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<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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| K011 SS=D | **NFPA 101 LIFE SAFETY CODE STANDARD**
If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 | K011 KO11 | A 4 hr separation corridor at the subdivision location between apartment building and 1st Magoffin. The facility had remove the panel, upon the Fire Marshall. Block wall will be visible to eye. | 9/30/11 |
| K018 SS=E | **NFPA 101 LIFE SAFETY CODE STANDARD**
Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only | K018 KO18 | (a) The Soiled Utility room door on 1st Mcree will be repaired. (b) The fire Door by the soiled utility on 1st Magoffin will be repaired. | |
K 018 Continued From page 1
required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3.

Roller latches are prohibited by CMS regulations in all health care facilities.

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to maintain doors protecting corridor openings.

The findings included:

Observation of the corridor openings on 9/5/11 from 9:20 AM until 3:00 PM revealed the following doors were not being maintained:

a. The soiled utility room door on 1st McCree would not latch when closed.

b. The fire doors by the soiled utility on 1st Magoffin would not latch when closed.

c. The Dutch door on 1st Magoffin would not latch at the lower leaf and there was not an astragal between the meeting of the top and lower leaves of the door.

d. The storage room door on 2nd McCree would not close or latch.

\(\Rightarrow\) The Dutch door on 1st Magoffin will be repaired.

(d) The storage room on 2nd McCree will be repaired. Maintenance will monitor all doors monthly and along with Fire Drills.

9/30/2011
**Summary Statement of Deficiencies**

**AMERICARE HEALTH AND REHABILITATION CENTER**

**NAME OF PROVIDER OR SUPPLIER**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

3391 OLD GETWELL RD
MEMPHIS, TN 38118

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<tr>
<th>ID PREFIX</th>
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<td>K 018</td>
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<td>K 018</td>
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<tr>
<td>K 029</td>
<td>SS-D</td>
<td>These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 9/7/11. NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 029</td>
<td></td>
<td>(1) The Clean Linen Room Door on 1st floor will be repaired.</td>
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<tr>
<td></td>
<td></td>
<td>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</td>
<td></td>
<td></td>
<td>(2) The Storage room door by resident room 423 door closures will be repaired.</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to maintain doors in hazardous areas.

The findings included:

1. Observations of the clean linen room on 1st floor McCree on 9/8/11 at 10:05 AM, revealed the door would not latch when closed.

2. Observations of the storage room by resident room 423 on 9/8/11 at 10:25 AM, revealed the door closure was not secured to the door and the door would not latch when closed.

These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor.
**AMERICARE HEALTH AND REHABILITATION CENTER**

**STREET ADDRESS, CITY, STATE, ZIP CODE**
3391 OLD GETWELL RD
MEMPHIS, TN 38118

**ID PREFIX** | **TAG** | **SUMMARY STATEMENT OF DEFICIENCIES** (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LTC IDENTIFYING INFORMATION) | **ID PREFIX** | **TAG** | **PROVIDER'S PLAN OF CORRECTION** (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | **COMPLETION DATE**
--- | --- | --- | --- | --- | --- | ---
K029 | | Continued From page 3 Supervisor at the exit conference on 9/7/11. NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 | K029 | | | 9/30/2011
K038 | SS=D | The facility understand the important of all resident door. Maintenance will check all resident door montlty and with all fire drills The resident room 115 door will be repaired | K038 | | | 9/30/2011
K047 | SS=D | This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain a resident room door. The findings included: Observations of resident room 115 on 9/8/11 at 2.24 PM, revealed the door was hard to push open due to the door sticking against the frame. This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 9/6/11. NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 | K047 | | Exit / Emergency Lights will be repaired | 9/30/2011
**K 047**  Continued From page 4

The findings included:

Observation of the kitchen on 9/6/11 at 12:35 PM, revealed the combination battery operated exit / emergency light would not come on when the test button was pushed.

This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 9/6/11.

**K 052**

SS=C

A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain all fire alarm components according to National Fire Protection Association 72.

The findings included:

Observation of the facility on 9/6/11 at 2:15 PM, revealed the fire alarm system's remote...
K 052 Continued from page 5
annunciator did not receive or activate a visual or audio signal when the phone lines were disconnected.

This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 9/6/11.

NFPA 101 LIFE SAFETY CODE STANDARD

K 054 SS=E
All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.8.1.3

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to ensure that 4 of the 23 battery operated smoke detectors had the required clearance from supply air and return vents.

The findings included:

Observation of the facility's smoke detectors on 9/6/11 from 9:41 AM until 2:30 PM revealed the following:
a. Resident room 405's smoke detector was too close to the air supply duct.
b. Resident room 407's smoke detector was too close to the air supply duct.
c. Resident room 409's smoke detector was too close to the air supply duct.
d. The smoke detector in 1st McCree's storage room was too close to the exhaust vent.

These findings were acknowledged by the Administrator and verified by the Maintenance
K 054 Continued From page 6
Supervisor at the exit conference on 9/6/11.

K 062
NFPA 101 LIFE SAFETY CODE STANDARD
Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

K 066
NFPA 101 LIFE SAFETY CODE STANDARD

Staff will be in-services on smoking policy and no smoking sign will be posted in areas where smoking is prohibited.
**Statement of Deficiencies and Plan of Correction**

| (x1) Provider/Supplier/Clinic Identification Number: | 445125 |
| (x2) Multiple Construction Area: | A. Building 01 - Main Building 01 |
| (x3) Date Survey Completed: | 09/06/2011 |

**Name of Provider or Supplier:**

**American Health and Rehabilitation Center**

**Street Address, City, State, Zip Code:**

3381 Old Getwell Rd
Memphis, TN 38118

<table>
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<tr>
<th>(x4) ID Prefix Tag</th>
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<th>Provider's Plan of Correction (Each corrective action should be cross-referenced to the appropriate deficiency)</th>
</tr>
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<tbody>
<tr>
<td>K 068</td>
<td>K 068</td>
<td>Provided from page 7, smoking regulations are adopted and include no less than the following provisions:</td>
</tr>
</tbody>
</table>

1. Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.

2. Smoking by patients classified as not responsible is prohibited, except when under direct supervision.

3. Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.

4. Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4

This STANDARDS is not met as evidenced by:

Based on observation, it was determined the facility failed to prohibit smoking in non designated areas.

The findings included:

Observation of the hydrotherapy room on 9/8/11 at 12:00 PM, revealed a strong odor of cigarette smoke. The administrative assistant confirmed that the odor came from cigarettes.
<table>
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<td>Continued From page 8</td>
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<td>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 9/6/11.</td>
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<tr>
<td>K 104</td>
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<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
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<tr>
<td>SS=E</td>
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<td>Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.</td>
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<td>All mechanical room will be check monthly by the maintenance man and document for penetrations. (See Attachment)</td>
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<tr>
<td>K 130</td>
<td>SS=F</td>
<td>Other LSC deficiency not on 2766</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>A new nurse call system will be put in place on 1st Magoffin, 2nd Magoffin, 1st Mcree and 2nd Mcree. (See Attachment)</td>
<td></td>
</tr>
</tbody>
</table>
This STANDARD is not met as evidenced by:
AIA guidelines 10.3.6 Call System A nurse/staff call system shall be provided. 10.3.6.1 General. Alternate technologies may be considered for emergency or nurse call systems. If radio frequency systems are used, consideration shall be given to electromagnetic compatibility between internal and external sources. 10.3.6.2 Patient room call station
(1) Each bed location and/or resident shall be provided with a call device. Two call devices serving adjacent beds or residents may be served by one calling station.
(2) Calls shall be initiated by a resident activating either a call device attached to a resident's call station or a portable device that sends a call signal to the call station and shall either: (a) Activate a visual signal in the corridor at the resident's door or other appropriate location. In multi-corridor or cluster resident units, additional visual signals shall be installed at corridor intersections; or (b) Activate a pager worn by a staff member, identifying the specific resident and/or room from which the call has been placed.
10.3.6.3 Emergency call system. An emergency call system shall be provided at each resident toilet, bath, sitz bath, and shower room.
(1) This system shall be accessible to a resident lying on the floor. Inclusion of a pull cord or portable radio frequency pushbutton will satisfy this standard.
(2) The emergency call system shall be designed so that a call activated by a resident will initiate a signal distinct from the regular staff call system.
### Continued From page 10

and that can be turned off only at the resident's location.

(3) The signal shall activate an annunciator panel or screen at the staff work area or other appropriate location and at other areas defined by the functional program. In addition, the signal shall activate either a visual signal in the corridor at the resident's door or other appropriate location or a staff pager indicating the calling resident's name and/or room location.

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to maintain the nurse call system in 3 of 4 (1st Magoffin, 2nd Magoffin, 1st McCree and 2nd McCree wings) wings.

The findings included:

During testing of the nurse call system on 9/5/11 from 10:20 AM until 11:35 AM revealed the following:

- Resident room 120 on 1st Magoffin did not have a nurse call device.
- On 2nd Magoffin resident room 206 bed one, room 210 bed four and room 212 bed 3 nurse call devices would not sound at the nurses station or activate the light above the door.
- Resident room 408 on 1st McCree the nurse call device would not reset.
- The nurse call device in resident room 511 on 2nd McCree would not sound at the nurse's station or activate the light outside the door when manually tested by the certified nurse assistant (CNA). The CNA stated that when a nurse call device was not connected to the outlet in a resident room, all the other rooms would not
K 130 Continued from page 11

work.

e. Resident room 521 on 2nd McCree did not have a nurse call device.

These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 9/6/11.

4.1 NURSING FACILITIES 2006
Guidelines for Design and Construction of Health Care Facilities

Table 4.1-1 Ventilation Requirements for Areas Affecting Resident Care In Nursing Facilities 1 Air movement Minimum Minimum All air relationship
air changes total air exhausted Recirculated Relative Design to adjacent of outdoor changes per directly to by means of humidity 7
temperature 8 Area designation area 2 air per hour 3 hour 4 outdoors 5 room units 6 (%)
(degrees F/C) RESIDENT UNITS Resident room -2 -2 ---7 70-75 (21-24) Resident unit corridor -
-4 - -7 - Resident gathering areas - 4 4 ---
Toilet room In - 10 Yes No -- RESIDENT LIVING AREAS: Dining rooms -- 2 4 --- 75 Activity rooms, if provided - 4 6 - - - Personal services
(barber/beauty) In 2 20 Yes No

DIAGNOSTIC AND TREATMENT LOCATIONS
Physical therapy In 2 6 --- 75 (24) Occupational therapy In 2 6 --- 75 (24) SUPPORT AREAS
Soiled workroom or soiled holding In 2 10 Yes No -- Clean workroom or clean holding Out 2 4 --
(Max) 70 75 (24) Bathing rooms In - 10 Yes No -76 (24) SERVICE AREAS Sterilizer exhaust room
In - 10 Yes No -- Linen and trash chute room, if provided In - 10 Yes No -- Laundry, general, if provided - 2 10 Yes No -- Soiled linen sorting and
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| K130 |    |    | Continued From page 12 storage In - 10 Yes No - - Clean linen storage Out - 2 Yes No - - Food preparation facilities - 2 10 Yes Yes - - Dietary warewashing In - 10 Yes Yes - - Dietary storage areas - - 2 Yes No - - Housekeeping rooms In - 10 Yes No - - 1 The ventilation rates in this table cover ventilation for comfort, as well as for asepsis and odor control in areas of nursing facilities that directly affect resident care and are determined based on nursing facilities being predominantly "no smoking" facilities. Where smoking may be allowed, ventilation rates will need adjustments. Areas where specific ventilation rates are not given in the table shall be ventilated in accordance with ASHRAE Standard 62, Ventilation for Acceptable Indoor Air Quality, and ASHRAE Handbook-HVAC Applications. Occupational Health and Safety Administration standards and/or National Institute for Occupational Safety and Health criteria require special ventilation requirements for employee health and safety within nursing facilities. 2 Design of the ventilation system shall, insofar as possible, provide that air movement is from "clean to less clean" areas. However, continuous compliance may be impractical with full utilization of some forms of variable air volume and load-shedding systems that may be used for energy conservation. Areas that do require positive and continuous control are noted with "Out" or "In" to indicate the required direction of air movement in relation to the space named. Rate of air movement may, of course, be varied as needed within the limits required for positive control. Where indication of air movement direction is enclosed in parentheses, continuous directional control is required only when the specialized equipment or device is in use or
**Statement of Deficiencies and Plan of Correction**

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<td>445125</td>
<td>A. Building 01 - Main Building 01</td>
<td>09/06/2011</td>
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**Name of Provider or Supplier**

AMERICARE HEALTH AND REHABILITATION CENTER

**Address**

3391 OLD GETWELL RD
MEMPHIS, TN 38118

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**Summary Statement of Deficiencies**

(Each deficiency must be preceded by full regulatory or LSO identifying information)

**ID Prefix**

**ID Tag**

**Provider's Plan of Correction**

(Each corrective action should be cross-referenced to the appropriate deficiency)

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**K 130**

Continued From page 13

Where room use may otherwise compromise the intent of movement from clean to less clean. Air movement for rooms with dashes and nonpatient areas may vary as necessary to satisfy the requirements of those spaces. Additional adjustments may be needed when space is unused or unoccupied and air systems are de-energized or reduced. 3 To satisfy exhaust needs, replacement air from outside is necessary. Table 4.1-1 does not attempt to describe specific amounts of outside air to be supplied to individual spaces except for certain areas such as those listed. Distribution of the outside air, added to the system to balance required exhaust, shall be as required by good engineering practice. 4 Number of air changes may be reduced when the room is unoccupied if provisions are made to ensure that the number of air changes indicated is reestablished any time the space is being utilized. Adjustments shall include provisions so that the direction of air movement shall remain the same when the number of air changes is reduced. Areas not indicated as having continuous directional control may have ventilation systems shut down when space is unoccupied and ventilation is not otherwise needed. 5 Air from areas with contamination and/or odor problems shall be exhausted to the outside and not recirculated to other areas. Note that individual circumstances may require special consideration for air exhaust to outside. 6 Because of cleaning difficulty and potential for buildup of contamination, recirculating room units shall not be used in areas marked "No." Isolation rooms may be ventilated by reheat induction units in which only the primary air supplied from a central system passes through the reheat unit. Gravity-type heating or
K 130

Continued From page 14

cooling units such as radiators or convectors shall not be used in special care areas. See 4.1-A10.2.1.2 (2) for additional information. Where temperature ranges are indicated, the systems shall be capable of maintaining the rooms at any point within the range. A single figure indicates a heating or cooling capacity of at least the indicated temperature. This is usually applicable where residents may be undressed and require a warmer environment. Nothing in these Guidelines shall be construed as precluding the use of temperatures lower than those noted when the residents' comfort and medical conditions make lower temperatures desirable. Unoccupied areas such as storage rooms shall have temperatures appropriate for the function.

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to provide 2 air changes for all resident rooms.

The findings included:

Observations of resident rooms 110, 111, 115, 120, 121 and 123 on 1st Magoffin on 9/6/11 at 10:35 AM, revealed the heating and cooling units were turned off. There was no other air supply ducts in the rooms.

K 147

NFPA 101 LIFE SAFETY CODE STANDARD

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2

This STANDARD is not met as evidenced by:
3. Observation of the kitchen on 9/6/11 at 12:26 PM revealed: (a) the receptacle at the sink was not replaced when the test button was pushed. The receptacle in the microwave in the cooking area and by the time card holders. These findings were acknowledged by the Administrator; and verified by the Maintenance Supervisor at the exit interview on 9/6/11.

2. Observation of the activity room on 9/6/11 at 12:30 PM revealed: (a) the receptacle at the sink was not parallel to the wall and not on a protective cover.

All receptacles identified will be replaced.

The finding includes:

1. Observation of the 1st floor storage room on 9/6/11 at 12:15 PM revealed: (a) the receptacle at the sink was not a ground fault interrupting circuit. The receptacle at the sink was not a ground fault interrupting circuit.

The findings included:

Based on observation, it was determined the facility failed to maintain all electrical wiring and equipment in good working order and repair.

(Continued from page 15)