

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2022
NAME OF PROVIDER OR SUPPLIER Collierville Nursing and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 490 West Poplar Avenue Collierville, TN 38017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35806</p> <p>Based on policy review, observation, and interview, the facility failed to ensure the environment was clean, comfortable, and sanitary when fans were covered in a thick layer of gray dust and were in disrepair in 3 of 29 resident rooms (room [ROOM NUMBER], #305, and #307) observed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Cleaning and Disinfection of Resident-Care Equipment, dated 9/20/2021, revealed .Resident-care equipment can be a source of indirect transmission of pathogens .Reusable resident-care equipment will be cleaned and disinfected Cleaning .is the removal of visible soil from objects and surfaces and normally is accomplished manually or mechanically .</p> <p>Observation in room [ROOM NUMBER] on 2/22/2022 at 11:02 AM and 3:06 PM, and on 2/23/2022 at 7:42 AM and 12:05 PM, revealed a rotating fan with a layer of thick gray dust on the casing.</p> <p>Observation in room [ROOM NUMBER] on 2/22/2022 at 11:12 AM, 2/23/2022 at 7:36 AM and 11:58 AM, and on 2/24/2022 at 11:50 AM and 3:27 PM, revealed a fan on the bedside table covered in a thick layer of gray dust and dust hanging from the fan openings.</p> <p>Observation in room [ROOM NUMBER] on 2/22/2022 at 12:22 PM and 2:21 PM, 2/23/2022 at 9:15 AM and 11:53 AM, and on 2/24/2022 at 2:35 PM, revealed a standing fan with the front part of the casing missing and the remaining casing covered in a thick layer of gray dust.</p> <p>During an interview on 2/24/2022 at 2:39 PM, the Director of Nursing confirmed the fans should not be covered in dust, needed cleaning, and should not be in disrepair.</p>		

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

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

TITLE

(X6) DATE

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>38440</p> <p>Based on policy review, employee file review, and interview, the facility failed to implement a written policy to ensure employees were screened for a history of abuse, neglect, exploitation, or misappropriation of resident property prior to being hired for 4 of 8 sampled employees (Respiratory Therapist (RT) #1, the Social Services Director, the Activity Director, and the Medication Aide) reviewed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Abuse, Neglect and Exploitation, dated 9/3/2021, revealed .Abuse, Neglect and Exploitation .The facility will develop and implement written policies and procedures that: a. Prohibit and prevent abuse, neglect, and exploitation .and misappropriation .Potential employees will be screened for a history of abuse, neglect, exploitation or misappropriation .Background, reference, and credentials' checks shall be conducted on potential employees .</p> <p>Review of RT #1's employee file, revealed there were no reference checks, abuse registry check or criminal background check included in the file.</p> <p>The facility was unable to provide reference checks, an abuse registry check or a criminal background check was conducted prior to RT #1 being employed.</p> <p>Review of the Social Services Director's employee, file revealed there were no reference checks, abuse registry check, or criminal background check included in the file.</p> <p>The facility was unable to provide reference checks, an abuse registry check, or a criminal background check conducted prior to employment for the Social Services Director.</p> <p>Review of the Activity Director's employee file, revealed there were no reference checks, abuse registry check or criminal background check included in the file.</p> <p>The facility was unable to provide reference checks, an abuse registry check or a criminal background check conducted prior to employment for the Activity Director.</p> <p>Review of the Medication Aide's employee file revealed there were no reference checks, abuse registry check, or criminal background check included in the file.</p> <p>The facility was unable to provide reference checks, an abuse registry check, or a criminal background check conducted prior to employment for the Medication Aide.</p> <p>During an interview on 2/25/2022 at 7:40 PM, the Business Office Manager confirmed all employees should have background checks including reference checks, abuse registry checks, and criminal background checks completed prior to working in the facility.</p>		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35806</p> <p>Based on review of the Centers for Medicare & Medicaid Services (CMS) Long-Term Care (LTC) Facility Resident Assessment Instrument (RAI) 3.0 dated October 2019, medical record review, and interview the facility failed to ensure residents were accurately assessed for antipsychotic medication use, Activities of Daily Living (ADLs), and weight loss for 3 of 19 sampled residents (Resident #2, #21, and #35) reviewed.</p> <p>The findings include:</p> <p>Review of the CMS LTC Facility RAI 3.0 User's Manual Version 1.17.1 dated October 2019, pages G-4 and K-4 revealed, .In order to be able to promote the highest level of functioning among residents, clinical staff must first identify what the resident actually does for himself or herself, noting when assistance is received and clarifying the type .and level of assistance .provided by all disciplines .Weight loss can result in debility and adversely affect health, safety, and quality of life .Weight loss may be an important indicator of a change in the resident's health status or environment .</p> <p>Review of the medical record, revealed Resident #2 was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction, Hypertension, Gastro Esophageal Reflux Disease, Diabetes, Depression and Anxiety.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #2 was coded as receiving antipsychotic medications on 7 of the 7 days of the look back period, but Resident #2 was coded as not receiving antipsychosis since the MDS assessment.</p> <p>Review of the Physician's Orders dated 2/2022, revealed an order for Risperidone (an antipsychotic medication used to treat certain mood or mental disorders) 0.5 milligrams (MG) every 8 hours.</p> <p>Review of the Medication Administration Record dated 2/2022 revealed Resident #2 received Risperidone daily.</p> <p>During a telephone interview on 2/25/2022 at 3:07 PM, the Interim MDS Coordinator confirmed Resident #2's MDS dated [DATE] should have been coded as receiving antipsychotic medication on a regular basis.</p> <p>Review of the medical record revealed Resident #21 was admitted to the facility on [DATE] with diagnoses of Respiratory Failure, Laryngeal Cancer, Tracheostomy, Dysphagia, Gastrostomy, Heart Failure, Depression, Cerebral Infarction, and Anxiety.</p> <p>Review of the admission MDS dated [DATE], revealed Resident #21 was coded as bed mobility did not occur, transfers did not occur, dressing activity occurred only once or twice, toileting occurred only once or twice, personal hygiene activity occurred only once or twice, and bathing did not occur in the 7 day look back period.</p> <p>Review of the Care Plan dated 10/3/2021, revealed .The resident has an ADL self-care performance deficit r/t impaired mobility and disease process .</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 2/25/2022 at 3:10 PM, the Interim MDS Coordinator confirmed Resident #21 should have been coded as receiving some type of assistance with bed mobility, dressing, toileting, personal hygiene and bathing daily during the 7 day look back period that ended on 9/28/2021.</p> <p>Review of the medical record revealed, Resident #35 was admitted to the facility on [DATE] with diagnoses of Acute Pyelonephritis, Dysphagia, Hemiplegia, Hemiparesis Following Cerebral Vascular Attack, Aphasia, Alzheimer's Disease, Osteoporosis, Depression, Anxiety, Diabetes, and Vitamin D Deficiency.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #35 was coded as weighing 168 pounds and as had no weight loss.</p> <p>Review of the Registered Dietician notes dated 1/31/2022, revealed Resident #35 had a significant weight loss of 10.8 percent (%) in 6 months.</p> <p>During a telephone interview on 2/25/2022 at 3:04 PM, the Interim MDS Coordinator confirmed Resident #35's MDS dated [DATE] should have been coded for a significant weight loss.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37532</p> <p>Based on policy review, medical record review, observation, and interview the facility failed to ensure residents were assisted with Activities of Daily Living (ADLs) for brushing teeth for 1 of 2 residents (Resident #11) reviewed for dental services.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Mouth Care, dated 10/20210, revealed .The purposes of this procedure are to keep the resident's lips and oral tissues moist, to cleanse and freshen the resident's mouth, and to prevent infections of the mouth .The following equipment and supplies will be necessary .Toothbrush . Toothpaste .The following information should be recorded in the resident's medical record .The date and time mouth care was provided .</p> <p>Review of the medical record, revealed Resident #11 was admitted to the facility on [DATE] with diagnoses of Blindness in the Right and Left Eye, Nontraumatic Intracerebral Hemorrhage, Depression, Anxiety Disorder, Dysphagia, Spastic Hemiplegia Left Side, and Diffuse Traumatic Brain Injury.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed the resident had moderate cognitive impairment, was dependent on staff for oral hygiene and had her own natural teeth.</p> <p>Review of the comprehensive Care Plan revised 9/2/2021, revealed .I have an ADL self-care performance deficit .assist needed with ADLs, I am legally blind .ORAL CARE .I am dependent on staff for oral care BID [two times a day] and prn [as needed] .</p> <p>Review of the Documentation Survey Report dated 11/2021, revealed personal hygiene was not documented on 11/2/2021, 11/3/2021, 11/4/2021, 11/8/2021, 11/9/2021, 11/12/2021, 11/13/2021, 11/14/2021, 11/16/2021, 11/17/2021, 11/18/2021, 11/19/2021, 11/20/2021, 11/22/2021, 11/23/2021, 11/25/2021, 11/26/2021, 11/27/2021, 11/28/2021, 11/29/2021, and 11/30/2021. The facility failed to document personal hygiene on 21 of 30 days in November.</p> <p>Review of the Documentation Survey Report dated 12/2021, revealed personal hygiene was not documented 12/1/2021-12/20/2021, 12/23/2021 - 12/25/2021, 12/28/2021, and 12/30/2021. The facility failed to document personal hygiene on 25 of 31 days in December.</p> <p>Review of the Documentation Survey Report dated 1/2022, revealed personal hygiene was not documented on 1/2/2022, 1/4/2022, 1/16/2022, 1/17/ 2022, and 1/22/2022. The facility failed to document personal hygiene on 5 of 31 days in January.</p> <p>Observation in the resident's room on 2/22/2022 at 10:10 AM and 2:46 PM, Resident #11 had her own natural teeth, dark brown areas were noted on her upper teeth, and a white filmy substance was observed in her mouth and on her teeth.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview in the resident's room on 2/23/2022 at 7:57 AM, revealed Resident #11 had her own natural teeth, had dark brown areas noted on her upper teeth, and a white filmy substance was in her mouth and on her teeth. Resident #11 confirmed staff did not help her brush her teeth daily.</p> <p>During an interview on 2/24/2022 at 2:50 PM, Resident #11 was asked if staff assisted her with brushing her teeth. Resident #11 confirmed that staff brought her a toothbrush and toothpaste on 2/23/2022 and helped her brush her teeth. Resident #11 confirmed that was the first time in about 3 months since her teeth had been brushed. Resident #11 stated, .I was saying yesterday I wish you would come back because they brought me chap stick and a toothbrush .</p> <p>During an interview on 2/24/2022 at 3:04 PM, Certified Nursing Assistant (CNA) #1 confirmed she had frequently worked with Resident #11. CNA #1 confirmed that Resident #11 required assistance to perform oral care. CNA #1 confirmed that she had assisted Resident #11 to brush her teeth with a toothbrush for the first time on 2/23/2022. CNA #1 stated, .I usually take the swabs and go around her mouth that way .</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46047</p> <p>Based on policy review, medical record review, and interview the facility failed to follow physician's orders for medication administration for 1 of 5 sampled residents (Resident #4) reviewed for unnecessary medications.</p> <p>The findings include:</p> <p>The facility's policy titled, Medication Administration, dated 1/1/2021, revealed .Administer medication as ordered .</p> <p>Review of the medical record, revealed Resident #4 was admitted to the facility on [DATE] with diagnoses of Enterocolitis due to Clostridium Difficile, Chronic Respiratory Failure, Peritoneal Abscess, Congestive Heart Failure, Hypertension, Diabetes Mellitus, and Depression.</p> <p>Review of the Physician's Order dated 11/20/2021, revealed .Lomotil Tablet 2.5-0.025 MG [milligram] .Give 1 tablet via PEG [Percutaneous Endo-gastric] -Tube two times a day for Diarrhea .</p> <p>Review of the medication administration record (MAR) dated 11/1/2021 - 11/30/2021, revealed Lomotil was only documented as given as ordered on 11/19/2021-11/28/2021.</p> <p>Review of the MAR dated 12/1/2021 - 12/31/2021, revealed Lomotil was only documented as given as ordered on 12/2/2021, 12/11/2021 and 12/16/2021.</p> <p>Review of the MAR dated 1/1/2022 - 1/31/2022, revealed the Lomotil was only documented as given as ordered on 1/16/2022 and 1/20/2022.</p> <p>During an interview on 2/25/2022 at 3:28 PM, the Director of Nursing (DON) confirmed staff had not documented Lomotil was administered as ordered. The DON stated, .I should have been notified, and the doctor should have been notified and asked to change the order to something else if the pharmacy could not get it here. Also, pharmacy should have been notified that the med [medication] had not been delivered. Upon further investigation, the med [medication] was placed in the tote on 11/18/2021 to be delivered. I think she ran out and never got a hard script to renew the med .</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>37532</p> <p>Based on medical record review, observation, and interview the facility failed to ensure care and services were provided to maintain an indwelling urinary catheter for 1 of 1 resident (Resident #157) reviewed for catheters.</p> <p>The findings include:</p> <p>Review of the medical record, revealed Resident #157 was admitted to the facility with diagnoses of Acute and Chronic Respiratory Failure, Acute Kidney Failure, Chronic Kidney Disease, Seizures, Prostate Cancer, and Benign Prostatic Hypertrophy.</p> <p>Review of the Physician's Orders dated February 2022 revealed there was no order for an indwelling urinary catheter or catheter care.</p> <p>Review of the Treatment Administration Record (TAR) dated 2/2022, revealed there was no documentation Resident #157 received care for the indwelling urinary catheter.</p> <p>Observation in the resident's room on 2/23/2022 at 7:44 AM and 12:02 PM, and on 2/24/2022 at 12:11 PM, revealed Resident #157 had an indwelling urinary catheter.</p> <p>During a telephone interview on 2/25/2022 at 2:50 PM, the interim Minimum Data set (MDS) Coordinator confirmed Resident #157 should have an order for a catheter.</p> <p>During an interview on 2/25/2022 at 5:38 PM, the Regional Director of Clinical Services confirmed residents with an indwelling urinary catheter should have an order for the catheter and catheter care should be documented on the TAR.</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37532</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to ensure dental services were provided for 2 of 2 residents (Resident #11 and #24) reviewed for dental services.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Dental Examination/Assessment, dated 12/2013, revealed .Each resident shall undergo a dental assessment prior to or within ninety .days of admission .</p> <p>Review of the medical record, revealed Resident #11 was admitted to the facility on [DATE] with diagnoses of Blindness in the Right and Left Eye, Nontraumatic Intracerebral Hemorrhage, Depression, Anxiety Disorder, Dysphagia, Spastic Hemiplegia Left Side, and Diffuse Traumatic Brain Injury.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed the resident had moderate cognitive impairment, was dependent on staff for oral hygiene and had her own natural teeth.</p> <p>Medical record review revealed there was no documentation that Resident #11 had received a dental consult.</p> <p>Observation in the resident's room on 2/22/2022 at 10:10 AM and 2:46 PM, Resident #11 had her own natural teeth, dark brown areas were noted on her upper teeth, and a white filmy substance was observed in her mouth and on her teeth.</p> <p>Observation and interview in the resident's room on 2/23/2022 at 7:57 AM, revealed Resident #11 had her own natural teeth, had dark brown areas noted on her upper teeth, and a white filmy substance was in her mouth and on her teeth. Resident #11 confirmed staff did not help her brush her teeth daily.</p> <p>During an interview on 2/25/2022 at 4:34 PM, the Social Worker confirmed it was her responsibility to ensure residents were scheduled for dental care. The Social Worker confirmed that Resident #11 had not previously seen the dentist. Resident #11 had resided in the facility since 6/14/2019.</p> <p>Review of the medical record, revealed Resident #24 was admitted to the facility on [DATE] with diagnoses of Respiratory Failure, Adult Failure to Thrive, Dysphagia, Depression, Gastrostomy, Tracheostomy, and Hypertension.</p> <p>Review of the annual MDS dated [DATE], revealed Resident #24 was cognitively intact, dependent on staff for oral hygiene and had her own natural teeth.</p> <p>Medical record review revealed there was no documentation that Resident #24 had received a dental consult.</p> <p>Observation on 2/22/2022 at 2:38 PM, revealed Resident #24 had her own natural teeth.</p> <p>(continued on next page)</p>		

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview on 2/22/2022 at 2:43 PM, Resident #24 stated she had not been seen by a dentist and she needed to see one.</p> <p>During an interview on 2/25/2022 at 4:45 PM, the Social Worker confirmed the facility did not have documentation that Resident #24 had received dental services. The Social Worker confirmed that residents' who have their own teeth should be checked on for dental needs.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>35806</p> <p>Based on the Centers for Disease Control and Prevention (CDC) guidelines, policy review, Employee Time Punch Reports, Employee Screening Logs, and interview, the facility failed to implement policies to properly prevent and/or contain COVID-19 when 17 of 110 staff members (Licensed Practical Nurse (LPN) #1, #2, #3, #4, Certified Nursing Assistant (CNA) #1, #2, #3, #4, #5, and #6, Respiratory Therapist (RT) #1, #2, #3, #4, #5, and #6, and Maintenance Staff #1) failed to complete screenings for COVID-19 prior to working on 11 of 34 days (2/12/2022, 2/13/2022, 2/14/2022, 2/15/2022, 2/16/2022, 2/18/2022, 2/19/2022, 2/20/2022, 2/21/2022, 2/22/2022, and 2/23/2022) reviewed. This had the potential to affect the 54 residents residing in the facility.</p> <p>The findings include:</p> <p>Review of the Centers for Disease Control and Prevention (CDC) document titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 9/10/2021, revealed .Establish a process to identify anyone entering the facility, regardless of their vaccination status .so that they can be properly managed .Options could include . individual screening on arrival at the facility .before entering the facility.</p> <p>Review of the facility's policy titled, Coronavirus Testing, revised 2/6/2022, revealed .The facility will screen all staff each shift .for signs and symptoms of COVID-19 .</p> <p>Review of the Employee Time Punch Reports and Employee Screening Logs from 1/24/2022 to 2/26/2022, revealed the following employees worked on the following days and failed to screen for signs and symptoms of COVID-19:</p> <p>a. 2/12/2022 - CNA #1</p> <p>b. 2/13/2022 - LPN #1, LPN #2, and RT #1</p> <p>c. 2/14/2022 - RT #2, RT #3, and Maintenance Staff #1</p> <p>d. 2/15/2022 - RT #1 and RT #3</p> <p>e. 2/16/2022 - CNA #1 and RT #4</p> <p>f. 2/18/2022 - Maintenance Staff #1</p> <p>g. 2/19/2022 - CNA #2, LPN #3, RT #5, and RT #6</p> <p>h. 2/20/2022 - CNA #3, LPN #2, RT #1, and RT #3</p> <p>i. 2/21/2022 - CNA #4, LPN #4, RT #2, and RT #4</p> <p>j. 2/22/2022 - CNA #5 and CNA #6</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2022
NAME OF PROVIDER OR SUPPLIER Collierville Nursing and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 490 West Poplar Avenue Collierville, TN 38017	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>k. 2/23/2022 - LPN #3 and Maintenance Staff #1</p> <p>During an interview on 2/25/2022 at 8:00 PM, during review of the Employee Time Punch Reports and the Employee Screening Logs, the Scheduler and the Social Services Director confirmed there was no documentation of the employees screening prior to working on those days.</p> <p>During an interview on 2/25/2022 at 8:45 PM, the Director of Nursing confirmed all staff should be screened for COVID-19 upon entering the facility.</p>		