

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Midtown Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N McLean Blvd Memphis, TN 38104	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to ensure residents were accurately assessed for smoking for 2 of 2 (Resident #15 and #62) sampled residents reviewed. The findings include: 1. Review of the facility's policy titled, RAI (Resident Assessment Instrument) -MDS 3.0 Completion dated 1/1/2023, revealed .Residents are assessed using a comprehensive assessment process, in order to identify care needs . 2. Review of the medical record revealed Resident #15 was admitted to the facility on [DATE], with diagnoses including Encephalopathy, Atrial Fibrillation, Bronchopneumonia, Chronic Obstructive Pulmonary Disease, Hypertension, Wheezing, Dyspnea, and Nicotine Dependence. Review of the Care Plan dated 6/10/2025 confirmed Resident #15 was care planned for smoking. Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #15 had a Brief Interview for Mental Status score of 9, which indicated the resident was moderately cognitively impaired and was not coded for the use of tobacco. 3.Review of the medical record revealed Resident #62 was admitted to the facility on [DATE], with diagnoses including Diabetes and Emphysema. Review of the annual MDS assessment dated [DATE], revealed Resident #62 had a BIMs score of 9, which indicated Resident #62 was moderately cognitively impaired and the resident was not assessed for the use of tobacco. 4.Review of the facility's Smoking List revealed Residents #15 and #62 were on the facility smoking list. 5. Observation in the facility's designated smoking area on 9/3/2025 at 9:39 AM, revealed Residents #15 and #62 smoking in the facility designated smoking area. During an Interview on 9/4/2025 at 3:41 PM, the MDS Director confirmed that the use of tobacco should have been captured on Resident #15's admission MDS assessment and Resident #62's annual MDS assessment.</p>

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

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

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and interview, the facility failed to ensure residents were free from accident hazards for 1 of 5 (Resident #15) reviewed. The findings include: 1. Review of the medical record revealed Resident #15 was admitted to the facility on [DATE], with diagnoses including Atrial Fibrillation, Cerebrovascular Disease, Cognitive Communication Deficit, Bronchopneumonia, Congestive Heart Failure, Hypertension, and Seizures. Review of a quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident a Brief Interview for Mental Status score of 13, indicating the resident was cognitively intact, dependent on staff for Activities of Daily Living skills, and the use of oxygen therapy. Review of the Physician order dated 3/5/2025 revealed Resident #15 received oxygen 2 liters/minute, binasal cannula (tubing used to deliver oxygen through the nose). Observation in Resident #15's room on 9/3/2025 at 8:13 AM, revealed Resident #15 in bed with binasal cannula tubing intact in nose and connected to an unsecured oxygen tank cylinder sitting at the resident's bedside. The oxygen cylinder was not secured to prevent from falling or causing injury or harm. During an interview on 9/3/2025 at 8:19 AM, Licensed Practical Nurse (LPN) A confirmed the oxygen tank should be secured to prevent injury or harm, and that it was hazardous if it fell over</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, observation, and interview, the facility failed to ensure a safe, sanitary, and comfortable environment for 5 of 9 residents (Resident #4, #64, #65, #77, #161) receiving enteral tube feeding (nutrition provided through a tube inserted into the gastrointestinal tract). The findings include: 1. Review of the facility policy titled, Safe and Homelike Environment . revised 1/2025, revealed .the facility will provide a safe, clean, comfortable and homelike environment.services will be provided as necessary to maintain a sanitary, orderly and comfortable environment . Review of the facility policy titled, Cleaning and Disinfection of Resident-Care Equipment, dated 6/12/2025, revealed .Reusable resident-care equipment will be cleaned and disinfected in accordance with current CDC [Centers for Disease Control and Prevention] recommendations in order to break the chain of infection.Cleaning is the removal of visible soil from objects and surfaces and normally is accomplished manually or mechanically using water with detergents or enzymatic products.Examples include .feeding tube pumps .Each user is responsible for routine cleaning and disinfection of multi-resident items after each use.Direct care staff are responsible for cleaning single-resident equipment when visible soiled.Most equipment may be cleaned /disinfected in the areas in which the equipment is used.For durable medical equipment such as feeding pumps, staff shall store used/dirty equipment in soiled utility room . 2. Review of the medical record revealed Resident #4 admitted on [DATE], with diagnoses including Cerebral Infraction, Dysphagia, and Aphasia. Review of the physician order dated 2/21/2025, revealed Resident #4 received named enteral tube feeding at 70 milliliters(ml) per hour through a feeding tube pump. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 6, which indicated Resident #4 had severely impaired cognition, was dependent upon staff for eating, and received enteral feeding. Observations in Resident #4's room on 9/2/2025 at 10:35 AM, 4:37 PM and on 9/3/2025 at 8:06 AM, and 12:20 PM, revealed the enteral feeding pump was infusing and had dried, tan, unknown substances on the base of the enteral feeding pole. During an observation and interview in Resident #4's room on 9/3/2025 at 5:15 PM, the Director of Nurses (DON) confirmed the base of the resident's enteral feeding pole was splattered with dried enteral feeding and needed to be cleaned. The DON confirmed the enteral feeding pole should be cleaned at the time the feeding is dropped or leaked onto the pole. 3. Review of the medical record revealed Resident #64 was admitted to the facility on [DATE], with diagnoses including Dysphagia, Seizures, and Hemiplegia. Review of the physician order dated 2/21/2025 revealed Resident #64 received named enteral feeding at 65 ml per hour and water at 55 ml per hour through a feeding tube pump. Review of the quarterly MDS assessment dated [DATE], revealed Resident #64 was severely cognitively impaired. Observations in Resident #64's room on 9/2/2025 at 10:20 AM, 11:33 AM, and 4:19 PM, and on 9/3/2025 at 7:48 AM, 12:06 PM, and 4:39 PM, revealed a dry, light brown colored substance on the enteral feeding pump and a dark brown colored substance resembling rust on the enteral feeding pole and on the base of enteral feeding pole. During observation and interview in Resident #64's room on 9/3/2025 at 5:28 PM, the Administrator and the DON confirmed resident's enteral feeding poles should not have dry substance or rust and should be cleaned. 4. Review of the medical record revealed Resident #65 was admitted on [DATE], with diagnoses including Cerebral Infraction, Dysphagia, Convulsions, and Aphasia. Review of the Physician Order dated 2/21/2025, revealed Resident #65 received named enteral tube feeding at 65 milliliters per hour through a feeding tube pump. Review of the quarterly MDS assessment dated [DATE], revealed Resident #65 was rarely/never understood and had severely impaired cognitive skills. Resident #65 was dependent upon staff for activities of daily living and received an enteral feeding nutrition. Observation in Resident #65's room on 9/2/2025 at 11:13 AM and 4:47 PM and on 9/3/2025 at 7:57 AM and 12:12PM, revealed the resident's enteral feeding pump infusing and had dried, tan, unknown substances splattered on the base of the enteral feeding pole. During observation and interview in Resident # 65's room on 9/03/2025 at 5:24 PM, the DON confirmed the base of the resident's enteral feeding pole was splattered with dried enteral feeding and needed to be cleaned. 5. Review of the medical record revealed Resident #77 was admitted to the facility on [DATE] with diagnoses including Metabolic Encephalopathy, Hemiplegia, Dysphagia, Gastrostomy, and Disorder of Thyroid. Review of the Physician Orders dated 4/30/2025, revealed Resident #77 received named enteral tube feeding at 80 ml per hour through a feeding tube pump. Review of the quarterly MDS dated [DATE] revealed a BIMS score of 3, which indicated severe cognitive impairment. Resident was dependent for all activities of daily living and</p>		