

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2025
NAME OF PROVIDER OR SUPPLIER  Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  141 N McLean Blvd Memphis, TN 38104	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285</b></p> <p>Based on policy review, medical record review, observation and interview, the facility failed to follow physician orders for 1 of 5 nurses (Licensed Practical Nurse (LPN) A) observed during medication administration.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility policy titled, Medication Administration, dated 2/20/2024, revealed .Compare medication source .with MAR [medication administration record] to verify resident name, medication name .</li> <li>2. Review of the medical record revealed Resident #48 was admitted to the facility on [DATE], and with a readmitted [DATE], with diagnoses including Cerebral Infarction, Hemiplegia, Wheezing, Shortness of Breath and Pneumonia.</li> </ol> <p>Review of the of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed that Resident #48 was severely cognitively impaired.</p> <p>Review of the Medical Regimen Review Report dated 3/1/2025 - 3/20/2025, revealed .albuterol sulfate solution [for wheezing] for nebulization; 2.5 mg [milligrams]/3 ml [milliliters] .Every 6 Hours - PRN [as needed] . arformoterol solution [used for wheezing] for nebulization; 15 mcg [micrograms] .Twice A Day; 07:00AM - 11:00 AM .</p> <p>Observation on 3/19/2025 at 9:32 AM, revealed LPN A administered Albuterol Sulfate 25mg/3ml per nebulizer to Resident #48.</p> <p>Review of the Medication Administration Record (MAR) dated March 2025, revealed LPN A signed out that Arformoterol was administered, and Albuterol was not signed out as administered.</p> <p>During an interview on 3/19/2025 at 2:40 PM, the 3rd floor Assistant Director of Nursing (ADON) confirmed that this was a medication error.</p> <p>During an interview on 3/19/2025 at 2:50 PM, LPN A confirmed that she administered the Albuterol Sulfate and not the Arformoterol.</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
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F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 03/20/2025 at 3:34 PM, the Director of Nursing (DON) confirmed that medications should be compared to the MAR for verification that the correct medication is being given.

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48285</p> <p>Based on policy review, observation and interview, the facility failed to ensure infection control practices to prevent the spread of infection were used when 3 of 5 (Licensd Practical Nurses (LPN) A, B and C) nurses failed to do hand hygiene during medication administration.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility policy titled, Medication Administration, dated 2/20/2024, revealed .Wash hands prior to administering medications per facility protocol .Administer medication as ordered .Wash hands using facility protocol .</li> <li>Review of the facility policy titled, Hand Hygiene, dated 1/2024, revealed .If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves .</li> <li>2. Observation during medication administration on 3/19/2025 at 8:55 AM, revealed LPN B cleaned the blood pressure cuff with a Sani cloth and did not perform hand hygiene prior to preparing medications, administering medications or after administering medications to the Resident.</li> <li>3. Observation during medication administration on 3/19/2025 at 9:32 AM, revealed LPN A did not perform hand hygiene prior to donning personal protective equipment (PPE). LPN A entered the Resident's room and had to return to the medication, LPN A doffed the PPE and did not perform hand hygiene, LPN A donned new PPE and did not perform hand hygiene.</li> <li>4. Observation during medication administration on 3/19/2025 at 1:14 PM, LPN C did not perform hand hygiene prior to donning PPE.</li> </ol> <p>During an interview on 3/20/2025 at 3:34 PM the Director of Nursing (DON) was asked if staff should wash hands prior to donning and after doffing gloves. She stated, yes .</p>		