

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2020
NAME OF PROVIDER OF SUPPLIER MAJESTIC GARDENS AT MEMPHIS REHAB & SNC		STREET ADDRESS, CITY, STATE, ZIP 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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on facility policy review, medical record review, observation and interview, the facility failed to report an allegation of physical abuse within 2 hours for 1 of 3 sampled residents (Resident #1) reviewed for alleged abuse. The findings include: Review of the facility's policy titled, Abuse Prevention and Intervention Strategies, dated September 2016, showed that abuse and neglect allegations are reported and analyzed and the appropriate corrective, remedial or disciplinary action occurs in accordance with local, State, or federal law. Review of the medical record, showed Resident #1 had [DIAGNOSES REDACTED]. Review of the admission Minimum Data Set Assessment ((MDS) dated [DATE], showed Resident #1 scored a 7 on the Brief Interview of Mental Status (BI[CONDITION]), which indicated moderately impaired cognition. Review of the Witness Statement Report dated [DATE], showed that an allegation of physical abuse was reported to a Registered Nurse (RN) #1 and a Certified Nursing Assistant (CNA) #1. The allegation was that Resident #1 had been hit by a staff member. Multiple observations of Resident #1 on 3/18/2020, showed that she was alert with confusion and poor short term memory. Review of the medical record showed, Resident #2 had [DIAGNOSES REDACTED]. The admission MDS dated [DATE], showed Resident #2 scored a 15 on the BI[CONDITION], which indicated no cognitive impairment. Review of a Nurse's Note dated [DATE], showed, .Resident (Resident #2) alleged that on [DATE],she heard her roommate (Resident #1) yell while CNA (CNA #1) was providing care. Resident said that CNA hit her roommate but she couldn't see it because the curtain was pulled and she could not see that side of the room. During an interview on 3/18/2020 at 3:15 PM, the Administrator was asked what was the timeframe for reporting any allegation of abuse. The Administrator stated, Within 24 hours . The Administrator was asked if the allegation of abuse for Resident #1 was reported within 2 hours. The Administrator stated, No, got it in on the 6th ([DATE], 4 days after the allegation).</p>		

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

TITLE

(X6) DATE

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.