STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445150	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Gardens at Memphis Rehab & Snc	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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 33379 Based on policy review, observation, and interview, the facility failed to treat all residents with dignity and respect when 3 of 19 staff members (Certified Nursing Assistant (CNA) - CNA S, and CNA T), and Licensed Practical Nurse (LPN) LPN U) failed to knock and announce themselves before entering a resident's room during dining The findings include: 1. Review of the facility's Resident Rights, undated policy revealed, .These rights include the resident's right to . dignified existence, be treated with respect, kindness, and dignity . 2. Observation during the Hall 300 dining on 4/29/2027 at 11:35 AM, revealed CNA S entered Resident #2's room and failed to knock or announce themself before entering resident's room. 3. Observation during the Hall 300 dining on 4/29/2024 at 11:49 AM, revealed CNA T entered Resident #15's room and failed to knock or announce themself before entering the resident's room. 4. Observation during the Hall 300 dining on 4/29/2024 at 11:55 AM, revealed LPN U entered Resident #26's room and failed to knock or announce themself before entering the resident's room. 5. Observation during the Hall 400 dining on 4/29/2024 at 12:02 AM, revealed LPN U entered Resident #29's room and failed to knock or announce themself before entering the resident's room. 6. During an interview on 5/7/2024 at 2:46 PM, the Director of Nursing (DON) confirmed that staff should knock before entering the resident's room.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33379 Based on policy review, medical record review, and interview, the facility failed to provide information regarding a resident's right to formulate an Advanced Directive for 21 of 32 sampled residents (Resident #1, #3, #14, #21, #26, #31, #33, #41, #47, #55, #65, #66, #70, #71, #75, #87, #88, #102, #106, #112, and #115) reviewed for Advanced Directives. The findings include: 1. Review of the facility's policy titled, Residents' Rights Regarding Treatment and Advance Directives, dated 12/2023, revealed .It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advance directive .On admission, the facility will determine if the resident has executed an advance directive, and if not, determine whether the resident would like to formulate an advance directive and will provide Advance Directive information if requested . 2. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses of Abnormal Weight Loss, Cerebral Palsy, Major Depressive Disorder, and Diabetes. Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 3. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses of Osteoporosis with Current Pathological Fracture, Contracture, Traumatic Brain Injury, and Diabetes. Review of the quarterly MDS dated [DATE], revealed Resident #3 had a BIMS score of 05, which indicated resident has severe cognitive impairment. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 4. Review of the medical record revealed Resident #14 was admitted to the facility on [DATE], with diagnoses of Weight Loss, Epileptic Seizures, Fracture, and Falls. Review of the significant change MDS dated [DATE], revealed Resident #14 had a BIMS score of 09, which indicated resident has moderate cognitive impairment. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 5. Review of the medical record revealed Resident #21 was admitted to the facility on [DATE], with diagnoses of Fracture, Anxiety, Multiple Sclerosis, and Kidney Failure. Review of the quarterly MDS dated [DATE], revealed Resident #21 had a BIMS score of 04, which indicated resident has severe cognitive impairment. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 6. Review of the medical record revealed Resident #26 was admitted to the facility on [DATE], with diagnoses of Acquired Absence of Left Leg, Cerebral Infarction, Diabetes, and Schizophrenia. Review of the quarterly MDS dated [DATE], revealed Resident #26 had a BIMS score of 09, which indicated resident has moderate cognitive impairment. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 7. Review of the medical record revealed Resident #31 was admitted to the facility on [DATE], with diagnoses of Lymphadenitis, Hypertension, Psychotic Disorder with Delusions and Tachycardia. Review of the quarterly MDS dated [DATE], revealed Resident #31 had a BIMS score of 12, which indicated resident has moderate cognitive impairment. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 8. Review of the medical record revealed Resident #33 was admitted to the facility on [DATE], with diagnoses of Absence of Right Leg Below Knee, Anxiety, Cardiomegaly and Sepsis. Review of the quarterly MDS dated [DATE], revealed Resident #33 had a BIMS score of 10, which indicated resident has moderate cognitive impairment. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 9. Review of the medical record revealed Resident #41 was admitted to the facility on [DATE], with diagnoses of Acute Kidney Failure, Angina Pectoris, Chronic Kidney Disease, and Gastrostomy Status. Review of the quarterly MDS dated [DATE], revealed Resident #41 is rarely/never understood. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 10. Review of the medical record revealed Resident #47 was admitted to the facility on [DATE], with diagnoses of Embolism and Thrombosis of Deep Veins, Cerebral Infarction, Metabolic Encephalopathy, and Psychotic Disorder. Review of the annual MDS dated [DATE], revealed Resident #47 had a BIMS score of 07, which indicated resident has severe cognitive impairment. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 11. Review of the medical record revealed Resident #55 was admitted to the facility on [DATE], with diagnoses of Acidosis, Pancytopenia, and Polyneuropathy. Review of the quarterly MDS dated [DATE], revealed Resident #55 had a BIMS score of 03, which indicated resident has severe cognitive impairment. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 12. Review of the medical record revealed Resident #65 was admitted to the facility on [DATE], with diagnoses of Acquired Absence of Left Leg, Necrotizing Fasciitis, Schizophrenia and Anxiety. Review of a 5 day MDS dated [DATE], revealed Resident #65 had a BIMS score of 06, which indicated resident has severe cognitive impairment. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 13. Review of the medical record revealed Resident #66 was admitted to the facility on [DATE], with diagnoses of Congestive Heart Failure, Hemiplegia, Metabolic Encephalopathy, and Convulsions. Review of the quarterly MDS dated [DATE], revealed Resident #66 had a BIMS score of 07, which indicated resident has severe cognitive impairment. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 14. Review of the medical record revealed Resident #70 was admitted to the facility on [DATE], with diagnoses of Adult Failure to Thrive, Anorexia, Psychotic Disorder and Dementia. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the significant change of status MDS dated [DATE], revealed Resident #70 had a BIMS score of 03, which indicated resident has severe cognitive impairment. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 15. Review of the medical record revealed Resident #71 was admitted to the facility on [DATE], with diagnoses of Chronic Obstructive Pulmonary Disease, Schizophrenia, Obesity, and Diabetes. Review of a 5 day MDS dated [DATE], revealed Resident #71 had a BIMS score of 13, which indicated resident is cognitively intact. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 16. Review of the medical record revealed Resident #75 was admitted to the facility on [DATE], with diagnoses of Aphasia, Encephalopathy, Intracerebral Hemorrhage and Hypertension. Review of the quarterly MDS dated [DATE], revealed Resident #75 had a BIMS score of 03, which indicated resident has severe cognitive impairment. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 17. Review of the medical record revealed Resident #87 was admitted to the facility on [DATE], with diagnoses of Acquired Absence of Left Leg, Hypertension, and Vascular Dementia with Mood Disturbance. Review of the quarterly MDS dated [DATE], revealed Resident #87 had a BIMS score of 12, which indicated resident has moderate cognitive impairment. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 18. Review of the medical record revealed Resident #88 was admitted to the facility on [DATE], with diagnoses of Acquired Absence of Kidney, End Stage Renal Disease, Asthma and Renal Dialysis. Review of the quarterly MDS dated [DATE], revealed Resident #88 had a BIMS score of 12, which indicated resident has moderate cognitive impairment. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 19. Review of the medical record revealed Resident #102 was admitted to the facility on [DATE], with diagnoses of Acute Kidney Failure, Renal Dialysis, End Stage Renal Disease and Diabetes. Review of the annual MDS dated [DATE], revealed Resident #102 had a BIMS score of 08, which indicated resident has moderate cognitive impairment. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 20. Review of the medical record revealed Resident #106 was admitted to the facility on [DATE], with diagnoses of Acute Respiratory Failure with Hypoxia, Diabetes, Heart Failure and Schizophrenia. Review of the annual MDS dated [DATE], revealed Resident #106 had a BIMS score of 11, which indicated resident has moderate cognitive impairment. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 21. Review of the medical record revealed Resident #112 was admitted to the facility on [DATE], with diagnoses of Acute Kidney Failure, Urinary Tract Infection, Hemiplegia, Pneumonia, and Heart Disease. Review of the quarterly MDS dated [DATE], revealed Resident #112 had a BIMS score of 15, which indicated resident is cognitively intact. Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 22. Review of the medical record revealed Resident #115 was admitted to the facility on [DATE], with diagnoses of Alcohol Abuse, Chronic Kidney Disease, Drug Induced Subacute Dyskinesia and Schizophrenia. Review of the quarterly MDS dated [DATE], revealed Resident #115 had a BIMS score of 15, which indicated resident is cognitively intact. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the medical record revealed there was no documentation to indicate that the resident and/or their legal representative was informed, offered, or provided written information regarding their right to formulate an Advance Directive upon admission. 23. During an interview on 4/30/2024 at 2:16 PM, the Director of Nursing (DON) was asked if she was able to provide any further Advance Directives for the residents. The DON stated, No I am not. The DON was asked should all residents have been offered an advance directive or educated about Advanced Directives on their admission. The DON stated, Yes.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33379 Based on policy review, observation, and interview, the facility failed to provide effective housekeeping and maintenance services to ensure a sanitary, orderly, and comfortable environment as evidenced by the odor of urine in Resident's rooms, the 200 and 300 hallways, dirty privacy curtains, standing water in resident's bathroom sinks and in basins, and a loose handrail observed in the 100 Hall. The findings include: 1. Review of the facility's policy, titled, Preventive Maintenance Program, with a revision date of 9/2023, revealed, . A Preventive Maintenance Program shall be developed and implemented to ensure the provision of a safe, functional, sanitary, and comfortable environmental for residents, staff, and the public .The Maintenance Director is responsible is responsible for developing and maintaining a schedule of maintenance services to ensure that the buildings, grounds, and equipment are maintained in a sage and operable manner . Review of the facility's procedure titled, Resident Room Cleaning and Bathroom Cleaning revealed .This routine procedure will clean and disinfect resident rooms and bathrooms .providing a clean, safe, decontaminated environment .Resident rooms and bathrooms that are clean, sanitary, odor free and safe will result from proper cleaning .Use the following procedure when cleaning the residents' rooms .Check privacy curtains, drapes, and vents. Clean as scheduled and as needed .Check walls and spot wash as needed . When a sink is in the resident's room, spray the fixtures with a spray bottle of diluted disinfected cleaner . Damp dust all areas around the basin including the exposed pipes under the sink. Wipe off the fixtures with a damp cloth using the brush and general cleaner purpose cleaner as needed, to remove any residue .General purpose cleaner should be used on any stains in the basin not previously removed by wiping with the disinfectant solution .Use the following procedure when cleaning the residents' bathrooms .Spray the ceramic tub/tile cleaner inside of the toilet bowl and any plumbing fixtures. Allow disinfectant to stand 3-5 minutes. While the disinfectant is standing, clean the sink .Using the cloth and spray bottle of disinfectant solution clean the outside of the toilet bowl .Report any needed maintenance repairs to the housekeeping supervisor .If odor is still present after cleaning thoroughly cleaning the room or bathroom, contact your supervisor . 2. Observations in room [ROOM NUMBER] revealed the following: On 4/29/2024 at 10:40 AM, revealed a strong urine odor in resident's room and bathroom. Yellow stains noted on fitted sheet on resident's bed. On 4/29/2024 at 12:25 PM, revealed a strong urine odor in resident's room. On 4/30/2024 at 8:16 AM and 2:03 PM, revealed a strong odor of urine, and yellow stains noted on the fitted sheet on Resident's bed. On 5/1/2024 at 2:23 PM, revealed an odor of urine, and yellow stains on the resident's fitted sheet. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Observations in room [ROOM NUMBER] revealed the following: On 4/30/2024 at 2:06 PM, revealed a large brown stain on the privacy curtain between residents A and B. On 5/2/2024 at 11:17 AM, revealed a brown stain on the privacy curtain. On 5/6/2024 at 10:22 AM, revealed a brown stain on the privacy curtain. On 5/6/2024 at 10:24 AM, revealed a strong urine odor. During an interview on 5/2/2024 at 11:09 AM, Staff I confirmed that resident rooms are cleaned every day with the process of cleaning and wiping down everything in resident's room and bathroom and mopping last. Staff I confirmed that privacy curtains are changed when torn or stained. Staff I stated that there should be two privacy curtains per resident room, and they should be assessed and changed weekly. Staff I was asked if privacy curtains should be in working condition. Staff I stated, Yes. 4. Observations in room [ROOM NUMBER] revealed the following: On 4/29/2024 at 10:46 AM and 3:59 PM, revealed a gray wash basin underneath the sink with brownish water with black particles floating in the water in the shared bathroom. On 4/30/2024 at 9:21 AM, revealed a gray wash basin underneath the sink in the bathroom with yellowish/brown water and black particles in the shared bathroom. On 5/01/2024 at 1:58 PM, revealed a gray wash basin on the floor in the bathroom underneath the sink with yellowish brown water with black particles in the shared bathroom. 5. Observations in room [ROOM NUMBER] revealed the following: On 4/29/2024 at 10:50 AM, 11:35 AM, and 3:00 PM, revealed a strong odor of urine in resident's room and bathroom, and out into the 300 hallway. On 4/30/2024 at 8:00 AM and 4:05 PM, revealed a strong odor of urine in the room, the bathroom, and outside the doorway into the hallway. 6. Observations in room [ROOM NUMBER] revealed the following: On 4/29/2024 at 9:30 AM, 11:00 AM, and 1:15 PM, revealed a strong odor of a urine in the resident's room and bathroom, and an offensive odor from the green-yellowish substance noted in the resident's commode. 7. Observations in room [ROOM NUMBER] revealed the following: On 4/29/2024 at 11:06 AM and 3:27 PM, revealed the adjoining bathroom toilet was dirty with shredded paper and brown water, a dirty towel was on the bathroom floor. Resident's bathroom sink was clogged with water in the sink. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/30/2024 at 7:39 AM, revealed resident's toilet was full of toilet paper and dirty brown water. 8. Observations in Room # 414 A revealed the following: On 4/30/2024 at 4:35 PM, revealed standing water in resident's bathroom sink. On 5/1/2024 at 11:18 AM and 2:46 PM, revealed resident's bathroom sink had standing clear water in sink. During an interview on 5/1/2024 at 2:54 PM, CNA H confirmed that resident's sink was stopped up yesterday and that the facility staff were aware. CNA H was asked if maintenance was notified regarding the resident's sink. CNA H stated, No, but I will put in tales today. During an interview on 5/01/24 at 3:25 PM, Staff C confirmed that room [ROOM NUMBER]'s sink had not been entered into tales (a computer reporting program) for a work order request. Staff C was asked if staff should have reported the sink issue to maintenance to be fixed. Staff C stated, Yes ma'am. During an interview on 5/1/2024 at 3:55 PM, Staff C confirmed that he drained Room # 414's bathroom sink and poured Drano down it. He stated he would check it prior to leaving for the day, and if it doesn't work, they will call a plumber. During an observation and interview on 5/2/2024 at 2:58 PM, Staff C checked the water temperature of Room # 414's bathroom sink, when the sink started to fill due to not draining. Staff C stated I need to drain the sink from the pipe under the sink. The Drano did not fix the problem and we are going to have to call someone out to look at it. Staff C started to loosen the pipe from under the sink and the bathroom and water started to run out onto the bathroom floor. 9. Observations in the 100 Hall revealed the following: On 5/1/2024 at 8:27 AM and 3:47 PM, revealed a very loose handrail with one side coming out of the wall on the 100 Hall. On 5/6/2024 9:49 AM, revealed the handrail was still loose and very wobbly. During an interview on 5/8/2024 at 6:39 PM, the Director of Nursing (DON) confirmed that the handrail was not properly secured and that it needed to be fixed. 10. During an interview on 5/1/2024 11:49 AM, Staff J confirmed that she checks the cleanliness of rooms and bathrooms and notifies housekeeping and maintenance when needed. Staff J was asked regarding the odor of urine in room [ROOM NUMBER], and if she was aware. Staff J stated that [named resident] is incontinent and resident's sheets are removed daily to make sure bed is clean when she is out of the room. Staff J was asked if the odor had been reported to administration. Staff J stated, Yes, and with housekeeping and yesterday and last week before I went out of town.

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33379 Based on policy review, medical record review, and interview, the facility failed to notify the Ombudsman of emergency transfers for 1 of 1 (Resident #66) sampled residents reviewed for hospitalization . The findings include: 1. Review of the facility's undated policy, .Notice of Discharge to Ombudsman Policy Statement, revealed .A copy of the transfer notice may be sent .such as a list of residents on a monthly basis . 2. Review of the medical record revealed Resident #66 was admitted to the facility on [DATE] with diagnoses including Metabolic Encephalopathy, Dysphagia, Aphasia, Hemiplegia, Dementia, Congestive Heart Failure, Hypertension, and Contracture of Left Hand. Review of the Progress Notes dated 2/21/2024, revealed .Called to resident room .lying on left side of floor . Md [physician] called with new orders to transport to [Named Hospital] for evaluation . Review of the Hospital's ED [Emergency Department] Note dated 2/21/2024, revealed Resident #66 was in the ED for evaluation. The facility was unable to provide documentation that an Ombudsman List for Residents was completed, and that the Ombudsman was not notified of Resident #66's transfer to the hospital. During an interview on 5/7/2024 at 10:50 AM, Staff Member D was asked, prior to today, has the Ombudsman Emergency Transfer List been completed. Staff Member D stated, No. Staff Member D was asked should the list have been completed monthly and sent to the Ombudsman. Staff Member D stated, Yes. Staff Member D was asked since the list had not been completed and sent, when were you informed that they should be completed and sent. Staff Member D stated, Today.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Gardens at Memphis Rehab & Snc	131 N Tucker Memphis, TN 38104

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33379 Based on medical record review and interview the facility failed to accurately assess residents for Brief Interview for Mental Status (BIMS) scores, falls, discharge disposition, and diagnoses for 5 of 32 sampled residents (Resident #41, #47, #66, #86 and #128) reviewed for accuracy of assessments. The findings include: 1. Review of the medical record revealed Resident #41 was admitted to the facility on [DATE], with diagnoses including Congenital Diaphragmatic Hernia, Aphasia, Dysphagia, Dysarthria, Pseudobulbar Affect, Sleep Disorder, and Alcohol and Cocaine Abuse. Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed a BIMS assessment was indicated and not completed. During an interview on 5/2/2024 at 11:20 AM, the MDS Coordinator confirmed the BIMS should have been completed. 2. Review of the medical record revealed Resident #47 was admitted to the facility on [DATE], with diagnosis including Diabetes, Kidney Failure, Psychotic Disorder with Delusions, and Heart Failure. Review of the progress note dated 1/12/2024, revealed Resident #47 fell from his wheelchair while in his room. Review of the Care Plan dated 1/23/2024, revealed .I am at risk for falls with dates I am at risk for FALLS and fall related injury r/t requires assistance with transfers, medication regime, limited mobility, incontinence . 10/21/23 Unwitnessed fall .11/19/23 Unwitnessed . 11/20/23 Unwitnessed fall . 11/30/23 Witnessed fall . 12/20/23 . 1/12/24 Witnessed fall .3/13/24 Unwitnessed fall . Review of the 5 day Medicare MDS dated [DATE], revealed an entry date 1/16/2024, a BIMS score of 7 indicating severe cognitive impairment, .Section J-Health Conditions .Did the resident have a fall any time in the last month prior to admission/entry or reentry. No. Did the Resident have a fall in the last 2-6 months prior to admission/entry or reentry. No . Review of the annual MDS dated [DATE], revealed an entry date 1/16/2024, a BIMS score of 7 indicating severe cognitive impairment, Section J-Health Conditions .Did the resident have a fall any time in the last month prior to admission/entry or reentry. No. Did the Resident have a fall in the last 2-6 months prior to admission/entry or reentry . [was answered] No . During an interview on 5/2/2024 at 2:27 PM the MDS coordinator confirmed the 1/23/2024 and 2/4/2024 MDS assessments were coded incorrectly for falls. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Review of the medical record revealed Resident #66 was admitted to the facility on [DATE], with diagnoses including Metabolic Encephalopathy, Dysphagia, Aphasia, Hemiplegia, Cognitive Communication Review of the facility policy titled, Deficit, Dementia, Congestive Heart Failure, Hypertension, History of Falling, and Contracture of Left Hand. Review of a Progress Note dated 2/21/2024 at 5:40 PM revealed .Called to resident room per cna [Certified Nursing Assistant], [resident] noted lying on left side on floor . Review of the annual Minimum Data Set (MDS) dated [DATE], revealed a BIMS score of 10, which indicated he had moderate cognitive impairment Section J Health Conditions falls since prior Assessment-No. Number of falls since prior Assessment was not answered. Review of the Care Plan dated 3/27/2024, revealed .at risk for falls and fall related injury .2/21/24 Unwitnessed fall . During an interview on 5/01/2024 at 4:56 PM, the MDS coordinator was asked if the MDS should been updated to reflect Resident #66's documented fall with injury on 2/21/2024. The MDS Coordinator stated, . the fall should be on the MDS . 4. Review of the medical record revealed Resident #86 was admitted to the facility on [DATE], with diagnoses including Muscle Wasting and Atrophy and Paraplegia. Review of the quarterly MDS dated [DATE], revealed Section I-Active Diagnoses Paraplegia [was not marked] .Quadriplegia [was marked] . The MDS did not accurately reflect the resident had Paraplegia. 5. Review of the medical record revealed Resident #128 was admitted to the facility on [DATE], and was discharged on [DATE], with diagnoses of Sepsis, Bacteremia, Calculus of Kidney, Obstructive and Reflux Uropathy, Diabetes, Bipolar Disorder, Obstructive Sleep Apnea, and Cognitive Communication Deficit. Review of the discharge MDS dated [DATE], revealed a BIMS of 15, indicating intact cognition and .Section A Identification Information .Discharge Status . [was marked] .Short-Term General Hospital . Review of a Physician's Order dated 3/29/2024 revealed, Discharge home with family along with medications. During an interview on 5/07/2024 at 4:25 PM, the MDS Coordinator was asked, where was this resident discharged to on 3/29/2024. The MDS Coordinator stated, .she was discharged home and not to the hospital .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33379 Based on policy review, medical record review, review of Skin Check sheets, and interview the facility failed to ensure Activities of Daily Living (ADL) assistance related to bathing was provided for 2 of 3 sampled residents (Resident #1 and #80) reviewed for ADL care. The findings include: 1. Review of the facility policy titled, Resident Showers, revised 3/2023, revealed, .It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice .Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety . 2. Review of the medical record revealed Resident #1 was admitted on [DATE], with diagnoses including Spastic Quadriplegic Cerebral Palsy, Chronic Kidney Disease, Diabetes, Hypertension and Depression. Review of the Quarterly Minimal Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated he was cognitively intact, had impairments of range of motion in upper and lower extremities on both sides, received set up assist with meals, and was dependent with other ADLs including bathing. Review of the Care Plan dated 2/20/2024, revealed, .has an ADL Self Care Performance Deficit r/t Limited ROM, Limited Mobility, muscle weakness, cerebral palsy, bilateral ue [upper extremity] contractures . BATHING: The resident is totally dependent on staff to provide a bath . Review of the facility shower schedule revealed Resident #1 should have showers 2 times weekly on Monday and Thursday. Review of the facility Skin Check sheets for April 2024 revealed Resident #1 did not receive showers as scheduled on 4/1/2024, 4/8/2024, and 4/22/2024. During an interview on 5/01/2024 at 2:37 PM, Staff A confirmed residents should get showers 2 times weekly and staff should complete Skin Check sheets when showers are given. During an interview on 5/6/2024 at 11:00 AM, the DON confirmed residents should receive showers 2 times weekly and that Skin Check sheets were not present for Resident #1 for 4/1/2024, 4/8/2024 and 4/22/2024. 3. Review of the medical record revealed Resident #80 was admitted to the facility on [DATE], with diagnoses including Peripheral Vascular Disease, Pressure Ulcer Left Heel Unstageable, Pressure Ulcer Right Heel Stage 3, Heart Failure, Diabetes and Adult Failure to Thrive. Review of the admission MDS dated [DATE], revealed Resident #80 had a BIMS score of 15 which indicated he was cognitively intact and required maximal assistance with bathing. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the care plan revealed, .has an ADL Self Care Performance Deficit .Interventions .BATHING: Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse . Review of the Skin Check sheets for March 2024 and April 2024 revealed Resident #80 did not receive a bath on the following days 3/23/2024, 3/27/2024, 4/3/2024, 4/10/2024, 4/13/2024, 4/17/2024, 4/20/2024, 4/24/2024 and 4/27/2024. During an interview on 5/2/2024 at 9:40 AM, the DON confirmed the Skin Check sheets are used to document resident showers/baths and Resident #80 should have two baths/showers a week. During an interview on 5/2/2024 on 12:21 PM, the DON was shown Resident #80's Skin Check sheets dated 3/27/2024, 3/30/2024, 4/6/2024 and 5/1/2024 and was asked if that was all of these sheets for this resident. The DON stated, That's all we got .wished we had more . During an interview on 5/06/2024 at 5:42 PM, the DON confirmed Resident #80's scheduled shower days are Wednesday and Saturday.

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33379 Based on policy review, Director of Maintenance job description, facility investigation, manufacturer's manual recommendations, medical record review, observation, and interview, the facility failed to ensure the environment was free from accident hazards when dangerously elevated hot water temperatures were measured and when the facility failed to provide a safe environment and adequate supervision to prevent falls and injury for 2 of 5 (Resident #14 and #86) sampled residents reviewed for accidents. On 4/29/2024 and 5/7/2024, dangerous elevated hot water temperatures ranging from 121 degrees Fahrenheit (F) to 142 degrees Fahrenheit (F) were found in 32 of 169 (Resident Rooms #100, #101, #102, #103, #104, #105, #106, #107, #108, #109, #110, #115, #116, #203, #205, #212, #213, #215, #216, #306, #309, #316, #317, #318, #320, #325, #332, #400, #401, #406, #413, and #414) resident rooms checked for water temperatures. Hot water temperatures ranging from 121 degrees to 133 degrees F were found in 3 of the 4 (Resident Shower Rooms 100 hall, 200 hall and 400 hall) resident shower rooms. Three Residents who were physically and/or cognitively impaired (Residents #46, #85, and #114) resided in a room with elevated dangerous hot water temperatures and two residents were able to access the hot water in their rooms. Five residents were assessed for wandering (Resident #28, #41, #47, #117, and #479) and at risk of serious bodily injury, harm, burns, or death. Three cognitively intact (Residents #8, #115 and #280) stated the water would get too hot. The facility's failure to prevent the dangerously hot water temperatures placed all residents with the ability to access the hot water in Immediate Jeopardy. The facility's failure to properly use a mechanical lift during the transfer of Resident #86 resulted in Actual Harm when Resident #86 fell and sustained a Lumbar 1 (L1 - a fracture of the lumbar spine that causes moderate to severe pain) compression fracture, and when the facility's failure to implement one on one care for a resident resulted in Resident #14 sustaining a fall which resulted in an emergency room visit. The failure of the facility to maintain safe hot water temperatures placed all residents with access to these rooms in Immediate Jeopardy (IJ) (a situation in which the provider's noncompliance has caused, or has potential to cause serious injury, harm, impairment, or death to a resident). The facility's census was 131. The Director of Nursing (DON) and Assistant Director of Nursing (ADON) were notified of the Immediate Jeopardy (IJ) for F689 on 4/29/2024 at 6:19 PM, in the Conference Room. An acceptable allegation of removal was received on 5/3/2024. On 5/7/2024 beginning at 10:00 AM, while attempting to validate the allegation of removal, dangerously elevated hot water temperatures ranging from 121 degrees F to 124 degrees F were observed in resident rooms #115, #203, #212, #215, #400, #406, #413 and #414 and in the 200 and 400 hall resident shower rooms. The Interim Administrator, Facility Consultant and the DON were notified of the Immediate Jeopardy (IJ) for the amended F689 on 5/7/2024, at 5:19 PM, in the facility Conference Room. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An extended survey was conducted 5/1/2024 through 5/8/2024. The Immediate Jeopardy for F-689 began on 4/29/2024. The Immediate Jeopardy is ongoing. The findings include: 1. Review of the facility policy titled, WATER TEMPERATURES, SAFETY OF, revision date 12/2009, revealed .Tap water in the facility shall be kept within a temperature range to prevent scalding of residents . Water heaters that service resident rooms, bathrooms, common areas, and tub/shower areas shall be set to temperatures on no more than 100 .F or the maximum allowable temperature per state regulation . Maintenance staff shall conduct periodic tap water temperature checks and record the water temperatures in a safety log .If any time water temperatures feel excessive to the touch .staff will report this finding to the immediate supervisor .exposure to warm or hot water .to certain temperatures will cause scalding or burns . Nursing staff will be educated about signs and symptoms of burns . Review of the State licensure regulations revealed at 720-18-.08, .Water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. Hot water at shower, bathing and hand washing facilities shall be between 105 F and 115 F . Review of the undated and unsigned Director of Maintenance job description revealed .The Maintenance Director is responsible for maintaining the buildings, grounds and equipment in a safe and operable manner at all times .Maintaining the building in compliance with current federal, state .regulations, and guidelines . Maintaining the building in good repair and free from hazards .Export knowledge of general building maintenance duties .Knowledge of safe practices in Long Term Care environment .Knowledge of Federal and State Regulations . Review of the facility's policy Fall Prevention And Management, dated 10/2023, revealed .It is the policy . to ensure a safe environment .A Fall Prevention and Management Program is used to provide a safe environment for residents .designed to identify residents at risk for falls .define interventions for the prevention of falls and/or decrease the likelihood of injury .A fall is when a resident comes to rest unintentionally on the floor .Interventions appropriate to individual residents and their risk for falls will be implemented .All products and devices included as interventions .will be used according to manufacturer's recommendations . Review of the facility's policy titled, Accidents/Falls, dated 6/8/2022, revealed .The facility strives to promote safety, dignity, and overall quality of life for its residents by providing an environment that is free from any hazards for which the facility has control and by providing appropriate supervision and interventions to prevent avoidable accidents .All employees must follow these guidelines and procedures for safe resident handling . Review of the facility's policy titled, Safe & Proper Resident Handling, dated 6/5/2023, revealed .To provide guidelines that will assist with the facility to select the safest technique and/or equipment for resident handling and movement tasks .Key Points for health care staff to consider .Identify any equipment required and know how to use it . Review of the facility's policy titled, Use of a Mechanical Lift, dated 10/2022, revealed .To define the guideline for use of a Mechanical lift .must be used by two (2) nursing assistants to perform the procedure . (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of the manufacturer's manual Invacare Reliant 450 .600 .Patient Lift, revealed .Operating the Lift WARNING .recommends that two assistants be used for all lifting . Using the Sling WARNING .Be sure to check the sling attachment each time .to ensure that it is properly attached before the patient is removed from a stationary object (bed, chair or commode) .Transferring the Patient WARNING When elevated a few inches off the surface of the stationary object .and before moving the patient, check again to make sure that the sling is properly connected to the hooks of the hanger bar. If any attachments are not properly in place, lower the patient back onto the stationary object .and correct this problem . 3. The surveyor's thermometers were calibrated (a procedure using ice water to ensure the thermometer is measuring correctly) before water temperature checks were obtained. The surveyor's hot water temperature checks in resident rooms on 4/29/2024 beginning at 1:22 PM, revealed the following: room [ROOM NUMBER] was 130 degrees F. room [ROOM NUMBER] was 122 degrees F. room [ROOM NUMBER] was 120 degrees F The Maintenance Team Lead and the surveyor's hot water temperature checks using a calibrated thermometer in resident rooms and showers on 4/29/2024 beginning at 2:40 PM, revealed the following: room [ROOM NUMBER] was 137 degrees F. room [ROOM NUMBER] was 135 degrees F. room [ROOM NUMBER] was 133 degrees F. room [ROOM NUMBER] was 134 degrees F. room [ROOM NUMBER] was 137 degrees F. room [ROOM NUMBER] was 134 degrees F. room [ROOM NUMBER] was 137 degrees F. room [ROOM NUMBER] was 135 degrees F. room [ROOM NUMBER] was 135 degrees F. room [ROOM NUMBER] was 135 degrees F. room [ROOM NUMBER] was 137 degrees F. room [ROOM NUMBER] was 141 degrees F. room [ROOM NUMBER] was 140 degrees F. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	room [ROOM NUMBER] was 135 degrees F. room [ROOM NUMBER] was 132 degrees F. room [ROOM NUMBER] was 127 degrees F. room [ROOM NUMBER] was 122 degrees F. room [ROOM NUMBER] was 120 degrees F. room [ROOM NUMBER] was 121 degrees F. room [ROOM NUMBER] was 137 degrees F. room [ROOM NUMBER] was 136 degrees F. room [ROOM NUMBER] was 129 degrees F. room [ROOM NUMBER] was 129 degrees F. room [ROOM NUMBER] was 137 degrees F. room [ROOM NUMBER] was 133 degrees F. room [ROOM NUMBER] was 142 degrees F. room [ROOM NUMBER] was 138 degrees F. room [ROOM NUMBER] was 137 degrees F. room [ROOM NUMBER] was 130 degrees F. room [ROOM NUMBER] was 133 degrees F. room [ROOM NUMBER] was 121 degrees F. The Residents' Shower room on the 100-hall in stall #1 was 133 degrees F and in stall #2 was 131 degrees F. The Residents' Shower room on the 200-hall in stall #1 was 122 degrees F. The Maintenance Technician and the surveyor's hot water temperature checks using a calibrated thermometer in residents rooms and showers on 5/7/2024 beginning at 10:00 AM, revealed the following: room [ROOM NUMBER] was 121 degrees F. room [ROOM NUMBER] was 123 degrees F. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	room [ROOM NUMBER] was 121 degrees F. room [ROOM NUMBER] was 122 degrees F. room [ROOM NUMBER] was 123 degrees F. room [ROOM NUMBER] was 123 degrees F. room [ROOM NUMBER] was 124 degrees F. room [ROOM NUMBER] was 122 degrees F. The Residents'Shower room on the 200-hall in stall #1 was 120 degrees F. The Residents'Shower room on the 400-hall in stall #1 was 121 degrees F. 3. Per Minimum Data Set (MDS) review revealed Residents #46, #85 and #114 were cognitively and/or physically impaired, and the Residents had access to the hot water with the dangerously elevated hot water temperatures. The facility provided a list of ambulatory residents and a list of residents who wander. The facility lists revealed Residents #28, #41, #47, #117 and #479 were cognitively impaired and had been identified by the facility as Residents with wandering behaviors (random, repetitive, or aimless locomotion/movement throughout an area) had the potential to be affected by the dangerously hot water temperatures. 4. Medical record review revealed Resident #28 was admitted to the facility on [DATE], with diagnoses including Hypertension, Dementia, Cognitive Communication Deficit, and Malignant Neoplasm of the Prostate. Review of the annual MDS dated [DATE], revealed a BIMS score of 9 which indicated the Resident was moderately cognitively impaired, and required moderate assistance with bed to chair transfer, required maximum assistance with toileting hygiene and was dependent on staff for bathing. Review of the Wander List dated 4/26/2024, revealed Resident #28 was moderate to high for wandering. Resident #28 resided in a room which measured the dangerously elevated hot water temperature of 137 degrees F in the resident's sink, and the Resident had the ability to access the hot water. 5. Review of the medical record revealed Resident #46 was admitted to the facility on [DATE], with diagnoses including Diabetes, Hypertension, and Dementia. Review of the annual Minimum Data Set (MDS) dated [DATE], revealed Resident #46 scored a 6 on the Brief Interview for Mental Status (BIMS) assessment, which indicated the Resident was severely impaired cognitively. Resident #46 required partial to moderate assistance from staff to wash and dry their face and hands and to shower/bath self. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Observation and interview on 4/29/2024 at 4:18 PM, revealed Resident #46 dressed, lying in the bed and was asked about the hot water in his bathroom. Resident #46 stated, The water be too hot. I tell them they have to change the water to make it be not so hot . Resident #46 resided in a room which measured the dangerously hot water temperatures of 121 degrees F. 6. Review of the medical record revealed Resident #85 was admitted to the facility on [DATE], with diagnoses including Traumatic Subdural Hemorrhage, Diabetes, Depression, and Hypertension. Review of the quarterly MDS dated [DATE], revealed a BIMS score of 10 which indicated the Resident was moderately cognitively impaired. Resident #85 used a wheelchair and requires assistance for bathing. Observation on 4/29/2024 at 10:39 AM, revealed 2 staff members in Resident #85's room assisting the Resident to the wheelchair. Observation on 4/30/2024 at 4:15 PM, revealed Resident #85 dressed, and sitting in a wheelchair in the friendship area at the table with other residents playing bingo. Resident #85 resided in a room which measured the dangerously elevated hot water temperatures of 122 degrees F. and had the ability to access the hot water. 7. Review of the medical record revealed Resident #114 was admitted to the facility on [DATE], with diagnoses of Cerebral Infarction due to Embolism of Left Middle Cerebral Artery, Chronic Obstructive Pulmonary Disease, Hypothyroidism, and Left Leg Above the Knee Amputation. Review of the quarterly MDS dated [DATE], revealed a BIMS score of 8 which indicated the Resident was moderately cognitively impaired. Observation on 4/30/2024 at 9:29 AM, revealed Resident #114 sitting in a wheelchair outside with other residents in the smoking area, wearing an apron and smoking a cigarette. Observation on 5/01/2024 at 11:15 AM, revealed Resident #114 self-propelling in a wheelchair down the hall, and stated she was looking for someone to get her some ice. During an interview on 4/29/2024 at 4:21 PM, Resident #114 was asked if the water was hot in her bathroom. Resident #114 stated, .the hot water is too hot . Resident #114 resided in a room which measured the dangerously elevated hot water temperature of 122 degrees F. and the Resident had the ability to access the hot water. 8. Review of the medical record revealed Resident #41 was admitted to the facility on [DATE], with diagnoses including Congenital Diaphragmatic Hernia, Aphasia, Dysphagia, Sleep Disorder, and Alcohol and Cocaine Abuse. The facility identified the resident as ambulatory and had a wanderguard. Review of the quarterly MDS dated [DATE], revealed Resident #41 BIMS score was not assessed. Resident #41 required set up to moderate assistance with Activities of daily living skills, and moderate assistance with toileting hygiene, bathing and mobility. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of the Care Plan dated 1/23/2024, revealed Resident # 41 was identified for wandering and elopement. Resident #41 resided in a room which measured the dangerously elevated hot water temperature of 137.8 degrees F, and the Resident had the ability to access the hot water. 9. Review of the medical record revealed Resident #47 was admitted to the facility on [DATE], with diagnosis including Diabetes, Kidney Failure, Psychotic Disorder with Delusions, and Heart Failure. Review of the annual MDS dated [DATE], revealed Resident #47 has a BIMS score of 7 which indicated the Resident was severely cognitively impaired. Resident #47's upper/lower extremities were with no impairment, ambulated with a walker, used a wheelchair, and required maximum assistance with bathing. Review of the Care Plan dated 1/23/24, revealed, .I [Resident #47] am a wanderer . Observation on 4/30/2024 at 7:47 AM, revealed Resident #47 dressed, and sitting in a wheelchair across from nursing station with their eyes closed. Resident #47 resided in a room which measured the dangerously hot water temperature of 121 degrees F, and the Resident had the ability to access the hot water. 10. Review of the medical record revealed Resident #117 was admitted to the facility on [DATE], with diagnoses including Alzheimer's, Encephalopathy, Schizophrenia and Hypertension. Review of the quarterly MDS dated [DATE], revealed Resident #117 was rarely or never understood and had impaired long and short-term memory problems. Resident #117 was independent with toilet transfer and required supervision with toilet hygiene. The MDS did not have a BIMS score. Resident #117 resided in a room with the of the dangerously elevated hot water temperature that measured 138.7 degrees F, and the Resident had the ability to access the hot water. 11. Medical record review revealed Resident #479 was admitted on [DATE], with diagnoses including Cerebral Infarction, Hemiplegia, Dementia, Convulsions, Dysphagia and Hypertension. Review of the Admission MDS dated [DATE], revealed a BIMS score of 1 which indicated the Resident was severely cognitively impaired. Resident #479 required maximum assistance with toileting hygiene, transfer and bathing. Review of the Wander List dated 4/26/2024, revealed Resident #479 was moderate to high risk for wandering. Resident #479 resided in a room which measured the dangerously elevated hot water temperature of 137 degrees F, and the resident had the ability to access the hot water. 12. Review of the medical record revealed Resident #8 was admitted to the facility on [DATE], with diagnoses including Cerebral Palsy, Repeated Falls, Legal Blindness and Anxiety. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of the quarterly MDS dated [DATE], revealed Resident #8 with a BIMS score of 13 which indicated the Resident was cognitively intact and was dependent on staff for bathing, no impairment upper and lower extremities, requires moderate assist to transfer from bed to a chair and uses a wheelchair. During an interview on 4/29/2024 at 4:20 PM, Resident #8 stated that sometimes the water was too hot. 13. Review of the medical record revealed Resident #115 was admitted to the facility on [DATE] with diagnoses including Diabetes, Hypertension and Chronic Kidney Disease. Review of the quarterly MDS dated [DATE], revealed Resident #115 with a BIMS score of 15, which indicated the Resident was intact cognitively. Resident #115 used a wheelchair for mobility. During an interview on 4/29/2024 at 4:23 PM, Resident #115 was asked if the water was hot in the bathroom. Resident #115 stated, It gets too hot . 14. Review of the medical record revealed Resident #280 was admitted on [DATE], with diagnoses including Hypertension, Diabetes, Encephalopathy, and Acute Kidney Failure. Review of the admission MDS dated [DATE], revealed Resident #115 scored a 14 on the BIMS which indicated the Resident was cognitively intact. Resident #280 had no impairment on the upper and lower extremities, required set up for bathing and required supervision for transfers from bed to chair. During an interview on 4/29/2024 at 4:03 PM, Resident #280 stated the water temperature had been too hot when bathing and the washcloths were too hot at times. 15. During an interview on 4/29/2024 at 4:33 PM, CNA R was asked about any concerns with the water being too hot or too cold. Staff R stated, .some do get too hot .if you turn it up, it gets really hot .showers not too hot .[the hot water], it don't [doesn't] last long . During an interview on 5/1/2024 at 8:37 AM, Maintenance Team Lead was asked if he had any orientation on checking water temperatures. Maintenance Team Lead stated, No, ma'am .we just started watching them [water temperatures] a year or 2 after I got here. Maintenance Team Lead was asked when they had been notified the water was too hot. Maintenance Team Lead stated, When y'all found out . The Maintenance Team Lead was asked who had trained the Maintenance Technician. The Maintenance Team Lead stated, Nobody .we all didn't have any training .I have trained him [Named Maintenance Technician] this week on taking the water temps. The Maintenance Team Lead was asked how often water temperatures were being checked. The Maintenance Team Lead stated, .every hall gets checked once a week. I was not the one doing it .it was supposed to been done correctly .problems with water pipes in the winter .we had to turn the water up, and we never turned it back down .the water was cold .the hot water tank [heater] was turned up. The Maintenance Team Lead was asked was if the hot water heater was turned up to bring the water temperature up. The Maintenance Team Lead stated, Yes. The Maintenance Team Lead was asked when the hot water heaters were turned back down. The Maintenance Team Lead stated, We never got to it .until now .both water tanks [hot water heaters] were turned up . (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on 5/1/2024 at 9:21 AM, the Maintenance Technician was asked about the orientation when hired. The Maintenance Technician stated, .we went over few things I would be doing .I got hands on training .had to learn on my own . The Maintenance Technician was asked who the supervisor was. The Maintenance Technician stated, .[Named Maintenance Team Lead] because we cannot keep a maintenance supervisor . The Maintenance Technician was asked to explain how he took the water temperatures before yesterday 4/30/2024. Maintenance Technician stated, .run the water for 1 to 2 minutes, let the water get hot, place the thermometer tip in between the water. I would have half of the tip out of the water, learned now I should have the tip in the water and before .once I saw the number I would record. The Maintenance Technician was asked how the water temperatures are checked, now that he is trained. Maintenance Technician stated, Now trained to check .turn water on let it run for a few minutes .5 minutes, make sure numbers are not jumping .it will take 2 to 3 minutes of running and tip of thermometer in center to make sure . The Maintenance Technician was presented documentation of the facilities previously documented water temps and asked if he thought the documented water temps were accurate. The Maintenance Technician stated, I would say not . I was doing the tip in the water the wrong way .they are not right, if I was doing them the wrong way . The Maintenance Technician was asked how often the water temps were checked. The Maintenance Technician stated, I used to do them every day but now since . 2 months ago .changed to every Wednesday, do a hall a week . The Maintenance Technician stated he was told yesterday (4/30/2024) that the water temps were too high. The Maintenance Technician was asked had he ever been shown the federal guidelines for water temperatures. Maintenance Technician stated, No. The Maintenance Technician was asked did he know anything about the water being cold. The Maintenance Technician stated, . CNAs complained about the water being cold .I did not think the water was cold, it was warm .the people who put it in came out here and turned it up [referring to the hot water heater] .October . The Maintenance Technician was asked if the water temperatures could be visualized on the hot water heater. The Maintenance Technician stated, Yes. The Maintenance Technician was asked who monitored the water temperatures on the hot water heaters. The Maintenance Technician stated, Nobody. The Maintenance Technician was asked what the temperatures were on the hot water heaters today. The Maintenance Technician stated, .it was at 175 degrees on the oldest hot water heater and [Named Regional Director of Maintenance (RDOM)] changed it this week .[now set at] 115 . The Maintenance Technician confirmed he was not checking the shower room water temperatures. The Maintenance Technician was asked should he check the shower room temps. The Maintenance Technician stated, I think so, now. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on 5/1/2024 at 4:08 PM, the RDOM, who prior to this interview was employed at a sister facility as part of their Maintenance Staff, was asked who was responsible for the maintenance of the facility. The RDOM stated, .I guess right now that would be me. The RDOM was asked about the hot water temperatures at the facility. The RDOM stated, It was brought to my attention you all had seen a temperature reading of 140 or 143. I thought that's impossible and thought that it had to be a bad mixing valve .I went downstairs and lowered temperatures on the boilers [hot water heaters]. The RDOM was asked what the temperatures were at that time. The RDOM stated, I want to say 130, 131 and I reduced it to 115 degrees and opened up the hot water valve in the janitors closet to expel the additional hot water .to bring the temperatures down .brought down to below standards .I lowered it to get the danger to the residents gone, so that it wasn't going to cause harm . This is purely assumption on my part, but makes the most sense, the [previous] Maintenance .turned up the temp and didn't follow up on it .I think when he [Previous Maintenance Director] left nobody looked or checked. If they had been doing temps the correct way, they would have caught it. The RDOM was asked were the two current maintenance staff reeducated about water temperatures and how to take temperatures properly. The RDOM stated, Honestly no, but I will. The RDOM was asked with the seriousness of the situation and the possibility of residents being seriously burned, should they have reeducated staff when this was found. The RDOM stated, .temp reading is something definitely going to be addressed .plan to address tomorrow .been working on Life Safety issues . The RDOM was asked since the problem with the water temperatures has been discovered as being too hot have the maintenance staff checked the water temperatures been taken. The RDOM stated, [Named Maintenance Team Lead] and I have .came in yesterday [4/30/2024] and took temps . did not write them down. The RDOM was asked with the seriousness of harm or death should the water temperatures be written down, kept, and reported back to the Administrator. The RDOM stated, That would fall under the Maintenance Director, and I am currently in that position, that is why I got the temp confirmed, he did not write them down. The RDOM was asked if he knew the federal regulations for water temperatures. The RDOM stated, No, what are they? The RDOM was asked what education was going to be provided to the maintenance staff if he didn't know the federal guidelines for water temperatures. The RDOM stated, . I will know them today. During an interview on 5/01/2024 at 4:49 PM, the Director of Nursing (DON) was asked about the water temperatures. The DON stated, .my understanding 104-110 in resident rooms .I don ' t know shower rooms . The DON was asked has anyone educated them on the correct water temperature ranges this week. The DON stated, I wouldn't say they educated me about it .that was the range we agreed on. The DON confirmed the Maintenance staff should have been able to tell them what the correct temperature ranges should be and stated, .I have not been keeping up with the water . During an interview on 5/02/2024 10:20 AM, the DON stated to the RDOM, . going to have to get tight on the water .the water is too low . The RDOM stated, .I talked to [named Life Safety surveyor] .he told me what the range is . (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on 5/02/2024 at 2:09 PM, the Administrator was asked if she had been notified of the hot water temps. The Administrator stated, .Monday night . got a text from my housekeeping supervisor .said we got an IJ [immediate jeopardy] for the water temperature . The Administrator confirmed no one else had let her know about the IJ and stated, The one that should have notified me was the DON who was second in command . The Administrator was asked how the communication was within the facility. The Administrator stated, .it's been poor . The Administrator was asked if she felt the response to the IJ had been immediate. The Administrator stated, .there was a call to a vender .and the boilers [hot water heaters] were turned down immediately .showers were halted and bed baths .until we could determine the proper temperature. The Administrator confirmed everyone should have been aware of the water temperature and stated, .100 degrees for baths .120 degrees for 5 minutes burn . The Administrator confirmed it would be too cold to receive baths/shower under 100 degrees and stated, It would be too cold . The Administrator confirmed she had no idea what the water temperature acceptable ranges should be and was asked who was responsible for the hot water temperatures. The Administrator stated Maintenance .they are supposed to do water checks daily. The Administrator confirmed she was not aware that the maintenance didn't know how to correctly take the water temps. The Administrator was asked where the communication breakdown was. The Administrator stated, .I don't know .it's definitely .a good question .maybe failure to carry out assigned duties [referring to the hot water heater being to high and not being turned down] . The Administrator was asked who was responsible for the building. The Administrator stated, I am. During an interview on 5/08/2024 at 10:51 AM, the Medical Director confirmed he was notified about the IJ related to hot water temperatures and stated, I told them the water should be fixed quickly .I think when it comes to spending money the owners drag their feet .it should be the right temperature .shouldn't be too hot or too cold .the building is [AGE] years old .it's going to cost some money but it is worth it for the residents . During an interview on 5/08/2024 at 11:20 AM, the Superintendent of the Service Department of an outside vendor was asked why they were called out to facility. The Superintendent stated, .they [the facility] are having hot water in faucets .it was hotter than it was supposed to be .when we got here .originally it was a boiler and 2 water tanks .some time ago, in the 80's .90s boiler went out and replaced .with 2 water heaters . we replaced one [referring to the water heater] in the last couple years .it had flooded down there [in the facility basement], it's been years ago when they took the boiler out, they piped it up differently, cold water feeds with them having to circulate through builder boilers, they require a holding tank . when boilers were replaced . they had a boiler with a holding tank, boiler doesn't have a tank and can't circulate .they left the cold tied into the tank instead of the water heaters, they are mixing .the problem was going into the holding tank . we have already rerouted that, to maintain that, they [the facility] kicked the hot water up . the hot and cold was mixing .they have circulating pumps and aren't working . The Superintendent was asked was the water issued fixed at this time. The Superintendent stated, .not that I ' m aware of it shows 74 degrees .to get it right, they would have to re-pipe the whole building .they are so old, they don't have a system monitoring the valves . The Superintendent was asked if the water issues can recur. The Superintendent stated the only way to properly correct the problem was, tearing out walls and ceiling are going to be the only way .yes . 16. Review of the medical record revealed Resident #14 was admitted on [DATE], and readmitted on [DATE], with diagnoses including Right Femur Fracture, Muscle Weakness, Dementia, Repeat Falls, Pain, and Psychosis. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of a significant change MDS dated [DATE], revealed Resident #14 scored a 12 on the BIMS, indicating the Resident was moderately impaired cognitively, and required supervision or touching assistance from staff for bed mobility and transfers, had one fall with no injury and had one fall with major injury since admission/entry or reentry or prior assess [TRUNCATED]

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33379 Based on policy review, medical record review, observation and interview the facility failed to provide care and services for an indwelling catheter (a tube in the bladder that drains urine) for 1 of 1 (Resident #44) sampled resident reviewed for indwelling catheters. The findings include: 1. Review of the facility policy titled Foley Catheter Care, revised 6/2023, revealed .The purpose of catheter care is to prevent possible urinary tract infections from bacteria spreading from the perineal area and external catheter into the urinary tract . 2. Review of the medical record revealed Resident #44 was admitted to the facility on [DATE], with diagnoses of Osteomyelitis, Obstructive Uropathy, Hemiplegia, Cerebral Infarction, Hypertension, and Arteriosclerotic Heart Disease. Review of the Care Plan dated 3/13/2024, revealed .has an indwelling Catheter: Obstructive uropathy . Assess/record/report to MD for s/sx [signs and symptoms] UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, Urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns .Change foley catheter every month and [abbreviation for as needed] .Check tubing for kinks each shift .Provide foley catheter care every shift and as needed . Review of the Admission Minimum Data Set (MDS) dated [DATE], revealed Resident #44 had a Brief Interview for Mental Status Score (BIMS) of 15, indicating the resident was cognitively intact, Further review revealed Resident #44 had an indwelling catheter. Review of the Order Summary Report dated 5/6/2024, revealed .Change foley catheter on the 14th of each month and as needed for blockage/leakage or accidental dislodgement .Active 3/13/2024 . Review of the April 2024 Medication Administration Record revealed the catheter was not signed as being changed on 4/14/2024. Observation in the resident's room on 5/01/2024 at 2:22 PM, revealed Resident #44 resting in bed with an indwelling catheter hanging on the Left side of bed, a privacy bag covering the drainage bag and golden yellow urine in tubing. During an interview on 5/6/2024 at 11:08 AM, the Director of Nursing confirmed Resident #44's catheter was not changed on 4/14/2024 as ordered.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 33379 Based on medical record review, observation, and interview the facility failed to ensure medication was stored securely when medications were left unattended in resident rooms for 1 of 61 sampled (Resident #31) and when 2 of 7 medication carts (Back up medication cart and the 100 hall medication cart) were left unlocked, unattended and out of staff's line of sight. The findings include: 1. Observation in Resident #31's room on 5/1/2024 at 11:01 AM, revealed Resident #31 lying in bed, 2 white pills in a cup on her overbed table. Resident #31 asked for some water so she could take her medicine. LPN B was not present in the room. During an interview on 5/01/2024 at 11:13 AM, LPN B was asked what medication was left at Resident #31's bedside. LPN B stated, .potassium tablet and Vitamin D . LPN B confirmed she left the medications at the bedside because she got busy and didn't make it back to administer the medication. 2. Observation of the 100 hall Nurse's station on 5/06/2024 beginning at 4:21 PM, revealed the Back up medication cart was unlocked, unattended, and out of line of sight of staff. The Director of Nursing (DON) walked up to the Nurses station and observed the unlocked medication cart. LPN F stated, That cart [Back up medication cart] is empty . LPN F opened the top drawer of the Back up medication cart and confirmed they contain the following over the counter medications stored in the top drawer: 1. 1 bottle of ASA 81 mg 2. 3 bottles of Docusate Sodium 100 mg 3. 1 bottle of Gas Relief 80 mg 4. 1 bottle of Vitamin D 25 mcg 5. 1 bottle of Iron 25 mg 6. 1 bottle of Geri Kot 8.6 mg 7. 1 bottle of Sodium Chloride 1 Gram (15.4 gr) 8. 1 bottle of Vitamin B 12 1000 mcg 9. 1 bottle of Loratadine 10 mg 10. 1 bottle of Meclizine 12 mg (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	11. 1 bottle of Vitamin D 125 mcg 12. 2 bottles of Multivitamin 13. 1 bottle of Vitamin B Complex 14. 1 bottle of Cetirizine 10 mg 15. 1 bottle of Zinc Sulfate 220 mg 16. 1 bottle of Bisacodyl 5mg 17. 1 bottle of Probiotic 500 mg 18. 1 bottle of Acetaminophen 325 mg 19. 1 bottle of Magnesium Oxide 400 mg 3. Observation on the 200 hall on 5/7/2024 at 8:08 AM, revealed the 100 hall medication cart sitting in the 200 hall. The 100 hall medication cart was unlocked, unattended, and out of line of sight of staff. 4. During an interview on 5/7/2023 at 8:20 AM, DON confirmed medication carts should not be unlocked and unattended. The DON was asked why the Back up medication cart was at the 100 hall Nurse's station. The DON confirmed that 1 nurse has residents on 100 and 200 halls and has to share a cart, the nurses decided to separate the medications and make two carts. During an interview on 5/06/24 at 12:23 PM, LPN E confirmed she should not have left the medications on the over bed table when she went to wash her hands. During an interview on 5/7/2024 at 3:18 PM, the DON was asked if a nurse should leave medications unattended at bedside. The DON stated, No ma'am, they shouldn't leave them

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 33379 Based on policy review, observation, and interview, the facility failed to ensure food was stored, prepared, and served under sanitary conditions as evidenced by staff using bare hands to prepare food, unlabeled, undated food items, and dirty equipment. The facility had a census of 131 with 124 of those residents receiving a tray from the Kitchen. The findings include: 1. Review of the facility's policy Food Preparation and Service, dated 10/2017, revealed .Food and nutrition services employees shall prepare and serve food in a manner that complies with safe handling practices . Bare hand contact with food is prohibited. Gloves must be worn when handling food directly . Review of the facility's policy Food Receiving and Storage, dated 10/2017, revealed .Foods shall be received and stored in a manner that complies with safe food handling practices .All foods stored in the refrigerator or freezer will be covered, labeled and dated ['use by date] . opened containers must be dated Review of the facility's policy Food Safety Requirements, dated 12/2023, revealed .Food will be stored, prepared, distributed and served in accordance with professional standards for food safety . Contamination means the unintended presence of potentially harmful substances including, but not limited to microorganisms, chemicals, or physical objects .Facility staff shall inspect all food .and ensure timely and proper storage .Practices to maintain safe refrigerated storage include .labeling, dating, and monitoring .so it is used by its use-by-date .Use of gloves when touching and assisting with ready-to eat-foods .All equipment used in the handling of food shall be cleaned and sanitized, and handled in a manner to prevent contamination .Staff shall not touch food with bare hands . Review of the facility's policy Sanitization, dated 10/2008, revealed .The food service area shall be maintained in a clean and sanitary manner .All utensils, counters, shelves, and equipment shall be kept clean . Review of the facility's policy, Storage of Refrigerated and Dry Foods,' dated 1/2023, revealed .All containers must be labeled with the contents and date food item was placed in storage .Previously cooked foods can be held in refrigeration .for up to 7 days and then must be discarded . 2. Observation in the Kitchen on 4/29/2024 at 9:40 AM, revealed the following: a. an opened, and undated package of coconut flakes in the dry storage area. b. an opened, and undated package of pancake waffles in the freezer. c. an undated package of corn nuggets in the freezer. d. an undated bag of mangos in the freezer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445150	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Gardens at Memphis Rehab & Snc	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	e. an opened, undated, and unlabeled meat wrapped in aluminum foil in the freezer. f. 3 sleeves (elongated, packaged meat in a clear plastic wrapping) of undated, an unlabeled meat in the freezer 3. Observation in the Kitchen on 4/30/2024 at 10:23 AM, revealed the following a. a deep fryer with dark brown (almost black/could not see through) colored grease and dark brown crumbs. b. 2 undated, and unlabeled sandwiches in a metal pan. c. a plastic container labeled black eye peas dated 4/22/2024, in the refrigerator. 4. Observation in the Kitchen on 5/1/2024 at 11:19 AM, revealed the following: a. Cook/Dietary Aide O used her bare hands to take bread rolls out of its package and placed them on a serving tray. b. a dark brown (almost black/could not see through) colored grease and dark brown crumbs in the deep fryer. 5. Observation in the Kitchen on 5/1/2024 at 3:02 PM, revealed uncovered noodles in a Styrofoam container sitting on the top of a metal shelf. 6. Observation in the Kitchen on 5/8/2024 at 9:35 AM, revealed Cook/Dietary Aide O used her bare hands to pick up slices of cheese and place them on slices of bread. Staff O walked away and left the cheese slices and bread uncovered. 7. During an interview on 5/8/2024 at 5:09 PM, the Certified Dietary Manager (CDM) confirmed items stored in the freezer and other shelf areas should be labeled with a name, opened date, and have a use by date on them. The CDM confirmed dark grease is unaccepted for the deep fryer, the deep fryer should be cleaned, and the grease changed as scheduled and as needed. The CDM confirmed sandwiches should be refrigerated and labeled with name and date it was prepared. The CDM confirmed the black eye peas in the refrigerator dated 4/22/2024 should have been discarded on 4/29/2024. The CDM confirmed staff should not use their bare hands to pick up food, staff should be wearing gloves when picking up food.

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	445150	A. Building B. Wing	05/08/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47835 Based on facility policy, facility document review, medical record review, and interview revealed the facility failed to maintain an accurate and complete medical record for 1 of 32 (Resident #66) sampled residents reviewed. Resident #66 ' s medical record contained an inaccurate Neurological check (an evaluation of brain and nervous system function). The findings include: 1. Review of the facility policy titled, Charting Errors and/or Omissions, revised 2006 revealed .Accurate medical records shall be maintained by this facility . Review of the facility policy titled, NEUROLOGICAL ASSESSMENT & FLOW SHEET, dated 12/2023, revealed .Any time an individual has an injury to the head .a Neuro Assessment needs to be done .Put the exact time that the [neurological] check was done and not when it was supposed to be done .exact time is important . 2. Review of the medical record revealed Resident #66 was admitted to the facility on [DATE], with diagnoses including Metabolic Encephalopathy, Dysphagia, Aphasia, Hemiplegia, Cognitive Communication Deficit, Dementia, Congestive Heart Failure, Hypertension, History of Falling, and Contracture of Left Hand. Review of the 5-day Medicare Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 7, indicating severe cognitive impairment. Review of a Progress Note dated 2/21/2024 at 5:40 PM revealed .Called to resident room per CNA [Certified Nursing Assistant], [resident] noted lying on left side on floor .open area noted over left brow . Review of Resident #66 ' s Neuro check sheet dated 2/21/2024 revealed neuro checks were documented at 12:45 PM. Review of the [Named] Fire Department Prehospital Patient Record dated 2/21/2024 revealed Resident #66 left the facility at 6:25 AM, being transported to the emergency room (ER). Resident #66 left the hospital ER at 12:55 PM and transported back to the facility. Staff documented the neuro check for Resident #66 at 12:45 PM, when Resident #66 was not present in the facility. During an interview on 05/08/24 at 10:35 AM, the Director of Nursing (DON) was asked about the neuro check documented on 2/21/2024 at 12:45 PM. The DON stated, .he would have been on his way to the hospital at that time [6:35 AM] and [12:45 PM] would be when he returned from the hospital . The facility failed to maintain accurate records and documentation related to neuro checks for Resident #66.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. 33379 Based on observation, and interview, the facility failed to maintain equipment in safe operating condition for 4 of 4 (Hall 100 shower room stall #2, Hall 200 shower room stall #2, Hall 300 shower room stall #2 and Hall 400 shower room stall #2) shower rooms and for 1 of 2 elevators (200 hall elevator) reviewed for safe operating equipment. The findings included: 1. The Maintenance Director and Maintenance Team Lead and the surveyor's checked showers rooms stalls on 5/14/2024 beginning at 11:05 AM, and revealed the following: 100 hall shower room stall #2 was capped off. 200 hall shower room stall #2 was capped off. 300 hall shower room stall #2 was capped off. 400 hall shower room stall #2 was capped off. During an interview on 5/14/2024 at 9:43 AM, the Maintenance Director confirmed that they had capped off one shower stall in each residents' shower room and stated, .water coming out of the sprayer and the shower head at the same time [referring to hall 100 shower room] .water wasn't getting hot enough due to coming out at both places . During an interview on 5/14/2024 at 11:30 AM, the Maintenance Lead was asked when the stalls that were capped off in the resident's showers would be fixed. The Maintenance Lead confirmed they would have to go in behind the wall to make the repairs. 2. Observation of the 200 hall on 5/14/2024 at 3:55 PM, revealed an elevator with caution tape and an out of order sign taped to the elevator door. During an interview on 5/14/2024 at 3:15 PM, the Healthcare Consultant confirmed the 200 hall elevator has not been in working order for nearly a year.