| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 445133 | A. Building<br>B. Wing | 02/11/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Allen Morgan Health and Rehabilitation Center | 177 North Highland<br>Memphis, TN 38111 |

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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to ensure residents were free from accident hazards for 2 of 2 (Resident #5 and #19) sampled residents reviewed. The findings include: 1. Review of the facility policy titled, [Named Facility] Chemical Storage Policy, dated 6/2025, revealed .All chemicals used within the facility will be stored labeled, handled, and disposed of in a safe manner .Keep in locked cabinets or rooms when not in direct use .must never be .stored in resident rooms . Review of the facility policy titled, [Named Facility] Accident and Hazard Prevention Policy, dated 6/2025, revealed .The facility is committed to providing an environment that is free from avoidable accident hazards.Sharps or personal care items.razors.accessible to residents who cannot safely use them.Residents accessed as unable to safely manage personal care items will have such items secured by staff. Review of the undated facility policy titled, [Named Facility] Sharps Safety Policy, revealed .The facility maintains procedures for the safe use, storage, and disposal of sharps to prevent injury.to residents.to establish safe practices related to sharps and personal care items capable of causing injury.Sharps include, but are not limited to.Disposable razors.sharps must not be left unattended in resident rooms or common areas.Any sharps injury or exposure will be reported immediately.Education includes proper handing.non-compliance will be addressed per facility policy. 2. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Atrial Fibrillation, and Dementia. Review of the admission Minimum Data Set (MDS) dated [DATE], revealed a score of 7 on the Brief Interview for Mental Status (BIMS) assessment, which indicated Resident #5 was severely cognitively impaired. Resident #5 had no limitations in Range of Motion (ROM) to the upper extremities, used a wheelchair for mobility and required supervision with bed mobility. Observation in Resident #5's room on 2/9/2026 at 10:25 AM, 12:04 PM, and 2:36 PM, revealed a bottle of bleach wipes left on Resident #5's dresser. During an observation and interview on 2/9/2026 at 3:32 PM, Licensed Practical Nurse (LPN) B confirmed that bleach wipes should never be left in a resident's room and removed the bleach wipes from Resident #5's dresser. During an interview on 2/11/2025 at 11:15 AM, the Director of Nursing (DON) was asked should bleach wipes be left in a resident's room. The DON stated, Bleach wipes should never be left in a resident's room. 3. Review of medical record revealed Resident #19 was admitted to the facility on [DATE], with diagnoses including Cerebral Ischemia and Post Traumatic Stress Disorder. Review of admission MDS dated [DATE], revealed it had not been transmitted at the time of the survey. Observation in Resident #19's room on 2/9/2026 at 10:12 AM, 12:00 PM, and 3:24 PM, revealed 1 black razor in a wash basin in the shower. During an observation and interview on 2/9/2026 at 3:30 PM, Registered Nurse (RN) A was asked if a razor should be left in Resident #19's room unsecured and unattended. RN A stated, No they should be kept in the Resident's drawer out of sight. During an interview on 2/10/2026 at 8:10 AM, the DON was asked if a razor should be left unsecured and unattended in a resident's room. The DON stated No . |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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