**Division of Health Care Facilities**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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**TN7917**

**NAME OF PROVIDER OR SUPPLIER**
POPLAR POINT HEALTH & REHABILITATION

**STREET ADDRESS, CITY, STATE, ZIP CODE**
131 N TUCKER
MEMPHIS, TN 38104

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**SUMMARY STATEMENT OF DEFICIENCIES**

**ID**

**PREFIX**

**TAG**

<table>
<thead>
<tr>
<th>N 831</th>
<th>1200-8-6-.08 (1) Building Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</td>
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</tbody>
</table>

This Rule is not met as evidenced by:

Based on observation and interview, it was determined the facility could not maintain all components of the nurse call system.

The findings included:

Observations of the 100 nurses' station on 1/6/14 at 12:25 PM, revealed a licensed practical nurse (LPN) working with the nurse call station and discussing with another staff member problems with the unit.

During an interview in the 100 nurses' station on 1/8/14 at 12:25 PM, the LPN was asked if there was a problem with the nurse call station. The LPN stated, "Once in a while it [call system] would show up phantom calls, but could be cleared." The LPN was asked if maintenance was aware of the problem. The LPN stated, "Yes, it happens about every 3 months and it is reported to maintenance for follow up."

During an interview in the 100 nurses' station on 1/8/14 at 12:25 PM, the maintenance director was asked if he was aware the nurses call station was showing phantom calls. The maintenance director stated, "Yes, the system is old and parts are no longer available."

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**PROVIDER'S PLAN OF CORRECTION**

**ID**

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1. The Maintenance Director resolved the acute problem of the nurse call system on 1/6/14 by installing a switch. Each Nurse Call System was checked to ensure proper operation on 1/6/14 by Management Team Members.

2. All residents have the potential to be affected by the nurse call system.

3. The Maintenance Team checks each nurse station call light system monthly through the Preventative Maintenance Program. In addition, randomly rounds will be done to assess each nursing station for proper operation weekly beginning 1/20/14. Administrator in-serviced Maintenance Team on 1/13/14 in regards to testing each nurse call system and resolving any problems related to the system.

4. The Administrator and Maintenance Director will report any findings and corrections from rounds to the QAA committee, which consists of the Medical Director, Maintenance Director, Nurses, DON, ADON, Dietary, Social Services, Activities, Therapy, Human Resources, Medical Records and Administrator.

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

**TITLE**

**DATE**

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**FORM APPROVED**

PRINTED: 01/14/2014

STATE FORM 0600  UEPD21
<table>
<thead>
<tr>
<th>N 831</th>
<th>Continued From page 1</th>
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<tr>
<td></td>
<td>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 1/7/14.</td>
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<tr>
<th>N1410</th>
<th>1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness</th>
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<tbody>
<tr>
<td></td>
<td>(2) Physical Facility and Community Emergency Plans.</td>
</tr>
<tr>
<td></td>
<td>(a) Physical Facility (Internal Situations).</td>
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<td>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</td>
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<td>(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:</td>
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<td>(I) Staff duties by department and job assignment; and,</td>
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<td>(II) Evacuation procedures.</td>
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</table>

This Rule is not met as evidenced by: Based on document review, it was determined the facility failed to conduct annual disaster drills for all staff on all shifts.

The findings included:

During the document review, in the conference room, on 1/6/14 at 1:30 PM, the facility failed to
### Summary Statement of Deficiencies

**N1410** Continued From page 2

Provide documentation of flood drills for all shifts and tornado and earthquake drills for the second and third shift staff.

These findings were verified by the maintenance director and acknowledged by the Administrator during the exit conference on 1/7/14.

**N1411** 1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness


(a) Physical Facility (Internal Situations).

5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.

(iii) Bomb Threat Procedures Plan, to be exercised at any time during the year:

(I) Staff duties by department and job assignment; and,

(II) Search team, searching the premises.

This Rule is not met as evidenced by:

Based on document review, it was determined that the facility failed to conduct a bomb threat drill for all staff.

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**Provider's Plan of Correction**

3. The Administrator has arranged for each shift to receive disaster drills for tornado, flood, and earthquake prior to 2/7/14. These drills will constitute evacuation procedures and staff duties by department. All disaster drills will be conducted per shift prior to March of each year. The Administrator in-serviced Maintenance Staff on 1/14/2014 about disaster drills requirements.

4. The Administrator and Maintenance Director will report results of disaster drills to the facility's QAA Committee, which meets monthly and consists of DON, ADON, Nurses, Therapy, Dietary, Activities, Social Services, Human Resources, Administrator, Housekeeping, Medical Records and Maintenance.

**N1411** 1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness


(a) Physical Facility (Internal Situations).

5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.

(iii) Bomb Threat Procedures Plan, to be exercised at any time during the year:

(I) Staff duties by department and job assignment; and,

(II) Search team, searching the premises.

1. The Administrator and Designees conducted a bomb threat drill for second and third shift on January 22, 2014. Documentations are maintained by Maintenance Director and Administrator.

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**Date Survey Completed:** 01/07/2014
N1411 | Continued From page 3

The findings included:

During the document review, in the conference room, on 1/6/14 at 12:30 PM, the facility failed to provide documentation of a bomb threat drill conducted for the second and third shifts.

This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 1/7/14.

N1411 | 2. All residents have the potential of being affected by facility not providing documentation of a bomb threat drill for second and third shift.

3. Administrator in-serviced Maintenance team on 1/14/14 about conducting bomb threat drills per shift at any time during a calendar year and maintaining documentation to verify each shift's drill.

4. The Administrator and Maintenance Director will report bomb threat drills and staff response to the facility's QAA Committee, which meets monthly and consists of Medical Director, DON, ADON, Nurses, Therapy, Housekeeping, Human Resources, Maintenance, Social Services, Activities, Dietary, Human Resources and Administrator.