| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 445162 | A. Building<br>B. Wing | 05/19/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Agape Rehabilitation & Nursing Center, A Waters CM | 505 N Roan Street<br>Johnson City, TN 37604 |

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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Resident Assessment Instrument Manual 3.0 (RAI), medical record review, observation, and interview, the facility failed to accurately complete Minimum Data Set (MDS) assessments for 2 residents (Resident #13 and #62) of 18 residents reviewed for MDS assessments.The findings include: Review of the Centers for Medicare and Medicaid Services Long Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.20.1, dated 10/2025, revealed .A1500 .Preadmission Screening and Resident Review (PASRR) .Code .yes .if PASRR Level II screening determined that the resident has a serious mental illness and/or ID/DD or related condition .Section GG .Functional Abilities .Limitation in Range of Motion .Code 1 .if resident has impairment on one side . Review of the medical record revealed Resident #13 was admitted to the facility on [DATE] with diagnoses including Diabetes Mellitus, Atrial Fibrillation, and Muscle Weakness. Further review revealed a new diagnosis was added on 11/11/2025 for Left Wrist Contracture (the permanent tightening or shortening of muscles, tendons, skin, or other soft tissues that restricts joint movement and reduces flexibility). Review of a Notice of Pre-admission Screening Resident Review (PASRR) Level II Outcome for Resident #13 dated 8/12/2018, revealed .Notice of PASRR Level II Outcome .Nursing Facility Approval .You are approved for nursing facility services .your PASRR Level II evaluation remains good during your stay .The individual meets criteria for having diagnosis of .Serious mental illness .Major Depressive Disorder .Anxiety Disorder . Review of an annual MDS assessment dated [DATE], revealed Resident #13 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed .Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition .no . Review of a quarterly MDS assessment dated [DATE], revealed Resident #13 scored a 14 on the BIMS assessment which indicated the resident was cognitively intact. Further review revealed Resident #13 had no functional limitation in range of motion of the upper extremities. During an observation on 5/18/2026 at 3:50 PM, revealed Resident #13 was lying in bed and the resident's left hand was contracted. Review of the medical record revealed Resident #62 was admitted to the facility on [DATE] with diagnoses including Post-Traumatic Stress Disorder, Major Depressive Disorder, and Anxiety. Review of a PASRR Level II Outcome for Resident #62 dated 4/4/2024, revealed .Notice of PASRR Level II Outcome .Nursing Facility Approval .You are approved for nursing facility services .your PASRR Level II evaluation remains good during your stay .The individual meets criteria for having diagnosis of .Serious mental illness .Post Traumatic Stress Disorder, Major Depressive Disorder, Mood Disorder . Review of an annual MDS assessment dated [DATE], revealed Resident #62 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Further review revealed .Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition .no . During a medical record review and interview on 5/19/2026 at 2:00 PM, the Director of Nursing (DON) reviewed the MDS assessments for Resident #13 and Resident #62 and confirmed the facility failed to accurately code the MDS assessments to reflect Resident #13's limited range of motion of the upper extremity and serious mental illness.<br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 445162 | A. Building<br>B. Wing | 05/19/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Agape Rehabilitation & Nursing Center, A Waters CM | 505 N Roan Street<br>Johnson City, TN 37604 |

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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Further interview revealed the facility failed to accurately code Resident #62's serious mental illness. During a medical record review and interview on 5/19/2026 at 2:05 PM, the Licensed Practical Nurse MDS Coordinator reviewed the MDS assessments for Resident #13 and #62 and confirmed the facility failed to accurately code the MDS assessments to reflect Resident #13's limited range of motion of the upper extremity and serious mental illness. Further interview revealed the facility failed to accurately code Resident #62's serious mental illness. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 445162 | A. Building<br>B. Wing | 05/19/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Agape Rehabilitation & Nursing Center, A Waters CM | 505 N Roan Street<br>Johnson City, TN 37604 |

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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview, the facility failed to develop a person-centered care plan related to a left-hand contracture for 1 resident (Resident #13) of 4 residents reviewed for care plans for range of motion (ROM) and resident mobility.The findings include: Review of the facility's policy titled, Baseline Care Plan Assessment/Comprehensive Care Plans, revised 3/23/2021, revealed .The Comprehensive Care Plans will be reviewed and updated .based on changes in the resident's condition and/or newly developed health/psycho [psychological]-social issues .The .Care Plan Coordinator .will attend the Morning .meetings .review 24 Hour Report(s) .new or changed orders .They [Care Plan Coordinator] will then see that the care plans for these residents are revised and updated as necessary . Review of the medical record revealed Resident #13 was admitted to the facility on [DATE] with diagnoses including Diabetes Mellitus, Atrial Fibrillation, and Muscle Weakness. Review of an annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #13 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Continue review revealed no impairment in ROM to the upper extremity including the left shoulder, left elbow, left wrist, and left hand. Review of an orthopedic outpatient office visit note for Resident #13 dated 8/22/2025, revealed the resident .does not have good motor function in her left upper extremity . Review of an Occupational Therapy (OT) Evaluation and Plan of Treatment for Resident #13 dated 8/25/2025, revealed .will exhibit a decrease in edema in the left hand to .wrist .in order to improve functional use of UEs [Upper Extremities] during ADLs [Activities of Daily Living] .decrease in range of motion .at risk for contracture(s) . Review of an Occupational Therapy Treatment Encounter Note for Resident #13 dated 8/28/2025, revealed .L (left) hand and gentle ROM in prep [preparation] for application of soft palm guard .agitation expressed . Review of an Occupational Therapy Treatment Encounter Note for Resident #13 dated 9/8/2025, revealed .instruction in brace .applications and hygiene .Pt [Patient] issued a palm guard for daily use after hygiene/bathing to hand . Review of an Occupational Therapy Discharge Summary for Resident #13 dated 9/8/2025, revealed .full extension achieved passively while wearing palm guard .Pt and Caregivers educated in LUE [Left Upper Extremity] positioning . Review of a History and Physical for Resident #13 dated 11/11/2025, revealed .acute visit for c/o [complaints of] left hand/wrist pain .states she [Resident #13] cannot lift her left wrist and mover [move] her fingers on her left hand .left wrist contracture .has left palm guard . Review of the comprehensive care plan for Resident #13 dated 12/11/2025, revealed a care plan had not been developed or implemented for the resident's left-hand contracture. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #13 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. During an observation on 5/18/2026 at 3:50 PM, revealed Resident #13 lying in bed and the resident's left hand was contracted. Continued observation revealed the Director of Nursing (DON) attempting to apply the palm guard to Resident #13's left hand. Further observation revealed Resident #13 refused to allow placement of the palm guard. During an interview on 5/18/2026 at 4:50 PM, Certified Nursing Assistant (CNA) A stated she cared for Resident #13 routinely and the resident was non-compliant with ROM exercises and placement of left palm guard. During an interview on 5/18/2026 at 4:55 PM, Licensed Practical Nurse (LPN) A stated she cared for Resident #13 routinely and the resident was non-compliant with palm guard placement to the left hand. During an interview on 5/18/2026 at 4:48 PM, CNA B stated she cared for Resident #13 routinely and the resident was non-compliant with range of motion exercises and placement of left palm guard. During an interview on 5/19/2026 at 1:25 PM, the DON confirmed the facility failed to develop a care plan for the contracture to Resident #13's left hand. During an interview on 5/19/2026 at 1:55 PM, the MDS/Care<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 445162 | A. Building<br>B. Wing | 05/19/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Agape Rehabilitation & Nursing Center, A Waters CM | 505 N Roan Street<br>Johnson City, TN 37604 |

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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Plan Coordinator confirmed the facility failed to develop a care plan for the contracture to Resident #13's left hand. During an interview on 5/19/2026 at 1:45 PM, the Medical Director, the provider for Resident #13, stated the resident had arthritic changes to the left upper extremity arise around 8/2025. The resident refused treatment such as range of motion exercises and palm guard placement to the left hand. The physician stated the contracture was unavoidable due to the normal progression of the arthritic disease and the resident's refusal of ROM exercises and palm guard placement. |