named LPN] called me and said he was waiting on a nurse. I called the SDC [Staff Development Coordinator] and she put out a call to [Named agency]. I went to bed. I got here the next morning at 8:06 [AM]. There were 2 admissions came in. Not sure if anyone did the admissions .</p> <p>During an interview on 1/10/2023 at 3:41 PM, when asked if she was notified there was no nurse on the 3rd floor on 1/9/2023 for the 7:00 PM-7:00 AM shift, the SDC stated, The nurses called out. [Named LPN] called me and asked me to put out a post. I put a post out to agency. Nobody responded. I watched for awhile then I went to bed. I wasn't on call, so I didn't follow up .</p> <p>During an interview on 1/10/2023 at 1:30 PM, when asked if the residents on the 3rd floor received medications on 1/9/2023 as ordered by the physician, the Director of Nursing (DON) stated, No, they did not. There was no nurse. When asked if the 2 newly admitted residents were assessed and provided care and services the DON stated, I'll find out. I know one [Resident #22] had to be sent out to the hospital already.</p> <p>During an interview on 1/11/2023 at 1:28 PM the DON stated, [Named LPN] made it to the floor at 8:28 [AM on 1/10/2023]. He put her medication orders in and went in and checked on her . When asked if Resident #22 was assessed on 1/9/2023, the DON stated, If it wasn't documented, it wasn't done.</p> <p>3. Review of the medical record revealed Resident #7 was admitted on [DATE] with diagnoses of Diabetes, Unspecified Sequelae of Cerebral Infarction, Anxiety Disorder, and Hypertension. The Quarterly MDS assessment dated [DATE], revealed Resident # 7 with a BIMS of 14 which indicated no cognitive impairment.</p> <p>Review of the Physician Orders revealed, .start date 10/4/2022 AmlODIPine Besylate Tablet 5 MG Give 5 mg by mouth two times a day for HTN .start date 11/22/2022 Basaglar KwikPen 100 UNIT/ML Solution pen-injector Inject 32 unit subcutaneously at bedtime related to TYPE 2 DIABETES .</p> <p>Review of the MAR dated January 2023 revealed the Amlodipine Besylate Tablet 5 MG was not administered at 9:00 PM on 1/9/2023, and the Basaglar KwikPen 100 UNIT/ML was not administered at 9:00 PM on 1/9/2023 as ordered.</p> <p>4. Review of the medical record revealed Resident #23 admitted on [DATE] with diagnoses of Atrial Fibrillation, Chronic Congestive Heart Failure, Type 2 Diabetes Mellitus, Essential Hypertension, Angina Pectoris, and Chronic Obstructive Pulmonary Disease. Review of the quarterly MDS dated [DATE] revealed the resident scored a 13 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Start Date 6/10/2021, Midodrine HCL Tablet 10 MG Give 1 tablet by mouth every 8 hours for Postural Hypotension. Hold for SBP [Systolic Blood pressure] > [greater than] 110, DBP [Diastolic Blood pressure] > 70. Novolog FlexPen 100 UNIT/ML pen-injector give as per sliding scale: If 150-200 give 2 units; 201-250 give 4 units; 251-300 give 6 units; 301-350 give 8 units; 351-400 give 10 units; 401 an greater give 12 units and notify MD before meals and at bedtime.</p> <p>Start Date 7/13/2022 Metoprolol Tartrate Tablet 50 MG give 1 tablet by mouth every 12 hours for Hypertension. Hold for SBP < 110, DBP < 60 or HR equal to or less than (=/<) 60 beats per minute (bpm). Sacubitril-Valsartan Tablet 24-26 mg give 1 tablet by mouth every 12 hours.</p> <p>Review of the MAR dated January 2023 revealed no documentation Metoprolol Sacubitril-Valsartan were administered at 9:00 PM on 1/9/2023 as ordered by the physician. The Midodrine was not administered at 10:00 PM on 1/9/2023 and 6:00 AM on 1/10/2023. The Novolog Insulin was not administered on 1/9/2023 at 8:00 PM as ordered by the physician. The resident's blood glucose level was not assessed at 8:00 PM.</p> <p>During an interview on 1/10/2023 at 7:10 PM when asked if he received medications timely on 1/9/2023, Resident #23 stated, .I didn't get it. No nurse here. The CNA told me. I went to the desk downstairs and the receptionist said they trying to get someone to come. No one came .</p> <p>5. Review of the medical record revealed Resident #24 was admitted on [DATE] with diagnoses of Cerebral Palsy, Essential Hypertension, History of Venous Thrombosis and Embolism, and Rhabdomyolysis. Review of the quarterly MDS dated [DATE] revealed the resident scored a 15 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 9/25/2021 Apixaban Tablet 5 MG Give 5 mg by mouth two times a day .</p> <p>Review of the MAR dated January 2023 revealed no documentation Apixaban was administered on 1/9/2023 at 9:00 PM as ordered by the physician.</p> <p>During an interview on 1/10/2023 at 4:01 PM, when asked if she received her medications on 1/9/2023, Resident #24 stated, No, I didn't get all my medicine. There was no nurse.</p> <p>6. Review of the medical record revealed Resident #28 was admitted on [DATE] with diagnoses of Supraventricular Tachycardia, Schizophrenia, Osteoarthritis, and Anemia. The MDS dated [DATE] revealed the resident scored 9 on the BIMS assessment which indicated moderate cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 4/30/2020 Metoprolol Tartrate Tablet 25 MG Give 25mg by mouth two times a day for HTN Hold for HR <60 or SBP <110 .</p> <p>Review of the MAR dated January 2023 revealed no documentation Metoprolol Tartrate was administered on 1/9/2023 at 9:00 PM as ordered by the physician.</p> <p>7. Review of the medical record revealed Resident #29 was admitted on [DATE] with diagnoses of Heart Failure, Glaucoma, Essential Hypertension, Tremor, Chest Pain, and Hypomagnesia. The quarterly MDS dated [DATE], revealed the resident scored 11 on the BIMS assessment which indicated moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the Physician's orders revealed, .Start Date 12/17/2020 Carvedilol Tablet 25 MG Give 25 mg by mouth two times a day for Heart Failure Hold if HR less than 60 .</p> <p>Review of the MAR dated January 2023 revealed no documentation Carvedilol was administered on 1/9/2023 at 9:00 PM as ordered by the physician.</p> <p>8. Review of the medical record revealed Resident #30 was admitted on [DATE] with diagnoses of Cerebral Infarction, Hemiplegia and Hemiparesis Left Nondominant Side, Osteoarthritis, and Benign Neoplasm of Skin. The annual MDS dated [DATE] revealed the resident scored 12 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 11/06/2021 Apixaban Tablet 5 MG Give 1 tablet two times a day for anticoagulant therapy .Carvedilol Tablet 6.25 MG Give 1 tablet by mouth two times a day .</p> <p>Review of the MAR dated January 2023 revealed no documentation the Apixaban and Carvedilol were administered on 1/9/2023 at 9:00 PM as ordered by the physician.</p> <p>9. Review of the medical record revealed Resident #31 was admitted on [DATE] with diagnoses of Atrial Fibrillation, Thyrotoxicosis, Essential Hypertension, History Transient Ischemic Attack, and Cerebral Infarction. The quarterly MDS dated [DATE], revealed the resident scored 14 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 10/24/2022 Diltiazem HCL Tablet 30 MG Give 1 tablet by mouth three times a day for HTN Hold for SBP < 100, DBP < 60, or HR < 60 .</p> <p>Review of the MAR dated January 2023 revealed no documentation the Diltiazem was administered on 1/9/2023 at 9:00 PM as ordered by the physician. There was no documentation the resident's blood pressure and heart rate were assessed.</p> <p>10. Review of the medical record revealed Resident #33 was admitted on [DATE] with diagnoses of Heart Failure, Type 2 Diabetes Mellitus, Essential Hypertension, Anemia, and Chronic Obstructive Pulmonary Disease. The quarterly MDS dated [DATE] revealed the resident scored 15 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 9/20/2022 Lantus SoloStar 100 UNIT/ML Solution pen-injector Inject 26 units Intradermally at bedtime .</p> <p>Review of the MAR dated January 2023 revealed no documentation Lantus insulin was administered on 1/9/2023 as ordered by the physician.</p> <p>11. Review of the medical record revealed Resident #34 was admitted on [DATE] with diagnoses of Congestive Heart Failure, Type 2 Diabetes Mellitus, Essential Hypertension, and History of Malignant Neoplasm of Prostate. The admission MDS dated [DATE], revealed the resident scored 14 on the BIMS assessment which indicated no cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the Physician's orders revealed, .Start Date 12/08/2022 Insulin Lispro (1 Unit Dial) 100 UNIT/ML Solution pen-injector Inject 3 units subcutaneously before meals .Insulin Glargine-yfgn 100 UNIT/ML Solution pen-injector Inject 40 units subcutaneously at bedtime .</p> <p>Review of the MAR dated December 2022 revealed no documentation the Insulin Lispro was administered on 12/15/2022 at 5:00 PM as ordered by the physician and there was no documentation Insulin Glargine-yfgn was administered on 1/9/2023 at 9:00 PM as ordered by the physician.</p> <p>12. Review of the medical record revealed Resident #35 was admitted on [DATE] with diagnoses of End Stage Renal Disease, Dependence on Renal Dialysis, Type 2 Diabetes, Essential Hypertension, and Major Depressive Disorder. The admission MDS dated [DATE], revealed the resident scored 12 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 10/24/2022 Coreg Tablet 6.25 MG (Carvedilol) Give 1 tablet by mouth two times a day for HTN. Hold for SBP < 100, DBP < 60 or HR <60 .Start Date 3/13/2021 Eliquis Tablet 2.5 MG Give 1 tablet by mouth two times a day .</p> <p>Review of the MAR dated January 2023 revealed no documentation Coreg and Eliquis were administered on 1/9/2023 at 9:00 PM as ordered by the physician. There was no documentation the resident's blood pressure and heart rate were assessed.</p> <p>13. Review of the medical record revealed Resident #36 was readmitted on [DATE] with diagnoses of End Stage Renal Disease, Dependence on Renal Dialysis, Type 2 Diabetes Mellitus, Essential Hypertension, Hypothyroidism, and Human Immunodeficiency Virus Disease. The admission MDS dated [DATE] revealed the resident scored 14 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 12/17/2022 Levothyroxine Sodium Tablet 150 MCG [micrograms] Give 150 mcg by mouth on time a day every Mon, Tue, Wed, Thu, Fri, Sat .Start Date 12/16/2022 Hydralazine HCL Tablet 25 MG Give 1 tablet by mouth three times a day .</p> <p>Review of the MAR dated January 2023 revealed no documentation Levothyroxine and Hydralazine were administered on 1/9/2023 at 9:00 PM as ordered by the physician.</p> <p>14. Review of the medical record revealed Resident #37 was readmitted on [DATE] with diagnoses of Epilepsy, Cerebral Infarction, Type 2 Diabetes Mellitus, Schizoaffective Disorder, and Hallucinations. The quarterly MDS dated [DATE] revealed the resident scored 8 on the BIMS assessment which indicated severe cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 12/13/2022 Risperidone Tablet 0.5 MG Give 1 tablet by mouth at bedtime related to SCHIZOAFFECTIVE DISORDER .Start Date 10/6/2022 Lacosamide Tablet 200 MG Give 200 mg by mouth two times a day for SEIZURE DISORDER .</p> <p>Review of the MAR dated January 2023 revealed no documentation Risperidone and Lacosamide were administered on 1/9/2023 at 9:00 PM as ordered by the physician.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>15. Review of the medical record revealed Resident #38 was admitted on [DATE] with diagnoses of Type 2 Diabetes Mellitus, Hypothyroidism, Unspecified Psychosis, and Essential Hypertension. The quarterly MDS dated [DATE], revealed the resident scored 4 on the BIMS assessment which indicated severe cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 6/10/2022 Depakote Tablet Delayed Release 250 MG Give 1 tablet by mouth three times a day .Start Date 8/4/2022 HumaLOG KwikPen 100 UNIT/ML Solution pen-injector Inject as per sliding scale .</p> <p>The sliding scale orders revealed If blood glucose levels were 0-149 give 0, if less than 70 call MD, if 150-180 give 1 unit, if 181-210 give 2 units, if 211-240 give 3 units, if 241-270 give 4 units, if 271-300 give 5 units, if greater than 300 notify MD, subcutaneously before meals and at bedtime.</p> <p>Review of the MAR dated January 2023 revealed no documentation the Depakote was administered on 1/9/2023 at 9:00 PM as ordered by the physician and Humalog insulin was not administered on 1/9/2023 at 8:00 PM as ordered, and the resident's blood glucose level was not checked for the sliding scale insulin on 1/9/2023 at 8:00 PM as ordered.</p> <p>16. Review of the medical record revealed Resident #39 was readmitted on [DATE] with diagnoses of Epilepsy, Type 2 Diabetes Mellitus, Cerebral Infarction, Atrial Fibrillation, and Hypothyroidism. The quarterly MDS dated [DATE] revealed the resident scored 5 on the BIMS assessment which indicated severe cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 6/25/2022 Levothyroxine Sodium Tablet 125 MCG Give 1 tablet by mouth one time a day .Start Date 6/6/2022 Eliquis Tablet 5 MG Give 1 tablet by mouth two times a day .levetiracetam Tablet 500 MG Give 1000 mg by mouth two times a day .</p> <p>Review of the MAR dated January 2023 revealed no documentation the Levothyroxine was administered on 1/10/2023 at 6:00 AM as ordered by the physician and the Eliquis and Levetiracetam were not administered on 1/9/2023 at 9:00 PM as ordered by the physician.</p> <p>17. Review of the medical record revealed Resident #40 was readmitted on [DATE] with diagnoses of Type 2 Diabetes Mellitus, Seizures, Asthma, and Hypothyroidism. The quarterly MDS dated [DATE] revealed the resident scored 11 on the BIMS assessment which indicated moderate cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 8/10/2022 Basaglar KwikPen 100 UNIT/ML Solution pen-injector Inject 10 units subcutaneously at bedtime .Start Date 7/27/2022 Levothyroxine Sodium Tablet 100 MCG Give 1 tablet by mouth one time a day .Rosuvastatin Calcium Oral Tablet 5 MG Give 5 mg by mouth at bedtime .Start Date 7/27/2022 levETIRAcetam Tablet 250 MG Give 250 mg by mouth two times a day .</p> <p>Review of the MAR dated January 2023 revealed no documentation the Basaglar insulin, Rosuvastatin Calcium, and Levetiracetam were administered on 1/9/2023 at 9:00 PM as ordered by the physician. There was no documentation the Levothyroxine was administered at 6:00 AM on 1/10/2023 as ordered by the physician.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>18. Review of the medical record revealed Resident #41 was readmitted on [DATE] with diagnoses of Type 2 Diabetes Mellitus, End Stage Renal Disease, Dependence on Renal Dialysis, Atrial Fibrillation, Congestive Heart Failure, Chronic Pulmonary Edema, and Atherosclerotic Heart Disease. The quarterly MDS dated [DATE] revealed the resident scored 10 on the BIMS assessment which indicated moderate cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 5/22/2021 Clopidogrel Bisulfate Tablet 75 MG Give 1 tablet by mouth one time a day .Isosorbide Mononitrate ER [extended release] Tablet 30 MG Give 1 tablet by mouth one time a day .Start Date 1/5/2023 Carvedilol Oral Tablet 12.5 MG Give 1 tablet by mouth tow times a day .Start Date 11/30/2021 HydrALAZINE HCL Tablet 25 MG Give 50 mg by mouth two times a day .</p> <p>Review of the MAR dated January 2023 revealed no documentation the Clopidogrel, Isosorbide Mononitrate, and Hydralazine were administered on 1/10/2023 at 6:00 AM as ordered by the physician. There was no documentation Carvedilol was administered as ordered on 1/9/2023 at 9:00 PM as ordered by the physician.</p> <p>19. Review of the medical record revealed Resident #42 was admitted on [DATE] with diagnoses of Atherosclerotic Heart Disease, Diabetes, and Hypertension. The quarterly MDS assessment dated [DATE], revealed Resident # 42 had a BIMS score of 13 which indicated no cognitive impairment.</p> <p>Review of the Physician Orders revealed, .start date 11/22/2022 Glimperide Tablet 1 MG Give 1 mg by mouth one time a day for Diabetes Mellitus .start date 3/11/2022 Janumet XR Tablet Extended Release 24 Hour [PHONE NUMBER] MG (SITagliptin-metFORMIN HCI ER) Give 1 tablet by mouth one time a day for Diabetes Mellitus .start date 8/2/2022 Lantus SoloStar 100 UNIT/ML Solution pen-injector Inject 30 unit subcutaneously at bedtime related to TYPE 2 DIABETES .</p> <p>Review of the MAR dated January 2023 revealed no documentation of the Glimperide Tablet 1 MG administered at 6:00 AM on 1/10/2023, Janumet XR Tablet Extended Release 24 Hour [PHONE NUMBER] MG administered at 6:00 AM on 1/10/2023, Lantus SoloStar 100 UNIT/ML administered at 9:00 PM on 1/9/2023 as ordered by the physician.</p> <p>20. Review of the medical record revealed Resident #45 was admitted on [DATE] with diagnoses of Atrial Fibrillation, Atherosclerotic Heart Disease, and Hypertension. The quarterly MDS assessment dated [DATE], revealed Resident # 45 had a BIMS score of 13 which indicated no cognitive impairment.</p> <p>Review of the Physician Orders revealed, .start date 5/20/2022 Entresto Tablet 49-51 MG (Sacubitril-Valsartan) Give 1 tablet by mouth two times a day related to OTHER HEART FAILURE .start date 3/10/2022 hydrALAZINE HCI Tablet 25 MG Give 1 tablet by mouth two times a day related to ESSENTIAL (PRIMARY) HYPERTENSION .</p> <p>Review of the MAR dated January 2023 revealed no documentation of the Entresto Tablet 49-51 MG administered at 9:00 PM on 1/9/2023, hydrALAZINE HCI Tablet 25 MG administered at 8:00 PM on 1/9/2023 as ordered by the physician.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>21. Review of the medical record revealed Resident #46 was admitted on [DATE] with diagnoses of Gastro-Esophageal Reflux Disease, Blindness, One Eye, and Hypertension. The quarterly MDS assessment dated [DATE], revealed Resident # 46 had a BIMS score of 12 which indicated moderate cognitive impairment.</p> <p>Review of the Physician Orders dated 11/21/2022 revealed, .Metoprolol Tartrate Tablet Give 12.5 milligram by mouth two times a day for hypertension .</p> <p>Review of the MAR dated January 2023 revealed no documentation of the Metoprolol Tartrate 12.5 mg administered at 9:00 PM on 1/9/2023 as ordered by the physician.</p> <p>22. Review of the medical record revealed Resident #47 was admitted on [DATE] with diagnoses of Functional Quadriplegia, Anxiety Disorder, Schizoaffective Disorder, Insomnia, and Spinal Stenosis. The annual MDS assessment dated [DATE] revealed Resident # 47 had a BIMS score of 15 which indicated no cognitive impairment</p> <p>Review of the Physician Orders revealed, .start date 12/20/2022 QUETipine Fumerate Tablet 100 MG Give 1. 5 tablet by mouth at HS for a total dose of 150 mg related to SCHIZOAFFECTIVE DISORDER .</p> <p>Review of the MAR dated January 2023 revealed no documentation the Quetipine Fumerate was administered at 9:00 PM on 1/9/2023 as ordered by the physician.</p> <p>23. Review of the medical record revealed Resident #48 was admitted on [DATE] with diagnoses of Diabetes, Dementia, and Hypertension. The quarterly MDS assessment dated [DATE] revealed Resident # 48 had a BIMS score of 5 which indicated severe cognitive impairment.</p> <p>Review of the Physician Orders dated 7/21/2022 revealed, .Insulin Glargine-yfgn 100 UNIT/ML Solution pen-injector Inject 28 unit subcutaneously two times a day related to TYPE 2 DIABETES .</p> <p>Review of the MAR dated January 2023 revealed no documentation the Insulin Glargine-yfgn 100 UNIT/ML was administered at 9:00 PM on 1/9/2023 as ordered by the physician.</p> <p>24. Review of the medical record revealed Resident #49 was admitted on [DATE] with diagnoses of Hemiplegia and Hemiparesis, Diabetes, and Hypertension. The Quarterly MDS assessment dated [DATE] revealed Resident #49 with Severely impaired cognitive skills and no behaviors.</p> <p>Review of the Physician Orders revealed, .start date 8/12/2021 Metoprolol Tartrate Tablet 100 MG Give 1 tablet by mouth two times a day for HTN [hypertension] .start date 10/4/2022 Verapamil HCl Tablet 40 MG Give 40 mg by mouth three times a day for HTN . Start date 1/19/2022 .NovoLOG FlexPen 100 UNIT/ML Solution pen-injector Inject subcutaneously before meals and at bedtime related to TYPE 2 DIABETES . NovoLOG FlexPen 100 UNIT/ML Solution pen-injector Inject as per sliding scale: if 60 - 150 = 0 units; 151 - 200 = 2 units; 201 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units; 401 - 450 = Call MD, subcutaneously before meals and at bedtime related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS .</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the MAR dated January 2023 revealed no documentation of Metoprolol Tartrate Tablet 100 MG administered at 9:00 PM on 1/9/2023, Verapamil HCl Tablet 40 MG administered at 10:00 PM on 1/9/2023 and 6:00 AM on 1/10/2023, the Sliding scale blood glucose/sugar checks and the NovoLOG FlexPen 100 UNIT/ML administered at 6:30 AM on 1/3/2023, and at 06:30 AM, and 8:00 PM on 1/9/2023, and at 6:30 AM on 1/10/2023 as ordered by the physician.</p> <p>25. Review of the medical record revealed Resident # 50 was admitted on [DATE] with diagnoses of Atherosclerotic Heart Disease, Chronic Obstructive Pulmonary Disease, Cerebral Infarction, and Hypertension. The Annual MDS assessment dated [DATE], revealed Resident # 50 had a BIMS score of 10 which indicated moderate cognitive impairment.</p> <p>Review of the Physician Orders dated 11/17/2022 revealed, .hydrALAZINE HCl Tablet 50 MG Give 1 tablet by mouth four times a day for hypertension .</p> <p>Review of the MAR dated January 2023 revealed no documentation of hydrALAZINE HCl Tablet 50 MG administered at 9:00 PM on 1/9/2023 as ordered by the physician.</p> <p>26. Review of the medical record revealed Resident # 51 was admitted on [DATE] with diagnoses of Dementia, Acute Kidney Failure, Alzheimer's Disease, and Hypertension. The Quarterly MDS assessment dated [DATE] revealed Resident # 51 had a BIMS score of 2 which indicated severe cognitive impairment.</p> <p>Review of the Physician Orders dated 3/1/2022 revealed, .Eliquis Tablet 5 MG .5 mg by mouth two times a day for blood thinner related to ESSENTIAL (PRIMARY) HYPERTENSION .</p> <p>Review of the MAR dated January 2023 revealed no documentation of the Eliquis Tablet 5 MG administered at 8:00 PM on 1/9/2023 as ordered by the physician.</p> <p>27. Review of the medical record revealed Resident #52 was admitted on [DATE] with diagnoses of Cerebral Infarction, Seizures, and Hypertension. The Quarterly MDS assessment dated [DATE] revealed Resident # 52 had a BIMS score of 9 which indicated moderate cognitive impairment.</p> <p>Review of the Physician Orders dated 3/12/2020 revealed, .levETIRAcetam Tablet 1000 MG Give 1000 mg by mouth two times a day for Seizures .</p> <p>Review of the MAR dated January 2023 revealed no documentation of the levETIRAcetam Tablet 1000 MG administered at 9:00 PM on 1/9/2023 as ordered by the physician.</p> <p>28. Review of the medical record revealed Resident #53 admitted on [DATE] with diagnoses of Diabetes, Chronic Obstructive Pulmonary Disease, Hypertension, and Cardiomegaly. The Quarterly MDS assessment dated [DATE], revealed Resident # 53 with a BIMS of 8 which indicated moderate cognitive impairment.</p> <p>Review of the Physician Orders dated 10/4/2022 revealed, .HydrALAZINE HCl Tablet 25 MG Give 1 tablet by mouth two times a day for HTN .</p> <p>Review of the MAR dated January 2023 revealed no documentation of HydrALAZINE HCl Tablet 25 MG administered at 9:00 PM on 1/9/2023 as ordered by the physician.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>29. Review of the medical record revealed Resident #55 admitted on [DATE] with diagnoses of Heart Failure, Atrial Fibrillation, Diabetes, and Hypertension. The Annual MDS assessment dated [DATE] revealed Resident #55 had a BIMS score of 7 which indicated severe cognitive impairment.</p> <p>Review of the Physician Orders revealed, .start date 9/21/2021 Lantus SoloStar 100 UNIT/ML Solution pen-injector Inject 5 unit subcutaneously at bedtime for DIABETES .start date 2/12/2020 Apixaban Tablet 2.5 MG Give 2.5 mg by mouth two times a day for ANTICOAGULATION .Metoprolol Tartrate Tablet Give 12.5 mg by mouth two times a day for HTN .start date 10/27/2022 HumaLOG KwikPen 100 UNIT/ML Solution pen-injector Inject subcutaneously before meals and at bedtime related to TYPE 2 DIABETES .Humalog KwikPen100 units/ml solution pen-injector Inject as per sliding scale .</p> <p>The sliding scale revealed if blood glucose sugar levels are 0 - 149 give 0 units, 150 - 200 give 2 units, 201 - 250 give 4 units, 251 - 300 give 6 units, 301 - 350 give 8 units, 351 - 400 give 10 units, if greater than 400 Call MD or NP for orders, subcutaneously before me[TRUNCATED]</p>

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28913</p> <p>Based on policy review, medical record review, and interview, the facility failed to ensure residents were free from significant medication errors when significant medications including anti-diabetics, antiarrhythmic's, antihypertensive, anticonvulsant, anti-platelets and cardiac medications were not administered as ordered by the physician. One or more unit doses scheduled to be administered were not administered for 40 of 63 sampled residents (Resident #3, #4, #5, #7, #8, #14, #23, #24, #28, #29, #30, #31, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #45, #46, #47, #48, #49, #50, #51, #52, #53, #55, #56, #57, #59, #60, #68, #69, #71, #72) reviewed with significant medications. The facility's failure resulted in Immediate Jeopardy when these residents failed to receive the necessary significant medications resulting in a likelihood of a serious adverse outcome such as cardiac complications, seizures, risk of bleeding, or death.</p> <p>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.</p> <p>The Administrator, Regional Director of Operations, Area Director of Clinical Services, Regional Director of Clinical Services, and Director of Nursing (DON) were notified of the Immediate Jeopardy (IJ) for F-684 and F-686 on 1/17/2023 at 6:12 PM, in the Chapel.</p> <p>The Administrator, Regional Director of Operations, Area Director of Clinical Services, and Special Projects Nurse were notified of the Immediate Jeopardy (IJ) for F-600, F725, F760, F835, and F867 on 1/24/2023 at 12:38 PM, in the Chapel.</p> <p>The facility was cited Immediate Jeopardy at F600, F684, F686, F725, F760, F835, and F867.</p> <p>The facility was cited Immediate Jeopardy at F760 at a scope and severity of K which is Substandard Quality of Care.</p> <p>The facility was previously cited Immediate Jeopardy at F600, F835, and F867 during a complaint survey on 9/19/2022 through 9/20/2022.</p> <p>The Immediate Jeopardy for F760 began on 1/9/2023 and is ongoing.</p> <p>The facility is required to submit a Plan of Correction.</p> <p>The findings include:</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>1. Review of the facility's policy titled Medication Administration dated 1/21/2022 revealed, .Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Policy Explanation and Compliance Guidelines: .Identify resident by photo in the MAR [medication administration record] .Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters . Review MAR to identify medication to be administered .Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician. If other than PO [by mouth] route, administer in accordance with facility policy for the relevant route of administration [i.e., injection, eye, ear, rectal, etc.] . Sign MAR after administered. For those medications requiring vital signs, record the vital signs onto the MAR .Report and document any adverse side effects or refusals. Correct any discrepancies and report to nurse manager .Example guidelines for Medication Administration [unless otherwise ordered by physician], this list is not all-inclusive .Medication requiring vital signs prior to administration: Digitalis, Lanoxin, Digoxin, Anti-Hypertensives .Medication timing [excludes insulin]: .AC 30 minutes before meal service. PC administered after meals. BID [twice daily] 9 am, 9 pm. HS [at bedtime] 9 pm. QD [daily] 9 am. QID [four times daily] 9 am, 1 pm, 5 pm, 9 pm .</p> <p>Review of the facility's policy titled Blood Glucose Monitoring dated 1/2/2020 revised 3/4/2022 revealed, .It is the policy of this facility to perform blood glucose monitoring to diabetic residents as per physician's orders. Policy Explanation and Compliance Guidelines: The facility will perform blood glucose monitoring as per physician's orders. The nurse will perform the blood glucose test utilizing the glucometer as per manufacturer's instructions .Report critical test results to physician timely .</p> <p>2. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE] with diagnoses of Pressure Ulcer Sacral Region Stage 4, History of Venous Thrombosis and Embolism, Human Immunodeficiency Disease, Protein-Calorie Malnutrition, and Hypertension. The admission MDS dated [DATE] revealed Resident #3 had.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>.Start Date 12/22/2022 Bactrim DS Tablet 800-160 MG [milligrams] [Human Immunodeficiency Virus] Give 1 tablet by mouth one time a day for bacterial infection .Biktarvy Tablet 50-200-25 MG Give 1 tablet by mouth one time a day for HIV .</p> <p>.Start Date 12/23/2022 Azithromycin Tablet 500 MG Give 1 tablet by mouth one time a day for HIV [Human Immunodeficiency Virus] .Carvedilol Tablet 6.25 MG Give 1 tablet by mouth two times a day .Eliquis Tablet 5 MG Give 5 mg by mouth two times a day .</p> <p>Review of the Medication Administration Record [MAR] dated December 2022 revealed no documentation the following medications were administered as ordered on the listed dates and times:</p> <p>Carvedilol at 9:00 AM on 12/23/2022; and 9:00 AM and 9:00 PM on 12/25/2022.</p> <p>Eliquis on 12/23/2022 and 12/24/2022 at 9:00 PM, and 9:00 AM on 12/25/2022.</p> <p>Bactrim DS and Biktarvy at 9:00 AM and 9:00 PM on 12/25/2022.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Azithromycin at 9:00 AM on 12/25/2022.</p> <p>3. Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] with diagnoses of Type 2 Diabetes Mellitus, Hypothyroidism, Covid-19, and Epilepsy. The quarterly MDS dated [DATE] revealed Resident #4 had no cognitive impairment.</p> <p>Review of the Physician's order dated 9/1/2022 revealed the following medications:</p> <p>Alogliptin Benzoate 12.5 MG Tablet Give one tablet by mouth one time a day related to DIABETES MELLITUS.</p> <p>AmLODIPine Besylate Tablet 10 MG Give one tablet one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION.</p> <p>Review of the MAR dated December 2022 revealed no documentation the following medications and/or checks were administered as ordered on the listed dates and times:</p> <p>Alogliptin at 9:00 AM on 12/4/2022 and 12/25/2022.</p> <p>Amlodipine at 9:00 AM or 9:00 PM on 12/4/2022 and 12/25/2022; there was no documentation to reveal the resident's blood pressure was assessed.</p> <p>4. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Paraplegia, Chronic Osteomyelitis, Open Wound of Buttock, History of Failed Surgical Flap, Peripheral Vascular Disease, Anemia, and Protein-Calorie Malnutrition. The annual MDS dated [DATE] revealed Resident #5 scored a 15 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>Start Date 8/2/2019, . Minocycline HCL capsule 100 MG Give 100 mg by mouth two times a day for infection .</p> <p>Start Date 2/1/2022, .rifAMPin Capsule 300 MG Give 300 mg by mouth two times a day for chronic osteomyelitis .</p> <p>Start Date 10/21/2022, .Lantus SoloStar 100 UNIT/ML (milliliter) Solution pen-injector Inject 10 unit subcutaneously at bedtime for DM [Diabetes Mellitus] .</p> <p>Review of the MAR dated December 2022 revealed no documentation the Lantus Solostar, Minocycline HCL, and Rifampin were administered at 9:00 PM on 12/22/2022 and 12/31/2022 as ordered by the physician.</p> <p>During an interview on 1/11/2023 at 1:10 PM, when asked if Resident #5 received the medications as ordered on 12/22/2022 and 12/31/2022, LPN #2 stated, No, I don't see that. Could have been when there was only one nurse on the hall and she may have missed it .</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>5. Review of the medical record revealed Resident #7 was admitted on [DATE] with diagnoses of Diabetes, Unspecified Sequelae of Cerebral Infarction, Anxiety Disorder, and Hypertension. The Quarterly MDS assessment dated [DATE] revealed Resident # 7 with a BIMS of 14 which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>Start date 10/4/2022, .AmLODIPine Besylate Tablet 5 MG Give 5 mg by mouth two times a day for HTN .</p> <p>Start date 11/22/2022, .Basaglar KwikPen 100 UNIT/ML Solution pen-injector Inject 32 unit subcutaneously at bedtime related to TYPE 2 DIABETES .</p> <p>Review of the MAR dated January 2023 revealed no documentation the following medications were administered as ordered on the listed dates and times:</p> <p>AmLODIPine Besylate Tablet 5 MG at 9:00 PM on 1/9/2023.</p> <p>Basaglar KwikPen 100 UNIT/ML at 9:00 PM on 1/9/2023 as ordered by the physician.</p> <p>6. Review of the medical record, revealed Resident #8 was admitted to the facility on [DATE] with diagnoses of Pressure Ulcer Sacral Region, Sepsis Unspecified Organism, Urinary Tract Infection, Cerebral Infarction, Type 2 Diabetes Mellitus, Acute Embolism and Thrombosis of Deep Vein or Right Upper Extremity, and Osteomyelitis. The quarterly MDS dated [DATE] revealed Resident #8 scored a 7 on the BIMS assessment which indicated severe cognitive impairment.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>Start Date, .12/25/2022 Doxycycline Monohydrate Capsule 100 MG Give 100 mg by mouth two times a day for sepsis</p> <p>Start Date, .12/23/2022 Eliquis Tablet 5 MG (Apixaban) Give 5 mg by mouth two times a day .</p> <p>Start Date 12/29/2022, .Metronidazole Tablet 500 MG Give 500 mg by mouth three times a day for sepsis .</p> <p>Start Date 12/29/2022, .NovoLOG FlexPen 100 UNIT/ML Solution pen-injector Inject as per sliding scale: if 60-149 = 0 units; 150-199 = 4 units; 200-249 = 6 units; 250-299 = 8 units; 300-349 = 10 units; 350-400 = 12 units .subcutaneously two times a day related to DIABETES MELLITUS .</p> <p>Review of the MAR dated December 2022 revealed no documentation the following medications were administered as ordered on the listed dates and times:</p> <p>Doxycycline Monohydrate, Eliquis, and Metronidazole at 9:00 PM on 12/31/2022.</p> <p>Novolog insulin and sliding scale blood glucose level check on 12/29/2022-12/31/2022.</p> <p>(continued on next page)</p>		

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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 contact the nursing home or the state survey agency.			
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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>7. Review of the medical record revealed Resident #14 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Congestive Heart Failure, Type 2 Diabetes Mellitus, Peripheral Vascular Disease, Chronic Obstructive Pulmonary Disease, Chronic Kidney Disease Stage 3, Insomnia, and Obstructive Sleep Apnea. The quarterly MDS dated [DATE] revealed the resident scored a 14 on the BIMS which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>Start Date 12/10/2022, .methIMazole tablet 5 MG Give 1 tablet by mouth one time a day related to THYROTOXICOSIS .</p> <p>Start Date 12/1/2022, .Minoxidil Tablet 2.5 MG Give 1 tablet by mouth two times a day related to ESSENTIAL (PRIMARY) HYPERTENSION .</p> <p>Start Date 11/30/2022, .CloNiDine HCL Tablet 0.3 MG Give 1 tablet by mouth three times a day for hypertension. HOLD for SBP < 100 DBP < 60 HR < than 60. Notify MD .</p> <p>Review of the MAR dated January 2023 revealed no documentation the following medications were administered as ordered on the listed dates and times:</p> <p>Methlmazole at 9:00 AM on 1/1/2023.</p> <p>Minoxidil on 1/4/2022 and 1/6/2022 at 9:00 AM, and 1/4/2022 and 1/5/2022 at 9:00 PM.</p> <p>During an interview on 1/10/2023 at 3:37 PM Resident #14 stated, .Sometimes I don't get my early morning medicine for my thyroid problem. They tell me they don't want to wake me up. I just want my pill brought to me .</p> <p>8. Review of the medical record revealed Resident #23 was admitted on [DATE] with diagnoses of Atrial Fibrillation, Chronic Congestive Heart Failure, Type 2 Diabetes Mellitus, Essential Hypertension, Angina Pectoris, and Chronic Obstructive Pulmonary Disease. The quarterly MDS dated [DATE] revealed the resident scored a 13 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>Start Date 7/13/2022, .Metoprolol Tartrate Tablet 50 MG Give 1 tablet by mouth every 12 hours for hypertension Hold for SBP [Systolic Blood Pressure] < [less than] 110, DBP [diastolic blood pressure] < 60 OR HR = [equal to]/< 60 .Sacubitril-Valsartan Tablet 24-26 MG Give 1 tablet by mouth every 12 hours .</p> <p>Start Date 6/10/2021, .Midodrine HCL Tablet 10 MG Give 1 tablet by mouth every 8 hours for POSTURAL HYPOTENSION HOLD FOR SBP > 110, DBP > 70 .Novolog FlexPen 100 UNIT/ML Solution pen-injector Give as per sliding scale: If 150-200 = 2 units; 201-250 = 4 units; 251-300 = 6 units; 301-350 = 8 units; 351-400 = 10 units; 401 AND GREATER GIVE 12 UNITS AND NOTIFY MD by mouth before meals and at bedtime .</p> <p>Review of the MAR dated January 2023 revealed no documentation the following medications were administered as ordered on the listed dates and times:</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Metoprolol Sacubitril-Valsartan at 9:00 PM on 1/9/2023.</p> <p>Midodrine at 10:00 PM on 1/9/2023 and 6:00 AM on 1/10/2023. There was no documentation the Resident's blood pressure had been checked to determine if the medication should be held.</p> <p>Novolog Insulin on 1/9/2023 at 8:00 PM. The resident's blood glucose level was not assessed at 8:00 PM.</p> <p>During an interview on 1/10/2023 at 7:10 PM when asked if he received medications timely on 1/9/2023, Resident #23 stated, .I didn't get it. No nurse here. The CNA told me. I went to the desk downstairs and the receptionist said they trying to get someone to come. No one came .</p> <p>9. Review of the medical record revealed Resident #24 was admitted on [DATE] with diagnoses of Cerebral Palsy, Essential Hypertension, History of Venous Thrombosis and Embolism, and Rhabdomyolysis. The quarterly MDS dated [DATE] revealed the resident scored a 15 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 9/25/2021 Apixaban Tablet 5 MG Give 5 mg by mouth two times a day .</p> <p>Review of the MAR dated January 2023 revealed no documentation Apixaban was administered on 1/9/2023 at 9:00 PM as ordered by the physician.</p> <p>During an interview on 1/10/2023 at 4:01 PM, when asked if she received her medications on 1/9/2023, Resident #24 stated, No, I didn't get all my medicine. There was no nurse.</p> <p>10. Review of the medical record revealed Resident #28 was admitted on [DATE] with diagnoses of Supraventricular Tachycardia, Schizophrenia, Osteoarthritis, and Anemia. The quarterly MDS dated [DATE] revealed the resident scored 9 on the BIMS assessment which indicated moderate cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 4/30/2020 Metoprolol Tartrate Tablet 25 MG Give 25mg by mouth two times a day for HTN [hypertension] Hold for HR < 60 or SBP < 110 .</p> <p>Review of the MAR dated January 2023 revealed no documentation Metoprolol Tartrate was administered on 1/9/2023 at 9:00 PM as ordered by the physician. There was no documentation the Resident's blood pressure had been checked to determine if the medication needed to be held.</p> <p>11. Review of the medical record revealed Resident #29 admitted on [DATE] with diagnoses of Heart Failure, Glaucoma, Essential Hypertension, Tremor, Chest Pain, and Hypomagnesia. The quarterly MDS dated [DATE] revealed the resident scored 11 on the BIMS assessment which indicated moderate cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 12/17/2020 Carvedilol Tablet 25 MG Give 25 mg by mouth two times a day for Heart Failure Hold if HR less than 60 .</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the MAR dated January 2023 revealed no documentation Carvedilol was administered on 1/9/2023 at 9:00 PM as ordered by the physician. There was no documentation the Resident's HR had been checked to determine if the medication needed to be held.</p> <p>12. Review of the medical record revealed Resident #30 was admitted on [DATE] with diagnoses of Cerebral Infarction, Hemiplegia and Hemiparesis Left Nondominant Side, Osteoarthritis, and Benign Neoplasm of Skin. The annual MDS dated [DATE] revealed the resident scored 12 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 11/06/2021 Apixaban Tablet 5 MG Give 1 tablet two times a day for anticoagulant therapy .Carvedilol Tablet 6.25 MG Give 1 tablet by mouth two times a day .</p> <p>Review of the MAR dated January 2023 revealed no documentation Apixaban and Carvedilol were administered on 1/9/2023 at 9:00 PM as ordered by the physician.</p> <p>13. Review of the medical record revealed Resident #31 was admitted on [DATE] with diagnoses of Atrial Fibrillation, Thyrotoxicosis, Essential Hypertension, History Transient Ischemic Attack, and Cerebral Infarction. The quarterly MDS dated [DATE] revealed the resident scored 14 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 10/24/2022 Diltiazem HCL Tablet 30 MG Give 1 tablet by mouth three times a day for HTN Hold for SBP < 100, DBP < 60, or HR < 60 .</p> <p>Review of the MAR dated January 2023 revealed no documentation Diltiazem was administered on 1/9/2023 at 9:00 PM as ordered by the physician. There was no documentation the resident's blood pressure and heart rate were assessed.</p> <p>14. Review of the medical record, revealed Resident #33 admitted on [DATE] with diagnoses of Heart Failure, Type 2 Diabetes Mellitus, Essential Hypertension, Anemia, and Chronic Obstructive Pulmonary Disease. The quarterly MDS dated [DATE] revealed the resident scored 15 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed, .Start Date 9/20/2022 Lantus SoloStar 100 UNIT/ML Solution pen-injector Inject 26 units Intradermally at bedtime .</p> <p>Review of the MAR dated January 2023 revealed no documentation Lantus insulin was administered on 1/9/2023 as ordered by the physician.</p> <p>15. Review of the medical record, revealed Resident #34 admitted on [DATE] with diagnoses of Congestive Heart Failure, Type 2 Diabetes Mellitus, Essential Hypertension, and History of Malignant Neoplasm of Prostate. The admission MDS dated [DATE] revealed the resident scored 14 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>Start Date 12/08/2022, .Insulin Lispro (1 Unit Dial) 100 UNIT/ML Solution pen-injector Inject 3 units subcutaneously before meals .</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Start Date 12/8/2022, .Insulin Glargine-yfgn 100 UNIT/ML Solution pen-injector Inject 40 units subcutaneously at bedtime .</p> <p>Review of the MAR dated December 2022 and January 2023 revealed no documentation the following medications were administered as ordered on the listed dates and times:</p> <p>Insulin Lispro on 12/15/2022 at 5:00 PM.</p> <p>Insulin Glargine-yfgn on 1/9/2023 at 9:00 PM.</p> <p>16. Review of the medical record revealed Resident #35 admitted on [DATE] with diagnoses of End Stage Renal Disease, Dependence on Renal Dialysis, Type 2 Diabetes, Essential Hypertension, and Major Depressive Disorder. The admission MDS dated [DATE] revealed the resident scored 12 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>Start Date 3/13/2021, .Eliquis Tablet 2.5 MG Give 1 tablet by mouth two times a day .</p> <p>Start Date 10/24/2022, .Coreg Tablet 6.25MG (Carvedilol) Give 1 tablet by mouth two times a day for HTN. Hold for SBP < 100, DBP < 60 or HR <60 .</p> <p>Review of the MAR dated January 2023 revealed no documentation the Coreg and Eliquis on 1/9/2023 at 9:00 PM as ordered. There was no documentation the Resident's blood pressure had been checked to determine if the medication should be held.</p> <p>17. Review of the medical record revealed Resident #36 was readmitted on [DATE] with diagnoses of End Stage Renal Disease, Dependence on Renal Dialysis, Type 2 Diabetes Mellitus, Essential Hypertension, Hypothyroidism, and Human Immunodeficiency Virus Disease. The admission MDS dated [DATE] revealed the resident scored 14 on the BIMS assessment which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>Start Date 12/16/2022, .Hydralazine HCL Tablet 25 MG Give 1 tablet by mouth three times a day .</p> <p>Start Date 12/17/2022, .Levothyroxine Sodium Tablet 150 MCG Give 150 mcg by mouth on time a day every Mon, Tue, Wed, Thu, Fri, Sat .</p> <p>Review of the MAR dated January 2023 revealed no documentation the Levothyroxine and Hydralazine were administered on 1/9/2023 at 9:00 PM as ordered by the physician.</p> <p>18. Review of the medical record revealed Resident #37 was on 10/6/2022 with diagnoses of Epilepsy, Cerebral Infarction, Type 2 Diabetes Mellitus, Schizoaffective Disorder, and Hallucinations. The quarterly MDS dated [DATE] revealed the resident scored 8 on the BIMS assessment which indicated severe cognitive impairment.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Start Date 10/6/2022, .Lacosamide Tablet 200 MG Give 200 mg by mouth two times a day for SEIZURE DISORDER .</p> <p>Start Date 12/13/2022, .Risperidone Tablet 0.5 MG Give 1 tablet by mouth at bedtime related to SCHIZOAFFECTIVE DISORDER .</p> <p>Review of the MAR dated January 2023 revealed no documentation Risperidone and Lacosamide were administered on 1/9/2023 at 9:00 PM as ordered by the physician.</p> <p>19. Review of the medical record revealed Resident #38 was admitted on [DATE] with diagnoses of Type 2 Diabetes Mellitus, Hypothyroidism, Unspecified Psychosis, and Essential Hypertension. The quarterly MDS dated [DATE] revealed the resident scored 4 on the BIMS assessment which indicated severe cognitive impairment.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>Start Date 6/10/2022, .Depakote Tablet Delayed Release 250 MG Give 1 tablet by mouth three times a day .</p> <p>Start Date 8/4/2022, .HumaLOG KwikPen 100 UNIT/ML Solution pen-injector Inject as per sliding scale: If 0-149 = 0 less than 70 call MD; 150-180=1 unit; 181-210=2 units; 211-240=3 units; 241-270=4 units; 271-300=5 units greater than 300 notify MD, subcutaneously before meals and at bedtime .</p> <p>Review of the MAR dated January 2023 revealed no documentation the following medications were administered as ordered on the listed dates and times:</p> <p>Depakote on 1/9/2023 at 9:00 PM.</p> <p>Humalog insulin was not administered and there was no evidence a sliding scale blood glucose level check was performed on 1/9/2023 at 8:00 PM.</p> <p>20. Review of the medical record revealed Resident #39 was readmitted on [DATE] with diagnoses of Epilepsy, Type 2 Diabetes Mellitus, Cerebral Infarction, Atrial Fibrillation, and Hypothyroidism. The quarterly MDS dated [DATE] revealed the resident scored 5 on the BIMS assessment which indicated severe cognitive impairment.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>Start Date 6/6/2022, .Eliquis Tablet 5 MG Give 1 tablet by mouth two times a day .levetiracetam Tablet 500 MG Give 1000 mg by mouth two times a day .</p> <p>Start Date 6/25/2022, .Levothyroxine Sodium Tablet 125 MCG Give 1 tablet by mouth one time a day .</p> <p>Review of the MAR dated January 2023 revealed no documentation the following medications were administered as ordered on the listed dates and times:</p> <p>Levothyroxine on 1/10/2023 at 6:00 AM.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Eliquis and Levetiracetam on 1/9/2023 at 9:00 PM.</p> <p>21. Review of the medical record revealed Resident #40 was readmitted on [DATE] with diagnoses of Type 2 Diabetes Mellitus, Seizures, Asthma, and Hypothyroidism. The quarterly MDS dated [DATE], revealed the resident scored 11 on the BIMS assessment which indicated moderate cognitive impairment.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>Start Date 7/27/2022, .Levothyroxine Sodium Tablet 100 MCG Give 1 tablet by mouth one time a day . Rosuvastatin Calcium Oral Tablet 5 MG Give 5 mg by mouth at bedtime .</p> <p>Start Date 7/27/2022 .levETIRAcetam Tablet 250 MG Give 250 mg by mouth two times a day .</p> <p>Start Date 8/10/2022, .Basaglar KwikPen 100 UNIT/ML Solution pen-injector Inject 10 units subcutaneously at bedtime .</p> <p>Review of the MAR dated January 2023 revealed no documentation the following medications were administered as ordered on the listed dates and times:</p> <p>Basaglar insulin, Rosuvastatin Calcium, and Levetiracetam on 1/9/2023 at 9:00 PM.</p> <p>Levothyroxine at 6:00 AM on 1/10/2023.</p> <p>22. Review of the medical record revealed Resident #41 was readmitted on [DATE] with diagnoses of Type 2 Diabetes Mellitus, End Stage Renal Disease, Dependence on Renal Dialysis, Atrial Fibrillation, Congestive Heart Failure, Chronic Pulmonary Edema, and Atherosclerotic Heart Disease. The quarterly MDS dated [DATE], revealed the resident scored 10 on the BIMS assessment which indicated moderate cognitive impairment.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>Start Date 5/22/2021, .Clopidogrel Bisulfate Tablet 75 MG Give 1 tablet by mouth one time a day .Isosorbide Mononitrate ER [extended release] Tablet 30 MG Give 1 tablet by mouth one time a day .</p> <p>Start Date 11/30/2021, .HydrALAZINE HCL Tablet 25 MG Give 50 mg by mouth two times a day .</p> <p>Start Date 1/5/2023, .Carvedilol Oral Tablet 12.5 MG Give 1 tablet by mouth tow times a day .</p> <p>Review of the MAR dated January 2023 revealed no documentation the following medications were administered as ordered on the listed dates and times:</p> <p>Clopidogrel, Isosorbide Mononitrate, and Hydralazine on 1/10/2023 at 6:00 AM.</p> <p>Carvedilol on 1/9/2023 at 9:00 PM.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>23. Review of the medical record revealed Resident #42 was admitted on [DATE] with diagnoses of Atherosclerotic Heart Disease, Diabetes, and Hypertension. The quarterly MDS assessment dated [DATE], revealed Resident # 42 had a BIMS score of 13 which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>Start date 3/11/2022, .Janumet XR Tablet Extended Release 24 Hour [PHONE NUMBER] MG (SITagliptin-metFORMIN HCl ER) Give 1 tablet by mouth one time a day for Diabetes Mellitus .</p> <p>Start date 8/2/2022, .Lantus SoloStar 100 UNIT/ML Solution pen-injector Inject 30 unit subcutaneously at bedtime related to TYPE 2 DIABETES .</p> <p>Start date 11/22/2022, .Glimepiride Tablet 1 MG Give 1 mg by mouth one time a day for Diabetes Mellitus .</p> <p>Review of the MAR dated January 2023 revealed no documentation the following medications were administered as ordered on the listed dates and times:</p> <p>Lantus SoloStar 100 UNIT/ML at 9:00 PM on 1/9/2023.</p> <p>Glimepiride Tablet 1 MG at 6:00 AM on 1/10/2023.</p> <p>Janumet XR Tablet Extended Release 24 Hour [PHONE NUMBER] MG at 6:00 AM on 1/10/2023.</p> <p>24. Review of the medical record revealed Resident #45 was admitted on [DATE] with diagnoses of Atrial Fibrillation, Atherosclerotic Heart Disease, and Hypertension. The quarterly MDS assessment dated [DATE], revealed Resident # 45 had a BIMS score of 13 which indicated no cognitive impairment.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>Start date 3/10/2022, .hydrALAZINE HCl Tablet 25 MG Give 1 tablet by mouth two times a day related to ESSENTIAL (PRIMARY) HYPERTENSION .</p> <p>Start date 5/20/2022, .Entresto Tablet 49-51 MG (Sacubitril-Valsartan) Give 1 tablet by mouth two times a day related to OTHER HEART FAILURE .</p> <p>Review of the MAR dated January 2023 revealed no documentation the following medications were administered as ordered on the listed dates and times:</p> <p>On 1/9/2023 HydrALAZINE HCl Tablet 25 MG at 8:00 PM and at 9:00 PM Entresto Tablet 49-51 MG.</p> <p>25. Review of the medical record revealed Resident #46 was admitted on [DATE] with diagnoses of Gastro-Esophageal Reflux Disease, Blindness, One Eye, and Hypertension. The quarterly MDS assessment dated [DATE], revealed Resident # 46 had a BIMS score of 12 which indicated moderate cognitive impairment.</p> <p>Review of the Physician Orders dated 11/21/2022, revealed .Metoprolol Tartrate Tablet Give 12.5 milligram by mouth two times a day for hypertension .</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the MAR dated January 2023 revealed no documentation of Metoprolol Tartrate Tablet Give 12.5 milligram administered at 9:00 PM on 1/9/2023 as ordered by the physician.</p> <p>26. Review of the medical record revealed Resident #47 was admitted on [DATE] with diagnoses of Functional Quadriplegia, Anxiety Disorder, Schizoaffective Disorder, Insomnia, and Spinal Stenosis. The annual MDS assessment dated [DATE] revealed Resident #47 had a BIMS score of 15 which indicated no cognitive impairment.</p> <p>Review of the Physician Orders revealed, .start date 12/20/2022 QUETipine Fumerate Tablet 100 MG Give 1. 5 tablet by mouth at HS for a total dose of 150 mg related to SCHIZOAFFECTIVE DISORDER .</p> <p>Review of the MAR dated January 2023 revealed no documentation Quetipine Fumerate was administered at 9:00 PM on 1/9/2023 as ordered by the physician.</p> <p>27. Review of the medical record revealed Resident #48 was admitted on [DATE] with diagnoses of Diabetes, Dementia, and Hypertension. The quarterly MDS assessment dated [DATE], revealed Resident # 48 had a BIMS score of 5 which indicated severe cognitive impairment.</p> <p>Review of the Physician Orders dated 7/21/2022 revealed, .Insulin Glargine-yfgn 100 UNIT/ML Solution pen-injector Inject 28 unit subcutaneously two times a day related to TYPE 2 DIABETES .</p> <p>Review of the MAR dated January 2023 revealed no documentation Insulin Glargine-yfgn 100 UNIT/ML administered at 9:00 PM on 1/9/2023 as ordered by the physician.</p> <p>28. Review of the medical record revealed Resident #49 admitted on [DATE] with diagnoses of Hemiplegia and Hemiparesis, Diabetes, and Hypertension. The Quarterly MDS assessment dated [DATE], revealed Resident # 49 with Severely impaired cognitive skills and no behaviors.</p> <p>Review of the Physician's orders revealed the following medications:</p> <p>Start date 8/12/2021, .Metoprolol Tartrate Tablet 100 MG Give 1 tablet by mouth two times a day for HTN [hypertension] .</p> <p>Start date 10/4/2022, .Verapamil HCl Tablet 40 MG Give 40 mg by mouth three times a day for Htn [hypertension] .</p> <p>Start date 1/19/2022, .NovoLOG FlexPen 100 UNIT/ML Solution pen-injector Inject subcutaneously before meals and at bedtime related to TYPE 2 DIABETES .NovoLOG FlexPen 100 UNIT/ML Solution pen-injector Inject as per sliding scale: if 60 - 150 = 0 units; 151 - 200 = 2 units; 201 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units; 401 - 450 = Call MD, subcutaneously before meals and at bedtime related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS .</p> <p>Review of the MAR dated January 2023 revealed no documentation the following medications were administered as ordered on the listed dates and times:</p> <p>Metoprolol Tartrate Tablet 100 MG administered at 9:00 PM on 1/9/2023.</p> <p>Verapamil HCl Tablet 40 MG at 10:00 PM on 1/9/2023 and 6:00 AM on 1/10/2023.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Novolog FlexPen 100 UNIT/ML and no documentation of blood glucose level checks at 6:30 AM on 1/3/2023, at 6:30 AM, and 8:00 PM on 1/9/2023, 6:30 AM on 1/10/2023.</p> <p>29. Review of the medical record revealed Resident # 50 was admitted on [DATE] with diagnoses of Atherosclerotic Heart Disease [TRUNCATED]</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>28913</p> <p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>Based on policy review, job description review, record review, medical record review, and interview, facility Administration failed to administer the facility in a manner to provide oversight, to monitor and provide a safe environment, ensure systems and processes were in place and consistently followed by staff to address quality concerns related to safe individualized resident care when the facility failed to provide sufficient licensed nursing staff, failed to administer medications as ordered by the physician, failed to identify wounds and provide necessary treatment and services for residents determined to be at risk for pressure ulcer injury and other wounds. The facility Administration failed to have in place a system to provide sufficient licensed nursing staff with knowledge and skills necessary to ensure residents were free from significant medication errors when medications were not administered as ordered by the physician for 40 of 63 sampled residents (Resident #3, #4, #5, #7, #8, #14, #23, #24, #28, #29, #30, #31, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #45, #46, #47, #48, #49, #50, #51, #52, #53, #55, #56, #57, #59, #60, #68, #69, #71, #72) reviewed that required medications and treatments. The medications not administered included anti-diabetics, anticoagulants, anticonvulsant's, antiarrhythmic's, Hypertensives, and cardiac medications were not administered as ordered by the physician, when insufficient staffing of licensed nurses to perform assessments, treatments, monitor and meet individualized resident needs were not provided. The facility Administration failed to ensure residents with wounds received appropriate assessments and received wound treatment for 6 of 9 sampled residents (Resident #1, #3, #4, #5, #6, and #8) reviewed for pressure ulcer wounds and other wounds. Resident #1 did not receive treatments for a pressure ulcer wound identified upon admission and the wound worsened, Resident #3 did not receive treatments for wounds identified upon admission, Resident #4 did not receive treatments when a Stage 2 pressure wound was identified and developed to a Stage 4, Resident #5 was admitted with pressure ulcer wounds, the resident did not receive treatments as ordered and developed additional pressure ulcer wounds, Resident #6 did not receive treatments as ordered and was not identified with gangrene to her finger, Resident #8 did not receive treatments for a pressure ulcer wound identified upon admission and developed infection to the wound. The facility's failure to administer medications as ordered and provide care and services for residents with wounds resulted in Immediate Jeopardy.</p> <p>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.</p> <p>The Administrator, Regional Director of Operations, Area Director of Clinical Services, Regional Director of Clinical Services, and Director of Nursing (DON) were notified of the Immediate Jeopardy (IJ) for F684 and F686 on 1/17/2023 at 6:12 PM, in the Chapel.</p> <p>The Administrator, Regional Director of Operations, Area Director of Clinical Services, and Special Projects Nurse were notified of the Immediate Jeopardy (IJ) for F600, F725, F760, F835, and F867 on 1/24/2023 at 12:38 PM, in the Chapel.</p> <p>The facility was cited Immediate Jeopardy at F600, F684, F686, F725, F760, F835, and F867.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The facility was cited Immediate Jeopardy at F600, F684, F725, F835, and F725 at a scope and severity of K which is Substandard Quality of Care.</p> <p>The facility was cited F686 at a scope and severity of J which is Substandard Quality of Care.</p> <p>The facility was previously cited Immediate Jeopardy at F600, F835, and F867 during a complaint survey on 9/19/2022 through 9/20/2022.</p> <p>Non-compliance of F600, F725, F760, F835, and F867 continues at a scope and severity of K.</p> <p>The facility is required to submit a Plan of Correction.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled Nursing Services and Sufficient Staff revised 8/30/2022 revealed, .It is the policy of this facility to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident .The facility will supply services by sufficient numbers of each of the following personnel types on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans. a. Except when waived, licensed nurses; and b. Other nursing personnel, including but not limited to nurse aides .The facility is required to provide licensed nursing staff 24 hours a day, 7 days a week .Providing care includes, but is not limited to, assessing, evaluating, planning and implementing resident care plans and responding to residents' needs .</p> <p>Review of the Administrator job description, dated 12/2018 revealed, .Lead and direct the overall operations of the facility in accordance with customer needs, government regulations and company policies, with focus on maintaining excellent care for the residents while achieving the facility's business objectives .Essential Duties & [Symbol for and] Responsibilities: .Identify and participate in process improvement, initiatives that improve the customer experience, enhance work flow, and/or improve the work environment .management duties including, but not limited to, hiring, training and developing, coaching and counseling, and terminating department staff, as deemed necessary .Lead the facility management staff and consultants in developing and working from the business plan that focuses on all aspects of facility operations, including setting priorities and job assignments .Monitor each department's activities, communicate policies, evaluate performance, provide feedback and assist, observe, coach, and discipline as needed .Oversee regular rounds to monitor delivery of nursing care .and ensure resident needs are being addressed .Responsible for the QA [Quality Assurance] program .Manage turnover and solidify current and future staffing through development of recruiting sources, and through appropriate selection, orientation, training, staff education and development .Consult with department managers concerning the operation of their departments to assist in eliminating/correcting problem areas, and/or improvement of services .</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the Director of Nursing job description, dated 12/2011 revealed, .to manage the overall operations of the Nursing Department in accordance with Company policies, standards of nursing practices and governmental regulations so as to maintain excellent care of all residents' needs .Identify and participate in process improvement initiatives that improve the customer experience, enhance work floor, and/or improve the work environment. Management duties including, but not limited to, hiring, training and developing, coaching and counseling, and terminating department staff, as deemed necessary .In the absence of the Administrator and Assistant Administrator (if applicable), assume responsibility of the facility .Plan, develop, organize, implement, evaluate and direct the nursing services department, as well as its programs and activities, in accordance with current rules, regulations, and guidelines that govern the long-term facility. Assume administrative authority, responsibility and accountability for all functions, activities, and training of the nursing department. Organize, develop, and direct the administration and resident care of the nursing service department. Participate in Department Supervisor Meetings, Resident Care Plan Meetings, Budget Committee Meetings, Safety Committee Meetings, Quality Assessment and Assurance Committee Meetings, In-service Education, Family Council and any other meeting as directed by the Administrator. Meet monthly with staff on each unit .Participate in coordination of resident services through departmental and appropriate staff committee meetings. Meet monthly with nursing staff regarding Chart Audit and Physician's Orders. Review audit with Medical Records prior to submitting to Administration .Make daily rounds of the nursing department to verify that all nursing service personnel are performing their work assignments in accordance with acceptable nursing standards .Provide appropriate departmental in-service education programs in compliance with Corporate, State and Federal guideline .Perform nursing services and deliver resident care services in compliance with corporate policies and State and Federal regulations .Schedule daily rounds to observe residents and to determine if nursing needs are being met in accordance with the resident's request . Study Infection Control Reports, Medication Incident Reports and Resident Incident Reports for corrective action. Keep Administrator informed on a daily basis of nursing department functions, recommending changes in techniques or procedures for a more efficient operation .Ensure that all nursing service personnel follow established departmental policies and procedures .Assure residents a comfortable, clean, orderly and safe environment .Confirm accurate completion of forms/reports .Review and verify that documentation procedures for nursing are met according to corporate, state and federal guidelines. Review nurses notes to confirm that they are informative and descriptive of the nursing care being provided, that they reflect the resident's response to the care, and that such care is provided in accordance with the resident's wishes. Review Quality Indicator reports and submit to [NAME] President of Clinical Services on monthly basis . Participate in monthly QA. Ensure staffing levels are maintained .Along with the Administrator engage the medical director in all department activity .</p> <p>2. Review of facility policies, medical record review, observation, and interview during the survey revealed Residents #1, #3, #4, #5, #6, and #8 did not receive the necessary services and treatments for pressure ulcer wounds and other wounds.</p> <p>Refer to F684, and F686.</p> <p>3. Review of facility policies, medical record review, observation, and interview revealed Residents #3, #4, #5, #7, #8, #14, #23, #24, #28, #29, #30, #31, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #45, #46, #47, #48, #49, #50, #51, #52, #53, #55, #56, #57, #58, #59, #60, #68, #69, #71, #72 did not receive their anticonvulsant medications, antiarrhythmic medications, antihypertensive medications, antibiotics, anti-platelet medications, Antidiuretic medications, and antipsychotic medications in accordance physician orders.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Refer to F600, F684, F725, and F760.</p> <p>4. During an interview on 1/11/2023 at 12:15 PM, when asked who was responsible to ensure there was adequate staff on each shift to provide care to all residents, the Administrator stated, I'm not involved with the daily staffing. That would be the DON [Director of Nursing] and SDC [Staff Development Coordinator] .</p> <p>During an interview on 1/11/2023 at 12:47 PM, when asked if the facility had a Nurse supervisor or charge nurse on all shifts, the DON stated, .They are all charge nurses. They should have known what to do .It was an unexpected staff shortage [1/9/2023] .We rely on agency staff to pick up shifts and no one responded .</p> <p>During an interview on 1/11/2023 at 3:47 PM, when asked if she was aware there was no nurse to provide medications and services to the residents on the 3rd floor on 1/9/2023, the Regional Director of Operations stated, I was told there was no nurse and no one responded .We have plenty of available bodies by using agency [contract staff] .Nobody has said anything to me about workload .They should have called the DON .I don't know the specifics of the on-call person, each building is different .</p> <p>During an interview on 1/23/2023 at 10:15 AM, the Area Director of Clinical Services reviewed the Quality Assurance Performance Improvement (QAPI) minutes and stated, We see the problems you are finding .We know staffing is one of the problems .</p> <p>During an interview on 1/23/2023 at 10:46 AM, when asked if staffing had been addressed in the QAPI Committee meetings, the Regional Special Projects Nurse reviewed the QAPI minutes and stated, I don't see anything on staffing discussed in the forms I have in front of me .</p> <p>Refer to F600, F684, F686, F725, and F760.</p>		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>29706</p> <p>Based on policy review, job description review, record review, medical record review, and interview, the Quality Assurance Performance Improvement (QAPI) committee failed to ensure systems and processes were in place and consistently followed by staff to address quality concerns related to safe individualized resident care when the facility failed to provide sufficient licensed nursing staff, failed to administer medications as ordered by the physician, failed to identify wounds and provide necessary treatment and services for residents determined to be at risk for pressure ulcer injury and other wounds. The facility failed to ensure the QAPI committee reviewed and validated systemic problems and determined a system was in place to ensure sufficient licensed nursing staff with knowledge and skills necessary to assure safety and provide individualized care for 40 of 63 sampled residents (Resident #3, #4, #5, #7, #8, #14, #23, #28, #29, #30, #31, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #45, #46, #47, #48, #49, #50, #51, #52, #53, #55, #56, #57, #59, #60, #68, #69, #71, #72) reviewed that required medications and treatments, and provide appropriate assessments and treatments for 6 of 9 (Resident #1, #3, #4, #5, #6, #8) sampled residents with wounds that worsened resulting in Immediate Jeopardy.</p> <p>Resident #1 did not receive treatments for a pressure ulcer wound identified upon admission and the wound worsened, Resident #3 did not receive treatments for wounds identified upon admission, Resident #4 did not receive treatments when a Stage 2 pressure wound was identified and developed to a Stage 4, Resident #5 was admitted with pressure ulcer wounds, the resident did not receive treatments as ordered and developed additional pressure ulcer wounds, Resident #6 did not receive treatments as ordered and was not identified with gangrene to her finger, Resident #8 did not receive treatments for a pressure ulcer wound identified upon admission and developed infection to the wound, when medications antidiabetics, anticoagulants, anticonvulsants, antiarrhythmics, hypertensives, and cardiac medications were not administered as ordered by the physician, when insufficient staffing of licensed nurses to perform assessments, treatments, monitor and meet individualized resident needs.</p> <p>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.</p> <p>The Administrator, Regional Director of Operations, Area Director of Clinical Services, Regional Director of Clinical Services, and Director of Nursing (DON) were notified of the Immediate Jeopardy (IJ) for F684 and F686 on 1/17/2023 at 6:12 PM, in the Chapel.</p> <p>The Administrator, Regional Director of Operations, Area Director of Clinical Services, and Special Projects Nurse were notified of the Immediate Jeopardy (IJ) for F600, F725, F760, F835, and F867 on 1/24/2023 at 12:38 PM, in the Chapel.</p> <p>The facility was cited Immediate Jeopardy at F600, F684, F686, F725, F760, F835, and F867.</p> <p>The facility was cited Immediate Jeopardy at F-600, F684, F725, F760, F835, and F867 at a scope and severity of K which is Substandard Quality of Care.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The facility was cited Immediate Jeopardy at F686 at a scope and severity of J.</p> <p>The facility was previously cited Immediate Jeopardy at F600, F835, and F867 during a complaint survey on 9/19/2022 through 9/20/2022.</p> <p>An acceptable Removal Plan, which removed the immediacy of the Jeopardy for F684 and F686, was received on 1/19/2023, and the Removal Plan was validated onsite by the surveyors on 1/24/2023 through policy review, medical record review, observation, review of education records, and staff interviews.</p> <p>Non-compliance of F600, F725, F760, F835, and F867 continues at a scope and severity of K.</p> <p>The IJ began on 12/16/2022 and is ongoing for F867.</p> <p>The facility is required to submit a Plan of Correction.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled Quality Assurance and Performance Improvement [QAPI] dated 8/20/2022 revealed, .It is the policy of this facility to develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life and addresses all the care and unique services the facility provides .The QAPI program includes the establishment of a Quality Assessment and Assurance (QAA) Committee and a written QAPI Plan .Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements .The QAPI plan will address the following elements .Process addressing how the committee will conduct activities necessary to identify and correct quality deficiencies. Key components of this process include, but are not limited to, the following: Tracking and measuring performance. Establishing goals and thresholds for performance improvements. Identifying and prioritizing quality deficiencies. Systematically analyzing underlying causes of systemic quality deficiencies. Developing and implementing corrective action or performance improvement activities. Monitoring and evaluating the effectiveness of corrective action/performance improvement activities and revising as needed .The facility must also consider the incidence, prevalence, and severity of problems or potential problems identified .The facility will maintain documentation and demonstrate evidence of its ongoing QAPI program. Documentation may include but is not limited to: The written QAPI plan. Systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events. Data collection and analysis at regular intervals. Documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities .</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>2. Review of the Administrator job description dated 12/2018 revealed, .Lead and direct the overall operations of the facility in accordance with customer needs, government regulations and company policies, with focus on maintaining excellent care for the residents while achieving the facility's business objectives . Essential Duties & [Symbol for and] Responsibilities: .Identify and participate in process improvement, initiatives that improve the customer experience, enhance work flow, and/or improve the work environment . management duties including, but not limited to, hiring, training and developing, coaching and counseling, and terminating department staff, as deemed necessary .Lead the facility management staff and consultants in developing and working from the business plan that focuses on all aspects of facility operations, including setting priorities and job assignments .Monitor each department's activities, communicate policies, evaluate performance, provide feedback and assist, observe, coach, and discipline as needed .Oversee regular rounds to monitor delivery of nursing care .and ensure resident needs are being addressed .Responsible for the QA [Quality Assurance] program .Manage turnover and solidify current and future staffing through development of recruiting sources, and through appropriate selection, orientation, training, staff education and development .Consult with department managers concerning the operation of their departments to assist in eliminating/correcting problem areas, and/or improvement of services .</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the Director of Nursing job description dated 12/2011 revealed, .to manage the overall operations of the Nursing Department in accordance with Company policies, standards of nursing practices and governmental regulations so as to maintain excellent care of all residents' needs .Identify and participate in process improvement initiatives that improve the customer experience, enhance work floor, and/or improve the work environment. Management duties including, but not limited to, hiring, training and developing, coaching and counseling, and terminating department staff, as deemed necessary .In the absence of the Administrator and Assistant Administrator (if applicable), assume responsibility of the facility .Plan, develop, organize, implement, evaluate and direct the nursing services department, as well as its programs and activities, in accordance with current rules, regulations, and guidelines that govern the long-term facility. Assume administrative authority, responsibility and accountability for all functions, activities, and training of the nursing department. Organize, develop, and direct the administration and resident care of the nursing service department. Participate in Department Supervisor Meetings, Resident Care Plan Meetings, Budget Committee Meetings, Safety Committee Meetings, Quality Assessment and Assurance Committee Meetings, In-service Education, Family Council and any other meeting as directed by the Administrator. Meet monthly with staff on each unit .Participate in coordination of resident services through departmental and appropriate staff committee meetings. Meet monthly with nursing staff regarding Chart Audit and Physician's Orders. Review audit with Medical Records prior to submitting to Administration .Make daily rounds of the nursing department to verify that all nursing service personnel are performing their work assignments in accordance with acceptable nursing standards .Provide appropriate departmental in-service education programs in compliance with Corporate, State and Federal guidelines .Perform nursing services and deliver resident care services in compliance with corporate policies and State and Federal regulations. Inform state of any reportable incidents within appropriate time frames. Complete investigative analysis as required .Schedule daily rounds to observe residents and to determine if nursing needs are being met in accordance with the resident's request .Study Infection Control Reports, Medication Incident Reports and Resident Incident Reports for corrective action. Keep Administrator informed on a daily basis of nursing department functions, recommending changes in techniques or procedures for a more efficient operation .Ensure that all nursing service personnel follow established departmental policies and procedures .Assure residents a comfortable, clean, orderly and safe environment .Confirm accurate completion of forms/reports .Review and verify that documentation procedures for nursing are met according to corporate, state and federal guidelines. Review nurses notes to confirm that they are informative and descriptive of the nursing care being provided, that they reflect the resident's response to the care, and that such care is provided in accordance with the resident's wishes. Review Quality Indicator reports and submit to [NAME] President of Clinical Services on monthly basis .Participate in monthly QA. Ensure staffing levels are maintained .Along with the Administrator engage the medical director in all department activity .</p> <p>3. Review of the QAPI documentation dated 9/7/2022 and 11/22/2022 revealed no documentation or evidence of data collection and analysis, documentation demonstrating the development, implementation and evaluation of corrective actions or performance improvement activities.</p> <p>During an interview on 1/19/2023 at 12:12 PM the Director of Nursing stated, .I don't see anything in September of data analysis .No we have no quantitative or qualitative anything. We have nothing like that .I don't see any documentation of a November meeting .I have no documentation of any PIPs [performance improvement plan] .</p> <p>(continued on next page)</p>		

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 01/24/2023
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 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)		
<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/23/2023 at 10:41 AM, the Area Director of Clinical Services confirmed September 2022 and November 2022 QAPI meeting contained no documentation of data collection and analysis at regular intervals and of reports demonstrating systematic identification, reporting, investigating, analysis, and prevention of adverse events. She stated, .I expect to see data collection and analysis .I can't locate analysis or any of that [development, implementation and evaluation] .If you don't have analysis you can't have the other things .We have policies but failed to follow the policies .</p> <p>4. The QAPI committee failed to ensure all residents' right to be free of abuse neglect by failure to follow policies to provide needed care and services for all residents.</p> <p>Refer to F600</p> <p>5. The QAPI committee failure to complete assessments, provide the necessary care, services and treatments for residents with pressure ulcer wounds and other wounds.</p> <p>Refer to F684 and F686</p> <p>6. The QAPI committee failed to establish, monitor, and implement policies and procedures to ensure adequate staffing.</p> <p>Refer to F725</p> <p>7. The QAPI committee failed to ensure residents were free from significant medication errors when significant medications including antidiabetic, antiarrhythmics, antihypertensive, anticonvulsant, antiplatelets and cardiac medications were not administered as ordered by the physician.</p> <p>Refer to F760</p> <p>8. The QAPI committee failed to ensure the facility Administration was administered in a manner to provide oversight, to monitor and provide a safe environment, ensure systems and processes were in place and consistently followed by staff to address quality concerns related to safe individualized resident care when the facility failed to provide sufficient licensed nursing staff, failed to administer medications as ordered by the physician, failed to identify wounds and provide necessary treatment and services for residents determined to be at risk for pressure ulcer injury and other wounds.</p> <p>Refer to F835</p>		