

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2025
NAME OF PROVIDER OR SUPPLIER  Quality Center for Rehabilitation and Healing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  932 Baddour Parkway Lebanon, TN 37087	

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	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.  (continued on next page)

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility policy review, medical record review, Emergency Medical Services (EMS) record review, Hospital record review, Facility investigation review, and interview, the facility failed to ensure an injury of unknown origin was reported to the appropriate agencies immediately, but not later than 2 hours after the injury was noted, for 1 of 11 (Resident #2) sampled residents reviewed for abuse. The findings include: 1. Review of the undated facility policy titled, Abuse Reporting, revealed, .All personnel. are required to immediately report any incident or suspected incident of resident abuse, neglect.including injuries of an unknown source.The incident will be reported to the Abuse Coordinator.FEDERAL REGULATION (42 CFR 483.13) requires the reporting of alleged violations of abuse.including injuries of unknown origin, immediately to the Abuse Coordinator.and to appropriate state agencies in accordance with state law.The facility must report abuse. within 24 hours after the reasonable cause threshold (suspicion) is concluded. If serious bodily injury has been sustained by a resident, the incident will be reported immediately but not later than 2 hours after forming suspicion.State public health law requires the reporting of abuse.immediately to state agencies having 'reasonable cause' to believe that abuse.has occurred. 'Reasonable cause' is defined as when, upon review of the circumstances there is sufficient evidence for a prudent person to believe that abuse, neglect. has occurred.The presence of a physical condition.brui.se which is inconsistent with the history of course of treatment of the resident.The facility must report to the state agencies.injuries of unknown origin.This might occur without or before the facility investigation into the incident, or it may occur at any time during the investigation.An immediate investigation will commenceand [commence and] a stated and signed statement from the person reporting the incident will be obtained.the Abuse Coordinator.will request social services to follow up with the resident/resident representative and document findings in the medical record.Once the incident has been identified and the investigation initiated, the administrator.will provide the appropriate agencies.with a report of the findings of the investigation within 5 working days.Should the findings reveal that abuse did occur, the report will include the corrective actions taken by the facility to prevent abuse from recurring. 2. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction, Chronic Obstructive Pulmonary Disease, and Dysphagia. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #2 had a Brief Interview for Mental Status score (BIMS) of 2, which indicated severe cognitive impairment. Resident #2 was dependent for toileting, shower/bathing, dressing, personal hygiene, bed mobility, and sit to stand and walking were not attempted over the assessment period. Resident #2 had no pain present during the assessment period. Review of the Kardex (key information on how to care for a resident) Report as of 5/2/2025, revealed .Chair/bed to chair transfer.Dependent x [times] 2 Staff with Mechanical.Lift. Review of the Progress Note dated 5/2/2025 at 1:06 PM, revealed .Resident noted with increased pain and spasms to BLE [both lower extremities]. NP [Nurse Practitioner #2] notified. Review of NP #2's Progress Note dated 5/2/2025 and signed at 3:09 PM, revealed .requesting visit for RLE [right lower extremity] Pain.Patient's [Family Member (FM) F] requested a [I] see her at bedside today. [FM F] reports that patient has been experiencing significant pain over the last hour. Patient's nurse states she received gabapentin [medication given for nerve pain].Generalized weakness.palpatio [touch] was identified to the right lower extremity.She feels pain to touch.report no new injuries or falls.New Order: Robaxin [muscle relaxant medication] 500 mg [milligram] via [by way of] PEG [Percutaneous Endoscopic Gastrostomy] tube x [times] 1 dose Staff to notify provider for.concerns, pain unrelieved by pain medication regimen or new/worsening pain Continue Tylenol 1000 mg via PEG tube 3 times daily Continue gabapentin 100 mg via PEG tube twice daily Continue gabapentin 3 [300] mg via PEG tube daily at bedtime. Review of the Order Summary Report for Resident #2 revealed, .Methocarbamol [Robaxin] Oral Tablet 500 mg.Give 1 tablet.one time only for muscle spasm/pain for 1 Day.Order Date.5/2/2025. Review of the Medication Administration Record (MAR) dated 5/2025, revealed Resident #2 had a pain level of 9 (pain scale of 1-10 with 10 being the highest level of pain) on 5/2/2024 at 4:00 PM, with routine administration of Gabapentin 100 mg capsule. Review of the photographs of Resident #2 provided by FM A with a time stamp 5/3/2025 at 12:31 PM, revealed the following wounds a. Right axillary area (armpit) purple bruise approximately 2 centimeters (cm) w (width) by 4 cm l (length); b. 2nd toe on the end of left foot - an approximately 1 cm w by 1 cm l open abrasion; c. left calf - red excoriated (damage to the surface of the skin) area approximately 2.5 cm w by 6.5</p>		