

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0584</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30126</p> <p>Based on a Life Safety Code (LSC) violation complaint, weather website review, observation, and interview, the facility failed to maintain the air conditioning units, maintain comfortable temperatures throughout the facility, and placed the 150 residents residing in the facility at risk for heat related negative outcomes, and created a disruption in their day-to-day routines. The facility's failure to maintain comfortable temperatures resulted in Immediate Jeopardy when the facility did not evacuate residents to prevent extreme temperatures in the facility's resident rooms when facility administration and staff were aware the air conditioning system was not functioning adequately on 6/16/2022</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 was notified of the Immediate Jeopardy on 6/28/2022 at 3:20 PM, in the Conference Room.</p> <p>The facility was cited Immediate Jeopardy at F-584.</p> <p>The facility was cited at F-584 at a scope and severity of L, which is Substandard Quality of Care.</p> <p>The IJ existed 6/1/2022 through 6/20/2022. The Immediate Jeopardy was removed onsite when the facility evacuated all the residents on 6/21/2022.</p> <p>The facility is required to submit a Plan of Correction.</p> <p>The findings include:</p> <p>The facility was constructed in 1930. The facility is constructed of masonry blocks and is a 2 story building with a basement. The 1st floor consists of the 100 and 200 Halls and 49 resident rooms. The 2nd floor consists of the 300 and 400 Halls and 62 resident rooms. The facility has 169 licensed beds which are all certified for Medicare/Medicaid recipients. Initial State licensure was in 1992. The resident census on 6/18/2022 was 150.</p> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0584</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Life Safety Code (LSC) surveyors entered the facility on 6/18/2022 at 11:00 AM in response to a LSC complaint dated 6/17/2022 alleging the air conditioning system in the facility was not working which placed residents at risk for heat related health problems. The Health surveyor entered later in the day on 6/18/2022 at the request of the LSC surveyors.</p> <p>Review of the 6/2022 National Weather Service reporting system at www.weather.gov revealed high temperatures in Fahrenheit (F) from the 80 degrees to low 90 degrees from 6/1/2022-6/11/2022, temperatures greater than 95 degrees beginning 6/12/2022 with recorded highs of 100 degrees on 6/16/2022 and 6/17/2022. On Saturday, 6/18/2022, the recorded high was 98 degrees with continued record high temperatures in the upper 90-100 degrees through 6/26/2022, then rising again to upper 90 degrees on 6/29/2022 and 6/30/2022.</p> <p>Temperatures of residents' rooms taken by laser thermometer on 6/18/2022 beginning at 12:00 PM, revealed 18 of 27 assessed rooms had a temperature above 81 degrees F and 15 of 27 rooms were above 85 degrees F.</p> <p>Documentation revealed the LSC surveyor had notified the Administrator on 6/18/2022 at 1:30 PM, that all 150 residents residing in the building should be evacuated due to the failure of the facility's air conditioning system, inability for the system to be immediately repaired, and the forecasted high temperatures in the area for the next week.</p> <p>During an interview on 6/18/2022 at 2:50 PM, Family Member #1 revealed that her family member residing in the facility was being transported to another local facility and they were appreciative of the State Agency's presence and actions taken to have the residents evacuated due to the air conditioning failure.</p> <p>Observations on 6/18/2022 at 2:50 PM, revealed the Front Lobby was uncomfortably warm. Facility administrative staff, the Ombudsman, and other local facility long-term care staff were gathered in the Conference Room and in the process of organizing and coordinating evacuation of all 150 residents from the facility due to the identified failure of the facility's air conditioning system, due to the LSC surveyor determination on 6/18/2022 at 1:30 PM, and the likelihood of serious health related outcomes to residents related to warm room and hall temperatures.</p> <p>Observations during tour on 6/18/2022 at 3:20 PM, revealed 27 of the 36 rooms assessed had a temperature greater than 81 degrees F; 24 of the 36 rooms assessed had a temperature greater than 85 degrees F; 11 of the 36 rooms assessed had a temperature greater than 88 degrees F. A resident's room with a temperature of 90.2 degrees F was the highest temperature. Observations confirmed the use of large portable air conditioning units that had been rented, shop fans utilized in the halls, and small portable air units had been placed in some of the residents' rooms.</p> <p>During an interview on 6/18/2022 at 3:00 PM, the Administrator confirmed the air conditioning system had failed on Thursday, 6/16/2022.</p> <p>During an interview on 6/18/2022 at 3:35 PM, Licensed Practical Nurse (LPN) #1 was asked if she felt that it was too warm on the Memory Care Unit for the residents and staff. LPN #1 stated, .I'm not going to answer that .</p> <p>During an interview on 6/18/2022 at 3:50 PM, LPN #2 stated, .the air has been off for a month .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0584</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 6/18/2022 at 3:50 PM, Certified Nursing Assistant (CNA) #1 stated that .the air has been off every year when it gets hot outside .</p> <p>Multiple resident interviews on 6/18/2022 validated the uncomfortable temperatures. Direct care staff and family were contacted by telephone for interview and confirmed the presence of ongoing problems with the air conditioning system cooling adequately since the beginning of 6/2022. Staff interviews revealed the necessity of moving residents around in the building during the day and trying to keep them up out of their rooms because of the heat. Interviews revealed family members brought in fans to try to keep their loved ones cool.</p> <p>During a telephone interview on 6/21/2022 at 3:22 PM, Family Member #1 confirmed she or another family member made daily visits to the facility. When asked about the air conditioning in the building, the family member stated that for the 4 years the resident had been in the facility, the air conditioning had not been adequate, but it had been .around the beginning of 6/2022 when the air on the 400 Hall had gone out and they had put fans in the halls .</p> <p>During a telephone interview on 6/22/2022 at 4:25 PM, the Director of Maintenance (DOM) confirmed the facility's chiller system failed on Thursday, 6/16/2022. He revealed the facility building was [AGE] years old and had prior problems with the air system during the summer. When asked if he had taken room temperatures after the air system failed, he revealed he had not done so other than random temperatures. When asked if he had documentation of which rooms had required portable air units, he confirmed he did not. When asked if the facility had planned to evacuate the residents because of the air system failure prior to the LSC surveyor arriving on Saturday, 6/18/2022, he stated, No ma'am. Disaster preparedness plans for worst case scenario and hadn't been necessary .</p> <p>During a telephone interview on 6/22/2022 at 4:00 PM, the facility owner confirmed he was responsible for facility operations. The facility owner confirmed he was aware of problems with the air in the past but had never had a system failure before. However, the heat index had been between 100 and 105 degrees F.</p> <p>During a telephone interview on 6/27/2022 at 1:20 PM, the Administrator confirmed the air conditioning system had failed on Thursday, 6/16/2022. The air conditioning repair vendor had evaluated the system, did not have the parts needed for the repair and had to place an order, which was supposed to be in on Monday, 6/20/2022. He stated they .had put supplemental portable air conditioning units throughout the facility and tried to keep residents out of their rooms during the warmest hours during the day .</p> <p>The Immediate Jeopardy was removed onsite when the facility evacuated all the residents on 6/21/2022.</p> <p>The facility's noncompliance at F-584 continues at a scope and severity of F for monitoring of the effectiveness of the corrective actions.</p> <p>Refer to F-600.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</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** 30126</p> <p>Based on policy review, a Life Safety Code violation complaint, weather website review, medical record review, observation, and interview, the facility failed to prevent neglect as evidenced by 1 of 150 residents that lived in the facility (Resident #1) exhibited symptoms of distress from heat exposure. The facility's failure to provide a safe and comfortable environment to prevent the likelihood of neglect for all 150 residents in the facility resulted in Immediate Jeopardy when the facility failed to evacuate residents when the air conditioning system was not functioning adequately.</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 was notified of the Immediate Jeopardy on [DATE] at 3:20 PM, in the Conference Room.</p> <p>The facility was cited Immediate Jeopardy at F-600.</p> <p>The facility was cited at F-600 at a scope and severity of L, which is Substandard Quality of Care.</p> <p>The IJ existed [DATE] through [DATE]. The Immediate Jeopardy was removed onsite when the facility evacuated all the residents on [DATE].</p> <p>The facility is required to submit a Plan of Correction.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, ABUSE PREVENTION AND INTERVENTION STRATEGIES NURSING POLICY AND PROCEDURE, revealed .It is the policy of the facility to protect its residents from abuse, neglect .Ways to recognize abuse .Resident and Staff reports .Actions when abuse is suspected . ensure resident safety by removing resident from unsafe/hazardous environment .</p> <p>Review of an anonymous Life Safety Code (LSC) complaint dated [DATE], revealed allegations there was no air conditioning in the facility, especially on the memory care unit [400 Hall]. Fans were running in the hallway, however, residents who were confined to their beds and rooms were suffocating .</p> <p>Review of the ,d+[DATE] National Weather Service reporting system at www.weather.gov revealed high temperatures of 80 degrees Fahrenheit (F) to low 90 degrees F from [DATE]-[DATE], temperatures greater than 95 degrees F beginning [DATE] with recorded high temperatures of 100 degrees F on [DATE] and [DATE]. On [DATE] the high temperature was 98 degrees F with continued record high temperatures in the upper ,d+[DATE] degrees F through [DATE] and then the upper 90 degrees F on [DATE]-[DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the medical record, revealed Resident #1 was admitted to the facility on [DATE] with diagnoses of Dementia with Lewy Bodies, Parkinson's Disease, Chronic Obstructive Pulmonary Disease, Asthma, Chronic Kidney Disease, History of Malignant Neoplasm of the Lip, Oral Cavity and Pharynx, Right Lung Mass with Diagnoses of Squamous Cell Carcinoma, Metastatic Cancer to the Lymphatic System, Left Adrenal Gland, Left Thyroid Cartilage and Left Femur and was placed on Hospice care on [DATE].</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed clear speech, understood/understands, a Brief Interview for Mental Status (BIMS) score of 8, which indicated Resident #1 had moderate cognitive impairment, no mood or behavior symptoms, required supervision with activities of daily living (ADL), and extensive assistance with bathing.</p> <p>Review of the ,d+[DATE] Physician Orders, revealed XXX[DATE] .Hospice r/t [related to] End Stage COPD [Chronic Obstructive Pulmonary Disease] .Oxygen by Nasal Cannula at ,d+[DATE] L [liters] to keep O2 [oxygen] sats [saturation] equal to or greater than 90% .</p> <p>Review of a Hospice Note dated [DATE] at 2:04 PM, revealed Resident #1's family called requesting a hospice visit that day and reported Resident #1 vomited his food after eating which was .potentially caused by heat exhaustion due to the memory care unit not having a working air conditioner . The hospice nurse documented, .the resident was in his room, it was hot, his skin was cool and clammy, he was tachycardic with a heart rate of 100 beats per minute .short of breath at rest with an O2 sat on 3 L of oxygen of , d+[DATE]% . Safety issues were identified related to inadequate cooling in the facility. The hospice nurse documented she talked to the facility nurse who told her they were working on the air conditioner. Therefore, she advised the nurse of the resident's signs and symptoms. His family was advised to send the resident to the emergency room if his symptoms persisted. The resident's family returned the hospice nurse's call and informed her facility Administration was putting an air conditioning unit in Resident #1's room.</p> <p>A list of in-house transfers for the week of [DATE] was requested. The following residents were transferred from the 2nd floor 400 hall to the 1st floor 100 hall:</p> <p>a. Review of the medical record, revealed Resident #10 was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction, Heart Failure, Osteoarthritis, Anorexia, Dementia, and Hypertension.</p> <p>Review of the MDS dated [DATE], revealed a cognitive score of 3 which indicated severe impairment, was not ambulatory, and required extensive assistance to dependence on staff for all ADLs.</p> <p>Review of the Nursing Progress Notes and Physician Orders dated ,d+[DATE], revealed no documentation of the resident's status change or orders requiring the resident's transfer from the 400 Hall to the 100 Hall.</p> <p>b. Review of the medical record, revealed Resident #11 was admitted to the facility on [DATE] with diagnoses of Dementia with Behavioral Disturbance, Diabetes Mellitus, Dysphagia, Hyperlipidemia, Hypertension, and diagnosed with COVID-19 on [DATE].</p> <p>Review of the MDS dated [DATE], revealed a BIMS score of 8, which indicated moderate cognitive impairment, was not ambulatory, and required extensive assistance to dependence on staff for all ADLs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the Nursing Progress Notes and Physician Orders dated ,d+[DATE], revealed no documentation of Resident #11's status change and there were no orders for the resident's transfer from the 400 Hall to the 100 Hall.</p> <p>c. Review of the medical record, revealed Resident #12 was admitted to the facility on [DATE] with diagnoses of Encephalopathy, Acute Kidney Failure, Schizophrenia, Dementia, Hyperlipidemia, Hypertension, Adult Failure to Thrive, Peripheral Vascular Disease, and a diagnosis of COVID-19 on [DATE].</p> <p>Review of the Physician Orders dated [DATE], revealed the resident was admitted to hospice with the diagnosis of Encephalopathy and had an order for oxygen at ,d+[DATE] liters .to maintain O2 levels at or above 90% .</p> <p>Review of the MDS dated [DATE], revealed a BIMS score of 6, which indicated severe cognitive impairment, was not ambulatory, required extensive assistance to dependence on staff for all ADLs, and received oxygen and hospice services.</p> <p>Review of the Nursing Progress Notes and Physician Orders dated ,d+[DATE], revealed no documentation of Resident #12's status change and there were no orders for the resident's transfer from the 400 Hall to the 100 Hall.</p> <p>d. Review of the medical record, revealed Resident #13 was admitted to the facility on [DATE] with diagnoses of Dementia with Behavioral Disturbance, Hypertension, Psychosis, Insomnia, Abnormal Weight Loss, and a diagnosis of COVID-19 on [DATE].</p> <p>Review of the MDS dated [DATE], revealed a BIMS score of 1, which indicated severe cognitive impairment, had mood symptoms which included decreased pleasure in things, had sleep and appetite disturbance, and trouble concentrating, was non-ambulatory, and required extensive assistance to dependence on staff for ADLs.</p> <p>Review of the Nursing Progress Notes and Physician Orders dated ,d+[DATE], revealed no documentation of Resident #13's status change and there were no orders for the resident's transfer from the 400 Hall to the 100 Hall.</p> <p>e. Review of the medical record, revealed Resident #14 was admitted to the facility on [DATE] with diagnoses of Moderate Protein-Calorie Malnutrition, Hypertension, Adult Failure to Thrive, Vascular Dementia, and was diagnosed with COVID-19 on [DATE]</p> <p>Review of the MDS dated [DATE], revealed a BIMS score of 2, which indicated severe impairment, was not ambulatory, and required extensive assistance to dependence on staff for all ADLs.</p> <p>Review of the Nursing Progress Notes and Physician Orders dated ,d+[DATE], revealed no documentation of Resident #14's status change and there were no orders for the resident's transfer from the 400 Hall to the 100 Hall.</p> <p>f. Review of the medical record, revealed Resident #15 was admitted to the facility on [DATE] with diagnoses Diabetes Mellitus, Encephalopathy, Chronic Kidney Disease, Dementia, and Hypertension.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the MDS dated [DATE], revealed a BIMS score of 3, which indicated severe cognitive impairment, was not ambulatory, and required extensive assistance to dependence on staff for all ADLs with limited assistance when using the wheelchair.</p> <p>Review of the Nursing Progress Notes and Physician Orders dated ,d+[DATE], revealed no documentation of Resident #15's status change and there were no orders for the resident's transfer from the 400 Hall to the 100 Hall.</p> <p>Review of the LSC surveyor notes dated [DATE] at 11:55 AM, revealed the temperature in the city where the facility was located was 91 degrees F and felt like 100 degrees F with a humidity of 49%.</p> <p>Review of the LSC surveyor's recorded temperatures on [DATE] at 12:00 PM on the Memory Care Unit, revealed 12 of the 14 rooms registered temperatures greater than 85 degrees F and one of the rooms registered a temperature of 89.1 degrees F.</p> <p>Documentation revealed the LSC surveyor notified the Administrator on [DATE] at 1:30 PM, that all 150 residents in the building should be evacuated due to the failure of the facility's air conditioning system, inability for the system to be immediately repaired, and the forecasted high temperatures in the area for the upcoming week.</p> <p>During an interview on [DATE] at 2:50 PM, Family Member #1 stated her family member was being transported to another local facility and they were .appreciative of [State Agency's] presence and actions taken to have the residents evacuated due to the air conditioning failure .</p> <p>During an interview on [DATE] at 3:00 PM, the Administrator confirmed the air conditioning system had . failed on Thursday [DATE] .</p> <p>Observations and interviews with residents and staff on [DATE] beginning at 3:20 PM, revealed the following temperatures (temp) and resident interviews:</p> <p>Observations upon entering the Memory Care Unit on the 400 Hall revealed the hall temperature ranged from ,d+[DATE] degrees F with a portable air conditioning unit set at 65 degrees F and a large shop fan in the hall.</p> <p>a. Random Resident (RR) #1's room was 88 degrees F and the resident stated, .It's hot .</p> <p>b. RR #2, was seated in his wheelchair in the hall outside his room. The temperature in his room was 90.2 degrees F. When asked how he was doing, he stated, .Hot .</p> <p>c. RR #3 was in his wheelchair and able to self-propel the wheelchair without difficulty. The temperature in his room was 89.2 degrees F. He stated he had gone down to the 100-Hall Day Room where it was cooler. He further stated, .It's been hot on the 400 Hall for almost a week .</p> <p>d. RR #4 was in bed and the temperature in the room was 79 degrees F. RR #4 stated, .hope the air comes back on .it's hot .</p> <p>e. RR #5 was in bed and the temperature in the room was 84 degrees F and RR #5 asked if there where hospital gowns available for tonight because they are cooler.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>f. RR #6 was in bed and the temperature in the room was 86 degrees F. The family was at the bedside and had brought her a fan. RR #6 stated, .It's hot .</p> <p>g. RR #7 was in bed and the temperature in the room was 88.9 degrees F. RR #7 stated, .It's hard to stay cool .I got a fan or wouldn't have made it .miserable in the heat .so sweaty my hair needs to be washed .</p> <p>h. RR #8 was in his room. The temperature in the room was 90 degrees F and he stated he was hot.</p> <p>i. RR #9 was in his room. The temperature was 86 degrees F and he stated he was hot.</p> <p>j. RR #10's room temperature was 89 degrees. She was seated outside the room door, dressed in a lightweight gown and non-skid socks. She stated she was hot and .It'd help if the air was fixed and cooler in the building .</p> <p>k. RR #11's room temperature was 89 degrees F and the resident stated, .hot is an understatement .</p> <p>l. RR #12's room temperature was 88.9 degrees F and the resident stated, .It's hot .</p> <p>m. RR #13 was in her room and the temperature was 85 degrees F and she stated she was hot.</p> <p>n. RR #14's room temperature was 85 degrees F and the resident stated, .very, very, very hot .</p> <p>During an interview on [DATE] at 3:35 PM Licensed Practical Nurse (LPN) #1 was asked if she felt the temperature was too warm on the Memory Care Unit for the residents and staff. She stated, .I'm not going to answer that .</p> <p>During an interview on [DATE] at 3:50 PM, LPN #2 stated, .the air has been off for a month .</p> <p>During an interview on [DATE] at 3:50 PM, Certified Nursing Assistant (CNA) #1 stated, .the air has been off every year when it gets hot outside .</p> <p>During a telephone interview on [DATE] at 3:22 PM, Family Member #1 confirmed she or another family member made daily visits to the facility. When asked about the air conditioning in the building, the family member stated that for the 4 years the resident had been in the facility, the air conditioning had not been adequate, but .it had been around the beginning of June when the air on the 400 Hall had gone out and they had put fans in the halls .</p> <p>During a telephone interview on [DATE] at 4:25 PM, the Director of Maintenance (DOM) confirmed the facility's chiller system failed on Thursday [DATE]. He stated the facility building was [AGE] years old and the facility had prior problems with the air system during the summer months. When asked if he had taken room temperatures after the air system failed, he revealed he had not done so other than random temperatures. When asked if he had documentation of which rooms had required portable air units, he confirmed he did not have any documentation. When asked if the facility had planned to evacuate the residents because of the air system failure prior to the LSC surveyor arriving on Saturday [DATE]. He stated, No ma'am. Disaster preparedness plans for worst case scenario and hadn't been necessary .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During a telephone interview on [DATE] at 4:00 PM, the facility owner confirmed he was responsible for the facility operations. The facility owner confirmed he was aware of problems with the air in the past but had never had a system failure before, however, the heat index had been between 100 and 105 degrees F.</p> <p>During a telephone interview on [DATE] at 10:53 AM, the Hospice nurse who visited Resident #1 on [DATE], revealed the resident's family called her on Friday, [DATE], frantic because it was so hot in his room. The family stated he had eaten, threw it back up, and looked like he was in distress. The room was hot and his skin was cool and clammy. The Hospice nurse stated he was stabilized on O2 at 3 L with an oxygen saturation of 92% and vital signs were within normal limits for him so she went to find the nurse. She went downstairs to the Receptionist desk and asked if the facility was going to get any air soon and was told they were working on it. A woman came out of the administration offices and the Hospice nurse informed her that Resident #1 needed to be sent to the emergency room (ER) as he needed air conditioning, and the ER would hold him there. The woman sent her to the large Conference Room where ,d+[DATE] people were eating lunch and she told his nurse that Resident #1 was in distress, he needed to be under air conditioning, and his sister was on her way. She walked out of the building to her car and documented her visit. The resident's sister called and an air conditioner was to be placed in his room and she declined transfer to the ER at that time.</p> <p>During a telephone interview on [DATE] at 1:20 PM, the Administrator confirmed the air conditioning system had failed on Thursday, [DATE]. The air conditioning vendor had evaluated the system, did not have the parts needed for repair, had to place an order, and the parts were scheduled to arrive on Monday, [DATE]. He stated they had put supplemental portable air conditioning units throughout the facility and kept residents out of their rooms during the warmest hours during the day. The Administrator stated that if they had not been able to fix the air they would have evacuated.</p> <p>During a telephone interview on [DATE] at 2:30 PM, CNA #2 confirmed that approximately 2 weeks prior to the State Agency entering the facility on [DATE] and the residents being evacuated, the air was out on the 400 Hall. They tried to put portable air conditioning units from the [local home improvement store] in some rooms, but the residents unplugged them. They brought a large fan and portable air conditioner for the 400 Hall. One family member brought a fan for his mother's room. The CNA revealed they tried to get the residents out of their rooms into the hall and to stay in the activity/dining area at the end of the hall where the facility had placed portable air conditioning units. Some residents would do this but others would not. The CNA stated the Administrator walked the halls and when he was asked about the air conditioning, he would tell them they were working on it. When asked if anyone in the facility was checking the room and hall temperatures regularly, the CNA stated, I didn't see it.</p> <p>During a telephone interview on [DATE] at 3:09 PM, CNA #3 confirmed she had worked on the 400 Hall. The CNA confirmed Monday, [DATE], and Tuesday, [DATE], three CNAs had walked out because it was so hot and stated, .It was hot, and the heat index was high outside .We're in the midsouth and it happens every year . Other staff scheduled on the 400 Hall said it got hot on the unit every year. CNA #3 stated they tried to keep residents up and out of their rooms, family members brought in fans, and on Friday, [DATE], they took some of the total care residents down to the 1st floor to cool off in the afternoon. The CNA confirmed that on Friday [DATE], 4 or 5 residents were moved from the 400 Hall to the 1st floor but didn't know what had happened.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During a telephone interview on [DATE] at 8:04 AM, CNA #4 confirmed working the scheduled shift of 7:00 AM-3:00 PM the week of [DATE]. CNA #4 confirmed it was hot all that week on the 400 Hall, and the heat was draining. When asked if her resident had been affected by the heat, the CNA reported that on Friday, [DATE], one of her residents was slumped down in bed. LPN #1, had checked her and moved her downstairs. The CNA reported hearing a family member complain about how hot it was. Administrative staff said they were placing a stand-up air unit in her brother's room, and she asked, What about the other patients. What about the staff. The CNA revealed that during orientation they said, 'Watch what you say when the State comes around' but what if a patient or staff died ? .</p> <p>During a telephone interview on [DATE] at 9:53 AM, Family Member #2 was asked about the air conditioning in the facility and stated that after visiting the facility on [DATE], she had reported to a facility staff member that the air wasn't working in her family member's room and further stated, 'That's just not right having uncomfortable air temperatures .Residents in the hall would say 'It's hot' and I'd respond 'Yeah. It is' .</p> <p>During a telephone interview on [DATE] at 1:28 PM, Family Member #3 stated she had been in the facility visiting her family member on [DATE] and the air in the room was not working. She had told the facility it was too hot in the room, her family member was sweating, and they put a portable air conditioner in the room.</p> <p>The Immediate Jeopardy was removed onsite when the facility evacuated all the residents on [DATE].</p> <p>The facility's noncompliance at F-600 continues at a scope and severity of F for monitoring the effectiveness of the corrective actions.</p> <p>The facility is required to submit a Plan of Correction.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30126</p> <p>Based on policy review, hospital record review, medical record review, and interview, the facility failed to follow the facility's policy for monitoring weights, failed to consistently record the percentage of the meal intake, failed to base nutritional needs on reliable data, and failed to follow the Registered Dietician's (RD) recommendations to provide nutritional interventions due to identified weight loss in a timely manner for 1 of 8 sampled residents (Resident #4) reviewed with a Percutaneous Endoscopic Gastrostomy (PEG) feeding. The facility's failure to monitor weights, record meal intake consistently, base nutritional needs on reliable data, and follow the RD recommendations for nutritional interventions resulted in Actual Harm when Resident #4 had significant weight loss.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Weights, revealed .All residents must be weighed upon admission, then weekly x [times] 4 weeks and then monthly .Any resident with 5% [percent] weight loss in 30 days will be placed on weekly weights, and meal accountability .</p> <p>Review of the facility's undated policy titled, WEIGHT LOSS/GAIN - A CHANGE IN CONDITION, revealed . Significant weight loss/gain is .2-3% in 1 week .5% or greater in 30 days .7.5% or greater in 3 months .10% or greater in 6 months .</p> <p>Review of the preadmission hospital records revealed on 12/3/2021, Resident #4 presented to the emergency department with shock trauma after being run over by a backhoe. The resident had a prolonged and complicated acute hospitalization which included dependence on mechanical ventilation and tracheostomy placement; cardiac asystole (cessation of electrical activity of the heart) and resuscitation; pelvic and sacral fractures; partial and deep thickness skin loss and friction burns to left thigh, left flank and right thigh; sepsis; and soon after hospital admission, placement of a hemodialysis (HD) catheter for treatment due to failed kidney function which required intermittent HD treatments followed by regular HD treatments 3 times each week beginning 12/7/2021. The resident was discharged from the acute hospital setting to an extended care hospital on 1/21/2022 where his tracheotomy was eventually discontinued,. The resident was stabilized on HD 3 times each week, stabilized on continuous PEG feedings nightly, and pureed meal trays during the day. The resident was discharged from the extended care hospital and admitted to the facility on [DATE].</p> <p>Review of the medical record, revealed Resident #4 was admitted to the facility on [DATE] with diagnoses of Acute and Chronic Respiratory Failure, End Stage Renal Disease with a History of Chronic Kidney Disease, Dependence on Renal Dialysis, a PEG, Dysphagia, History of Fracture of the Right Pubis and Sacrum, Diabetes Mellitus, Open Wounds and Gangrenous Toes, Second Degree Heart Block, Hypertension, and Acute Pain due to Trauma. The resident's surgical history included Coronary Artery Bypass Grafting prior to the trauma.</p> <p>Review of the Physician Orders dated 3/23/2022, revealed Resident #4 was to not have anything by mouth and was to receive a continuous PEG feeding of Nepro Carb Steady at 98 milliliters (ml)/(per) hour (h) x (for) 12 h and free water at 40 ml/h x 12 h per pump.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's RD note dated 3/23/2022, revealed Resident #4's tube feedings were based on a 3/14/2022 hospital weight of 162 pounds (lbs.). The RD recommendations for tube feeding was Nepro at 98 ml/h x 12 h which provided 2116 calories and 95 grams (G) of protein.</p> <p>Review of the Medication Administration Record (MAR) for 3/2022, revealed the feedings were changed from night feedings starting at 6:00 PM and ending at 6:00 AM, to daytime hours starting at 6:00 AM and through 6:00 PM. There was no documentation of an order to change the feedings to daytime hours.</p> <p>Review of a Physician Order dated 3/24/2022, following a Speech Language Pathology evaluation, revealed a controlled carbohydrate, no added sodium mechanical soft diet with ground meat texture was ordered. Fluids were of regular consistency. A 1,000 ml fluid restriction was also ordered which was not to include the fluid in the tube feedings. The resident was to have no breads, sugar free snacks twice daily and double protein with all meals. On 3/24/2022, he was also started on a physician prescribed protein supplement of 30 ml twice daily to provide additional calories and protein for wound healing.</p> <p>Review of the comprehensive Care Plan initiated on 3/25/2022, revealed Resident #4 was at nutritional risk related to receiving a mechanically altered therapeutic diet, diagnoses of chronic kidney disease with Hemodialysis, Wounds, and a 1000 ml fluid restriction. Interventions included assessing weights and food intake as needed/indicated, assess, record, and report to the physician as needed for significant weight loss of 3 lb. in 1 week and greater than 5% in 1 month.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #4 had clear speech, understood/understands, had moderate cognitive impairment, required extensive assistance with activities of daily living which included eating, was 68 inches tall, weighed 173 lbs., was on a mechanically altered and therapeutic diet, received greater than 51% of the calories per feeding tube, and received greater than 501 ml water via feeding tube.</p> <p>Review of Resident #4's weight record revealed the resident's admission weight was not obtained until 3/28/2022, 5 days after admission. Review of the resident's weight record revealed the following:</p> <ol style="list-style-type: none"> 1. Admission: 3/23/2022: No admission weight obtained. 2. Week #2: documented an initial weight was obtained on 3/28/2022 of 173.4 lb. 3. Week #3 (4/3-4/9/2022) there was no weight obtained. 4. Week #4 (4/10 - 4/16/2022) there was no weight obtained. 5. Week #5 on 4/21/2022 documented a weight of 158.4 lbs., which was a 15 lb. loss, 8.7% since the first weight obtained on 3/28/2022. 6. Week #6 on 4/30/2022 documented a weight of 151 lbs. which was a loss of 22.4 lbs., 12.9% in 30 days. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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)		
F 0692 Level of Harm - Actual harm Residents Affected - Few	<p>7. Week #7 on 5/5/2022 documented a weight of 145 lbs., a 28.4 lb. loss, 16.4% since the first weight obtained on 3/28/2022.</p> <p>8. Week #8 on 5/12/2022 documented a weight of 142 lbs., a 31.4 lb. loss, an 18.1% weight loss since 3/28/2022</p> <p>Review of the HD clinic's pre and post HD treatment weights revealed the following:</p> <ol style="list-style-type: none"> 1. 3/24/2022: pre and post 176.9 lbs. following 3.3 hours of HD. 2. 3/26/2022: pre-175.6 lbs., post-172.9 lbs. following 3.3 hours of HD. 3. 3/29/2022: pre-174.7, post-174 lbs. following 3.3 hours of HD. 4. 3/31/2022: pre-169.4, post-169.2 lbs. following 3.3 hours of HD. 5. 4/2/2022: pre-169.2, post-169.6 lbs. following 3.34 hours of HD. 6. 4/5/2022: pre-176, post-162.8 lbs. following 3.3 hours of HD. 7. 4/7/2022: pre-163.7, post-162.1 lbs. following 3.3 hours of HD. 8. 4/9/2022: pre-161.3, post-157.5 lbs. following 3.31 hours of HD. 9. 4/12/2022: pre-158.4, post-157.6 lbs. following 3.3 hours of HD. <p>Continued review of Resident #4's weights and HD times until the resident was discharged on [DATE], revealed a continued gradual weight loss as noted on 5/12/2022: a weight of 142 lbs. HD treatment times ranged from 2.47-3.4 hours with documented weight gain post HD treatment on 4/19/2022 and 4/26/2022 related to low pre weight of 149.8 lbs. and 150.5 lbs. respectively.</p> <p>Review of the meal intake records recorded by the Certified Nursing Assistants (CNA) for 4/2022, revealed the percentage of meal intake was recorded for 39 of 90 possible meals and 27 of the 39 recorded meals documented 0-25% of the meal eaten.</p> <p>Review of the facility's RD note dated 4/4/2022, revealed nursing's request that Resident #4 be changed to bolus feedings instead of continuous PEG feeding via pump due to the resident pulling on the feeding pump and pulling at his PEG tube . Upon admission to the facility, the resident's nocturnal (nighttime) PEG feedings had been changed to daytime hours for infusion. Review of the RD recommendations dated 4/4/2022 revealed the resident was to be changed to 1 can of Nepro 4 times daily followed by 150 ml of free water bolus to follow each feeding. The 4 cans of Nepro daily provided 1700 calories and 76 Grams (G) of protein. The RD documented a reported meal intake of 25-75%.</p> <p>Review of the pre and post HD weights provided by the facility revealed on 4/12/2022 Resident #4 weighed 158 lbs. The facility was unable to provide documentation that the resident's 15 lbs./8.7% weight loss in 3 weeks was identified or addressed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the MAR for 4/2022 and 5/2022 revealed, Resident #2 was out of the facility for hemodialysis every Tuesday, Thursday, and Saturday as ordered. Therefore, 3 days each week the resident did not receive one of the cans of Nepro which was calculated as 450 calories and 19 G of protein needed to sustain the resident's nutritional status.</p> <p>Review of the facility's RD note dated 4/25/2022, revealed the RD had conferred with the HD clinic RD and recommended, in addition to the interventions in place, and a multivitamin supplement, the resident's diet be liberalized to a mechanically altered regular diet, discontinue the 1,000 ml fluid restriction, and add sugar free house shakes with all meals with the goal to improve his by mouth nutritional intake.</p> <p>Review of the 4/2022 and 5/2022 Physician Orders revealed the RD recommendations documented in the RD Progress Note dated 4/25/2022, were not implemented by the facility until 5/9/2022.</p> <p>During a telephone interview on 7/7/2022 at 11:20 PM, the Director of Nursing (DON) confirmed the facility was not weighing the resident and the resident's weights were not documented.</p> <p>During telephone interview on 7/7/2022 at 11:44 AM, the RD at the HD center confirmed Resident #4 was sent to the facility from the extended care hospital on a maintenance PEG feeding and had been stabilized on HD prior to discharge to the facility. The RD confirmed he should not have continued to lose weight, especially not 31 lbs. in the 7 weeks that he was a resident at the facility, if he was receiving the necessary nutrition to meet his needs. She confirmed the dialysis clinic did not give his bolus PEG feeding the 3 days a week that he was at the HD center for the HD treatment which would amount to a deficit of 450 calories and 19 grams of protein for each missed feeding. The RD confirmed an approximate 500 calorie decrease in the nutritional feeding daily, due to the change from a continuous feeding to bolus feedings. The loss of another 450 calories 3 times weekly due to the resident not receiving a bolus feeding on the days in dialysis could result in a gradual weight loss. The RD stated her facility contact was the Certified Dietary Manager (CDM) until when she talked with the facility's RD on (4/25/2022). The RD stated that the CDM informed her she . could only pass recommendations along to nursing .</p> <p>During telephone interview on 7/7/2022 at 2:09 PM, Resident #4's Responsible Party (RP) confirmed she had brought her husband home as she could make sure he was clean and dry, had something to eat and drink, and that the facility was a [explicit word] hole .they wouldn't assist him with eating .couldn't get an answer to questions .nobody answers the phone .always bull [explicit word] .</p> <p>During telephone interview on 7/7/2022 at 3:28 PM, the facility RD reviewed her nutritional assessment and calculations and confirmed bolus feedings of 4 cans daily provided 1700 calories and 76 G of protein. When asked about the decreased nutrition provided by the continuous feedings, 2116 calories and 95 G protein to 1700 calories and 76 G protein, the RD stated she accounted for 377 extra calories daily from the 25% eaten at meals daily and the 200 calories provided by the protein supplement. The resident had been receiving the protein supplement with the continuous feeding, and a diet as of 3/24/2022. Therefore, the 377 calories received from the food consumed and the 200 protein calories were already in place which resulted in the resident having a 516 calorie deficit in the caloric intake daily due to the order of changing the feedings from continuous to bolus and placed the resident at risk for weight loss.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 7/7/2022 at 3:28 PM, the Director of Nursing (DON) confirmed the facility sent a sack lunch with the resident on dialysis days, and they did not make up for the missed bolus feedings when Resident #4 went to dialysis.</p> <p>During a telephone interview on 7/11/2022 at 12:04 PM, the DON confirmed the CDM was responsible for monitoring resident weights.</p> <p>The facility's failure to monitor weights, document consistent percentages of the intake at meals, and follow the RD recommendations for nutritional interventions resulted in Actual Harm when Resident #4 had significant weight loss.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>30126</p> <p>Based on National Weather Service Reporting System, Board of Examiners for Nursing Home Administration (BENHA) review, job description review, observation, and interview, the facility Administration failed to administer the facility in a manner that enabled the facility to use its resources effectively to attain and maintain the highest practicable well-being of residents susceptible to lack of comfortable and safe temperature levels. Failure of Administration to effectively plan and develop strategies in the event the facility air conditioning system was unable to maintain comfortable temperatures for the residents, and failure to provide education to staff to ensure residents were more frequently assessed for symptoms of heat intolerance and the importance of monitoring and providing necessary hydration placed the 150 residents residing in the facility in Immediate Jeopardy when the facility air conditioning system failed.</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 was notified of the Immediate Jeopardy on 6/28/2022 at 3:20 PM, in the Conference Room.</p> <p>The facility was cited Immediate Jeopardy at F-584, F-600, F-835, F-837, and F-867.</p> <p>The facility was cited at F-584 and F-600 at a scope and severity of L, which is Substandard Quality of Care (SQC).</p> <p>The IJ existed from 6/1/2022 through 6/20/2022. The Immediate Jeopardy was removed onsite when the facility evacuated all residents on 6/21/2022.</p> <p>The facility is required to submit a Plan of Correction.</p> <p>The findings include:</p> <p>Review of the facility's undated job description titled, Administrator Job Description, revealed .The purpose of this position is to establish and maintain systems that are effective and efficient to operate the facility in a manner to safely meet residents' needs in compliance with federal, state and local requirements .</p> <p>Review of the facility's job description titled, ROLE OF THE DIRECTOR OF NURSING SERVICES, revised 7/2021, revealed .Duties and Responsibilities .Developing and participating in the planning, conducting, and scheduling of timely in-service training classes that provide instructions on 'how to do the job,' and ensure a well-educated Nursing Services Department .</p> <p>Review of the BENHA form revealed the current Administrator had been employed by the facility since 2/2017.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Historical review of Life Safety Code (LSC), and Health complaints revealed 8 LSC and Health visits to the facility related to uncomfortable air temperatures in resident rooms. The complaints related to uncomfortable temperatures in the resident rooms were as follows:</p> <ul style="list-style-type: none"> a. Health visit on 7/19/2018 b. Health visit on 8/21/2018 and 8/29/2018 c. LSC visit on 7/14/2020 d. Health visit on 7/20/2020 e. Health visit on 7/19/2021 f. LSC visit on 6/18/2022. <p>Review of the complaint summary findings revealed immediate repairs were possible. However, the historical data shows a pattern of concerns and problems related to the facility's air conditioning system.</p> <p>Review of the 6/2022 National Weather Service reporting system at www.weather.gov revealed high temperatures of 80 degrees Fahrenheit (F) to low 90 degrees F from 6/1/2022 through 6/11/2022, temperatures greater than 95 degrees F beginning 6/12/2022 with recorded high temperatures of 100 degrees F on 6/16/2022 and 6/17/2022. On 6/18/2022, the high temperature was 98 degrees F with continued record high temperatures in the upper 90-100 degrees F through 6/26/2022 and then the upper 90 degrees F on 6/29/2022 and 6/30/2022.</p> <p>Medical record review and interview confirmed that on 6/17/2022, Resident #1 suffered from symptoms of heat related distress. LSC surveyors entered the facility unannounced on Saturday 6/18/2022 at 11:00 AM, related to an anonymous complaint submitted on 6/17/2022 regarding the air conditioning system was not working in the building. The allegation was substantiated during the LSC survey inspection and observation of random temperatures in resident rooms. The Health surveyor entered later in the day on 6/18/2022 at the request of the LSC surveyors. The recorded temperatures by the LSC surveyor were elevated above federal regulatory guidelines. Interviews onsite with residents and facility staff confirmed the temperatures were uncomfortable. Interviews with the Administrator and Director of Maintenance confirmed the air conditioning system had failed on 6/16/2022. The LSC surveyors determined evacuation of all 150 residents was necessary for their health and safety and notified the Administrator on 6/18/2022 at 1:30 PM. The evacuation process was then implemented. All residents were evacuated by 3:00 PM on 6/21/2022. Interviews with residents and staff on 6/18/2022 and telephone interviews with staff and family confirmed the air conditioning system had not been able to maintain comfortable air temperatures, especially on the 200 and 400 Halls, since the first of 6/2022.</p> <p>During a telephone interview on 6/27/2022 at 1:20 PM, the Administrator was unable to provide information on strategic planning in the event the facility's air conditioning unit was unable to maintain comfortable temperatures. When asked about staff education on hydration needs and resident assessment, he stated, . Not sure if formal in-services .Just do it .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During a telephone interview on 6/27/2022 at 2:43 PM, the Director of Nursing (DON) was asked if staff training, and in-services had been completed as the facility prepared for warmer weather conditions. The DON was unable to provide confirmation of training or documentation of any in-services related to preparation for the cooling system failure in the event of elevated weather temperatures.</p> <p>Administration's failure to plan and develop plans in the event the cooling system failed when the outside temperatures were elevated or provide training for staff related to the monitoring and care of vulnerable residents during the hot summer months placed all 150 residents in Immediate Jeopardy when the air conditioning system failed, and the vicinity temperature was a recorded high temperature of 100-degree F.</p> <p>Refer to F-584, F-600, F-837, and F-867.</p> <p>The Immediate Jeopardy was removed onsite when the facility evacuated all the residents on 6/21/2022.</p> <p>The facility's noncompliance at F-835 continues at a scope and severity of F for monitoring of the effectiveness of the corrective actions.</p> <p>The facility is required to submit a Plan of Correction.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>30126</p> <p>Based on policy review, job description review, and interview, the Governing Body failed to provide oversight to ensure systems and processes were developed and consistently followed, failed to provide oversight of administration and nursing staff ensuring that residents at risk for negative outcomes related to heat exhaustion were frequently assessed and given necessary hydration for their health and safety, and failed to provide oversight in the development of plans for evacuation of the residents in the event the facility's historically unreliable air conditioning system failed to provide comfortable temperatures for residents enabling the residents to continue in their activities of daily living without discomfort and without risk of serious health related outcomes due to excessive heat. The Governing Body's failure to provide oversight and ensure systems and processes were in place resulted in Immediate Jeopardy for the 150 residents residing in the facility when the air conditioning unit failed.</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 was notified of the Immediate Jeopardy on 6/28/2022 at 3:20 PM, in the Conference Room.</p> <p>The facility was cited Immediate Jeopardy at F-584, F-600, F-835, and F-867.</p> <p>The facility was cited F-584 and F-600 at a scope and severity of L, which is Substandard Quality of Care.</p> <p>The IJ existed from 6/1/2022 through 6/20/2022. The Immediate Jeopardy was removed onsite when the facility evacuated all residents on 6/21/2022.</p> <p>The facility is required to submit a Plan of Correction.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Quality Assessment Performance Improvement Program, revealed .A Quality Assessment Performance Improvement (QAPI) program must be ongoing and comprehensive, dealing with the full range of services offered by this facility, including all the departments . This facility will conduct Performance Improvement Projects (PIPs) to examine and improve care or services in areas that are identified as needing attention .This facility will use a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its root causes, and implications of a change .Systemic Actions will look comprehensively across all involved systems to prevent future events and promote sustained improvement with a focus on continual educational in-servicing and continuous improvement .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the facility's undated job description titled, Administrator Job Description, revealed .The purpose of this position is to establish and maintain systems that are effective and efficient to operate the facility in a manner to safely meet residents' needs in compliance with federal, state and local requirements .</p> <p>Review of the facility's job description titled, ROLE OF THE DIRECTOR OF NURSING SERVICES, revised 7/2021, revealed .Duties and Responsibilities .Developing and participating in the planning, conducting, and scheduling of timely in-service training classes that provide instructions on 'how to do the job,' and ensure a well-educated Nursing Services Department .</p> <p>Historical review of complaints and Life Safety Code (LSC) and Health visits to the facility revealed 8 visits related to alleged uncomfortable air temperatures in resident rooms as follows:</p> <ul style="list-style-type: none"> a. Health visit on 7/19/2018 b. Health visit on 8/21/2018 and Health 8/29/2018 c. LSC visit on 7/14/2020 d. Health visit on 7/20/2020 e. Health visit on 7/19/2021 f. LSC visit on 6/18/2022. <p>Review of the complaints' summary findings revealed immediate repairs were possible, however, the historical data shows a pattern of concerns and problems related to the facility's air conditioning system.</p> <p>LSC surveyors entered the facility unannounced on Saturday, 6/18/2022, at 11:00 AM, related to allegations submitted by an anonymous complainant on 6/17/2022 that the air conditioning system was not working in the building. The Health surveyor entered later in the day on 6/18/2022 at the request of the LSC surveyors. The allegation was substantiated with random temperatures in resident rooms and interviews with facility staff that the air conditioning system had failed on 6/16/2022. LSC surveyors determined evacuations of all 150 residents was necessary for their health and safety and notified the Administrator on 6/18/2022 at 1:30 PM. The evacuation process was implemented. All residents were evacuated by 3:00 PM on 6/21/2022.</p> <p>During a telephone interview on 6/22/2022 at 4:00 PM, the owner, who is the acting Governing Body for the facility, revealed he was aware the facility had problems with the air conditioning system in the past but had never had a system failure before like this and referenced the 100-105 degrees Fahrenheit (F) heat index in the city where the facility was located.</p> <p>During a telephone interview on 6/27/2022 at 12:22 PM, the Medical Director confirmed the air conditioning system in the facility was an ongoing issue and that potential concerns with the system and the residents impacted by the failure had not been on the QAPI agenda or discussed at the QAPI meetings.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During a telephone interview on 6/27/2022 at 1:20 PM, the Administrator confirmed the QAPI committee had not formally discussed or developed a written plan of action related to the possibility of the air conditioning system failing during the summer months. The Administrator stated, .If it goes down, we fix it . When asked about staff education on hydration needs and resident assessment, he stated, .Not sure if formal in-services . Just do it .</p> <p>During a telephone interview on 6/27/2022 at 2:43 PM, the Director of Nursing (DON) was asked if staff training, and in-services had been completed regarding care of the residents during the summer months as the facility prepared for warmer weather conditions. The DON was unable to provide confirmation of training or documentation of in-services.</p> <p>The failure of the Governing Body to provide oversight and ensure systems and processes were in place in the event the facility's air conditioning system failure during the summer months placed the 150 residents residing in the facility in Immediate Jeopardy when the air conditioning system failed, and residents were evacuated to other facilities for their health and safety.</p> <p>Refer to F-584, F-600, F-835, and F-867.</p> <p>The Immediate Jeopardy was removed onsite when the facility evacuated all the residents on 6/21/2022.</p> <p>The facility's noncompliance at F-837 continues at a scope and severity of F for monitoring of the effectiveness of the corrective actions.</p> <p>The facility is required to submit a Plan of Correction.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>30126</p> <p>Based on policy review, observation, and interview, the facility's Quality Assessment Performance Improvement (QAPI) committee failed to set priorities for its performance improvement activities that focused on the high risk and problem-prone air conditioning system and develop strategies based on consideration of the potential negative health outcomes, resident safety, and quality of care concerns, which placed the 150 residents residing in the facility in Immediate Jeopardy when the air conditioning system failed.</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 was notified of the Immediate Jeopardy on 6/28/2022 at 3:20 PM, in the Conference Room.</p> <p>The facility was cited Immediate Jeopardy at F-584, F-600, F-835, F-837, and F-867.</p> <p>The facility was cited F-584 and F-600 at a scope and severity of L which is Substandard Quality of Care (SQC).</p> <p>The IJ existed from 6/1/2022 through 6/20/2022. The Immediate Jeopardy was removed onsite when the facility evacuated all residents on 6/21/2022.</p> <p>The facility is required to submit a Plan of Correction.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Quality Assessment Performance Improvement Program, revealed .A Quality Assessment Performance Improvement (QAPI) program must be ongoing and comprehensive, dealing with the full range of services offered by this facility, including all the departments . This facility will conduct Performance Improvement Projects (PIPs) to examine and improve care or services in areas that are identified as needing attention .This facility will use a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its root causes, and implications of a change .Systemic Actions will look comprehensively across all involved systems to prevent future events and promote sustained improvement with a focus on continual educational in-servicing and continuous improvement .</p> <p>Historical review of complaints and Life Safety Code (LSC) and Health visits to the facility revealed 8 visits related to alleged uncomfortable air temperatures in resident rooms as follows:</p> <p>a. Health on 7/19/2018,</p> <p>b. Health on 8/21/2018 and 8/29/2018,</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 - Many</p>	<p>c. LSC on 7/14/2020,</p> <p>d. Health on 7/20/2020,</p> <p>e. Health on 7/19/2021, and</p> <p>f. LSC on 6/18/2022.</p> <p>Review of the complaints' summary findings revealed immediate repairs were possible, however, the historical data shows a pattern of concerns and continued problems related to the facility's air conditioning system.</p> <p>Medical record review and interview confirmed that on 6/17/2022, Resident #1 suffered from symptoms of heat related distress. LSC surveyors entered the facility unannounced on Saturday 6/18/2022 at 11:00 AM related to allegations submitted by an anonymous complainant on 6/17/2022 that the air conditioning system was not working in the building. The Health surveyor also entered later in the day on 6/18/2022, at the request of the LSC surveyors. The allegations were substantiated by the LSC surveyor inspection and observations of random temperatures in resident rooms that were above both state and federal regulatory guidelines. Interviews onsite with residents and facility staff confirmed the temperatures were uncomfortable. Interviews with the Administrator and Director of Maintenance confirmed the air conditioning system had failed on 6/16/2022. LSC surveyors determined the evacuation of all 150 residents was necessary for their health and safety and notified the Administrator on 6/18/2022 at 1:30 PM. The evacuation process was then implemented. All residents were evacuated by 3:00 PM on 6/21/2022. Interviews with residents and staff on 6/18/2022 and telephone interviews with staff and family confirmed the air conditioning system had not been capable of maintaining comfortable air temperatures, especially on the 200 and 400 Halls, since the first of June.</p> <p>The facility was unable to provide documentation of PIPs, preparations, contingent evacuation plans, staff education for assessment, monitoring, interventions for the likelihood of the air conditioner failure, and ensuring resident health and safety.</p> <p>During a telephone interview on 6/27/2022 at 12:22 PM, the Medical Director confirmed the air conditioning system in the facility was an ongoing issue and that potential concerns with the system had not been on the QAPI agenda the last 2 months they had met. The Medical Director confirmed she was notified on 6/18/2022 when the residents were evacuating.</p> <p>During a telephone interview on 6/27/2022 at 1:20 PM, the Administrator confirmed the QAPI committee had not formally discussed or developed a written plan of action related to the possibility of the air conditioning system failing during the summer months. The Administrator stated, .If it goes down, we fix it .</p> <p>The QAPI committee's failure to address the ongoing concern with the air conditioner failure each summer, plan and provide education for staff focused on care needs in the event of the air conditioner failing, precautions and safety measures to implement in the event the facility's antiquated air conditioning system failed during the hot weather months placed the 150 residents in the facility in Immediate Jeopardy when the system failed.</p> <p>Refer to F-584, F-600, F-835, and F-837.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2022
NAME OF PROVIDER OR SUPPLIER Majestic Gardens at Memphis Rehab & Snc		STREET ADDRESS, CITY, STATE, ZIP CODE 131 N Tucker 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 - Many</p>	<p>The Immediate Jeopardy was removed onsite when the facility evacuated all the residents on 6/21/2022.</p> <p>The facility's noncompliance at F-867 continues at a scope and severity of F for monitoring the effectiveness of the corrective actions.</p> <p>The facility is required to submit a Plan of Correction.</p>		