

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/16/2025
NAME OF PROVIDER OR SUPPLIER  Northbrooke Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  121 Physicians Dr Jackson, TN 38305	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on policy review, medical record review, and interview, the facility failed to follow interventions to prevent falls for 1 of 4 (Resident #328) reviewed for falls.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility policy titled, Falls and Fall Risk Managing, revised 3/2018, revealed .the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling .</li> <li>2. Review of the medical record revealed Resident #328 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Anxiety, Depression, Diabetes, Malignant Neoplasm of Breast, and Abdominal Aortic Aneurysm.</li> </ol> <p>Review of the Care Plan dated 1/17/2025, revealed .At Risk for Falls R/T [related to] weakness, difficulty with transfers .Interventions .use [Named] lift [mechanical device used to transfer individuals with mobility limitations from one surface to another] and 2 assist [assistance] for transfers .,</p> <p>Review of the admission Minimum Data Set assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 12, which indicated Resident #328 was moderately cognitively impaired, and totally dependent on staff for transfers and had 1 fall with no injury since admission.</p> <p>Review of the Morse Fall assessment dated [DATE], revealed Resident #328 was at moderate risk for falls.</p> <p>Review of the facility's Fall Investigation dated 3/11/2025, revealed .Resident slid out of stand-up lift [mechanical lift that uses a sling to wrap around resident's waist and allows the resident to be in the standing position holding on to each side] while being transferred from her wheelchair to the bed .Resident stated arms slipped out of the sling .No injuries observed at the time of incident .Education needed on appropriate mechanical lifts for resident .</p> <p>Review of an Occupational Therapy [OT] Discharge Summary revealed .Dates of Service 2/4/2025- [to] 3/12/2025 .Chair/bed transfers .total dependency .</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Physical Therapy [PT] Discharge Summary revealed .Dates of Service 2/4/2025-3/12/2025 .not able to bring self to standing with mechanical sit to stand lift .</p> <p>During a telephone interview on 4/14/2025 at 8:10 PM, Certified Nursing Assistant (CNA) Q stated, .she wanted to be put in bed, I was not familiar on how she transferred from the wheelchair to the bed, I asked her how, she [Resident #328] .they use the stand up lift .myself and another aide attempted to transfer her from the wheelchair by lifting her under her arms, we could not do it so we got the stand-up lift .and we had her strapped to the lift but her arms gave out and she started to slide out of the lift to the floor .I did not look in the kiosk [electronic medical record] or care plan to see how to transfer her .the resident told me they use the stand up lift so I used it .</p> <p>During an interview on 4/15/2025 at 10:00 AM, the Therapy Director stated, .the resident was admitted . use Hoyer lift [mechanical lift that lifts the resident totally out of bed with a sling] for transfers and was total dependent with transfers .PT was working on sit to stand and stand-up lift and the parallel bars but [Resident #328] could not tolerate sit to stand lift .on admission she was a Hoyer lift for transfer and that never changed .it is documented on the care plan and the [NAME] [a manual plan of care used by CNAs to refer to for care] . Night shift should have looked at the Kiosk [NAME] or care plan on how to transfer .</p> <p>During an interview on 4/16/2025 at 9:12 AM, CNA R stated .it was not reported to her .on how this resident was to transfer from the wheelchair to the bed and we did not check the care plan or [NAME] summary .we should have checked before transferring the resident instead of asking the resident .</p> <p>During an interview on 4/16/2025 at 1:00 PM, the Director of Nursing (DON) stated, .Staff should look at the [NAME] or care plan before transferring a resident and not ask the resident .</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on review of the facility's Licensure Staffing Requirements, daily staffing schedules, and interview, the facility failed to ensure a Registered Nurse (RN D and MDS Coordinator) was on duty at least 8 hours a day, 7 days a week, for 2 of 28 days reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's Nursing Home Daily Staffing schedules for March 2025 and April 2025 revealed no RN on duty for 8 consecutive hours on 3/16/2025 and 4/6/2025.</li> <li>2. Review of the facility's daily working schedule for March 2025 and April 2025 confirmed no RN on duty for 8 consecutive hours on 3/16/2025 and 4/6/2025.</li> <li>3. During an interview on 4/16/2025 at 11:47 AM, the Staffing Coordinator, was asked how many consecutive RN hours a day are required. The Staffing Coordinator stated, Eight. Then The Staffing Coordinator was shown the facility's NURSING HOME LICENSING CHECKLIST, dated 3/15/2025 - 3/28/2025 and 3/29/2025 -4/11/2025. The staffing Coordinator was asked about the 3/16 with 6.5 RN hours, Staffing Coordinator stated, [Named RN D] must have left early that day and [MDS Coordinator] must have left early on 4/6/2025 when there was 6.12 RN hours .</li> </ol>