STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445197	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quince Nursing and Rehabilitation Center	6733 Quince Road Memphis, TN 38119

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on job description review and interview, the facility failed to have a Register Dietitian (RD) or other clinically qualified nutrition professional for 153 of 153 residents residing in the facility. The findings include: 1. Review of the job description titled Registered Dietitian, dated 3/4/2026, revealed .Job Summary.Coordinates nutritional care of residents by completing nutritional assessments, developing and implementing care plans and documenting dietary information about residents. Provides guidance and collaborates with the Dietary Manager in the provision of food and nutrition services.Nutritional Care Responsibilities.Ensures physicians orders are followed making recommendations for changes needed.Completes nutritional assessments, MDS [Minimum Data Set], CAA [Care Area Assessment] and care plans.Provides routine and change of condition progress notes in the residents' medical record .determines the effectiveness of nutritional care plan; documents outcome in the progress notes and adjusts care plans as needed .Reviews weight records routinely and communicates variances to interdisciplinary team. 2. During an interview on 3/4/2026 at 2:54 PM, Register Dietitian (RD) was asked when she started working as the RD. RD stated, .Today [3/4/2026] is my first day . During an interview on 3/5/2026 at 9:58 AM, the Administrator was asked when the RD started working for the facility. The Administrator stated, .3/4/2026. then the Administrator was asked how long the facility went without an RD. The Administrator stated, .1/29/2026 until 3/4/2026. The Administrator was asked, should the RD be available for the dietary staff to consult for residents with weight loss or with the facilities menus. The Administrator stated, .yes, she should be available.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview the facility failed to ensure timely notice regarding Medicare eligibility and coverage for 1of 3 (Resident #76) sampled residents. The findings include: Review of the undated facility policy titled, Advanced Beneficiary Notice (ABN), revealed .It is the policy of this facility to provide timely notices regarding Medicare eligibility and coverage.A Notice of Medicare Non-Coverage (NOMNC), Form CMS [Centers for Medicare and Medicaid] -10123, shall be issued to the resident/representative when Medicare Part A covered service (s) are ending, no matter if the resident is leaving the facility or remaining in the facility. This informs the resident on how to request an appeal or expedited determination from their Quality Improvement Organization (QIO).the notice shall be provided within forty-eight hours of the last anticipated covered day. Review of the medical record reveal Resident #76 was admitted to the facility on [DATE] with diagnoses including Hypertension, Anxiety, Diabetes, and Pain. Review of the quarterly Minimum Data Set, dated [DATE], revealed Resident #76 scored a 5 the Brief Interview for Mental Status assessment, indicating she was severely cognitively impaired. Review of the facility's Notice of Medicare Non-Coverage form revealed Resident #76's Medicare service end date was 10/30/2025, and Resident #76 signed the form on 10/30/2025. During an interview on 3/5/2026 at 8:10 AM, the Administrator was asked how far in advance does the resident need to be notified when the facility determines that Medicare Part A coverage is ending or when a resident no longer qualifies for Medicare Part A skilled services. The Administrator stated, .The resident should be notified of skilled services ending with 48 hours of the last day of coverage . During an interview on 3/5/2026 at 9:37 AM, the Social Service Director was asked how far in advance should the resident be notified that Medicare Part A coverage or skilled services are ending. The Social Service Director stated, Within 48 hours. During an interview on 3/5/2026 at 10:31 AM, the Social Service Director was asked to review Resident #76's Notice of Medicare Non-Coverage. The Social Service Director was asked when Resident #76 should have been notified of her coverage end date. The Social Service Director stated, Two days prior to her end date.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, Director of Nursing (DON) job description review, Registered Dietitian (RD) job description review, medical record review, observation, and interview, the facility failed to assess for and ensure residents maintained acceptable parameters of nutritional status for 1ˆof 4 ˆ(#173) sampled residents reviewed for nutrition.ˆ The findings include: 1. Review of the facility's policy titled, Weight Assessment and Intervention, dated 10/5/2025, revealed .The interdisciplinary team will strive to prevent, monitor, and intervene for undesirable weight loss for our residents .Significant unplanned and undesired weight changes will be based on the following criteria [where percentage of body weight loss = (usual weight-actual weight) / (usual weight) x 100] .1 month- 5% [percent] weight change is significant; greater than 5% is severe .3 months- 7.5% weight change is significant; greater than 7.5% is severe .6 months- 10% weight change is significant; greater than 10% is severe.Weights will be recorded in the resident's medical record.Any weight change of 5% or more [unless otherwise specified in the resident's care plan or physician's order] since the last weight will be retaken for confirmation. If the weight is verified, nursing will immediately notify the physician/practitioner and the dietary team .The designated dietary staff will review the weight records [based on frequency of weights] to follow individual weight trends over time .The treatment team will evaluate negative trends whether or not the criteria for significant weight change has been met.Care Planning for unplanned weight changes or impairment nutrition risks will be an interdisciplinary effort, including resident/resident representative input . Individualized care plans shall address to the extent possible .The identified causes of weight loss .Goals and benchmarks for improvement; and .Time frames and parameters for monitoring and reassessment.Interventions for undesirable weight changes shall be based on careful consideration of the following: Resident/resident representative choice and preferences .Nutrition and hydration needs of the resident .Functional factors that may inhibit independent eating .Environmental factors that may inhibit appetite or desire to participate in meals .Chewing and swallowing abnormalities and the need for diet modifications .Medications that may interfere with appetite, chewing, swallowing, or digestion .The use of supplementation and/or feeding tubes. Review of the facility's policy titled, Nutritional Assessment, dated 1/5/2026, revealed .As part of the comprehensive assessment, a nutritional evaluation, including current nutritional status, risk factors, for impaired nutrition, and resident preferences shall be conducted for each resident.The dietitian, in conjunction with dietary staff, and healthcare practitioners, will conduct a nutritional assessment for each resident upon admission and as indicated by a change in condition that places the resident at risk for impaired nutrition.data will include.An estimate of calorie, protein, nutrient, and fluid needs .Whether the resident's current intake is adequate to meet his or her nutrition needs .and Special food formulations.Once current conditions and risk factors for impaired nutrition are assessed and analyzed, individual care plans will be developed that address or minimize to the extent possible the resident's at risk for nutritional complications. Such interventions will be developed within the context of the resident's prognosis and personal preferences .Individualized care plans will address to the extent possible .The identified causes or risks of impaired nutrition .The resident's personal preferences .Goals and benchmarks for improvement .Time frames and parameters for monitoring and reassessment. Review of the facility's policy titled, Care Planning-Comprehensive Person-Centered, dated 1/5/2025, revealed .The Care Planning/Interdisciplinary Team is responsible for the review and updating of care plans.When there has been a significant change in the resident's condition.When goals, needs, and preferences change.When the resident has been readmitted to the facility from a hospital stay. 2. Review of the DON's job description dated 10/24/2025, revealed .The position conducts the nursing process - assessment, planning, implementation, and evaluation- under the State's Nurse Practice Act of Registered Nurse licensure scope.Makes daily rounds and spot-checks documentation accuracy and (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	completeness on new admissions, residents with change in condition.Champions the nursing process by analyzing and evaluating nursing programs and related services rendered to ensure quality resident care systems to plan, promote, develop, assess, interpret, validate, and evaluate the implementation of clinical programs. Review of the RD's job description dated 3/4/2026, revealed .Coordinates nutritional care of residents by completing nutritional assessments, developing and implementing care plans and documenting dietary information about residents .Completes nutritional assessments, MDSs [Minimum Data Set assessments] and care plans using [named] the electronic health record system .Provides routine and change in condition progress notes in the residents' medical records .Participates with the interdisciplinary team [IDT] concerning residents' plan of care during care conferences .Checks residents' progress towards meeting nutritional goals and determines effectiveness of nutritional care plan .documents outcome in progress notes and adjusts care plans as needed .Reviews weight records routinely and communicates variances to interdisciplinary team .Makes enteral feeding recommendations that are consistent with policies and procedures . 3. Review of the medical record revealed Resident #173 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Alzheimer's Disease, Dysphagia, Adult Failure to Thrive, Seizures, and Gastrostomy (a tube inserted into the stomach for nutrition, hydration, or medication administration). Review of the Physician's Order dated 12/23/2025, revealed House Supplement three times daily. ^ Review of the quarterly Minimum Data Set assessment dated [DATE], revealed Resident #173 scored a 3 on the Brief Interview for Mental Status assessment, which indicated he was severely cognitively impaired. Resident #173 required set up assistance with eating. Review of Resident #173's Weight and Vital Summary revealed the following weights: a. 8/10/2025 181.4 lbs. b. 9/10/2025 174.6 lbs. which indicated Resident #173 had a 3.7% weight (wt.) loss in 1 month. c. 10/13/2025 163 lbs. which indicated Resident #173 had a 10.14% wt. loss in 2 months. d. 11/2025 no weights were obtained e. 12/15/2025 165.6 lbs. f. 1/2/2026 155.2 lbs. which indicated Resident #173 had a 14.4% significant wt. loss in 5 months, and severe wt. loss within the last month. Review of the Care Plan dated 2/2/2026, revealed .the resident is at risk for dehydration, weight loss, or malnutrition related to chronic disease cognitive impairment.record meal % intake.review dietary preferences with the resident as needed.supplements as ordered.weights as ordered and/or per facility policy. Review of the [named hospital] Progress Note dated 2/25/2026, revealed Resident #173 was admitted on [DATE] with the following diagnoses Failure to thrive, dysphagia, atrial fibrillation, and peg tube (a feeding tube placed into the stomach for the administration of medication and nutritional supplements) placement. The facility failed to implement a care plan to prevent significant weight loss for Resident #173 until 2/2/2026. The facility was unable to provide any Nutritional Assessments completed by a Registered Dietitian for Resident #173 prior to 3/4/2026. During an interview on 3/4/2026 at 2:53 PM, the RD was asked if there were any completed nutritional assessments prior to 3/4/2026 on Resident #173. The RD stated, It doesn't appear to be. The RD was asked when should a nutritional assessment be completed. The RD stated, On admission, quarterly, significant change in condition, significant weight loss, and upon return from the hospital within 24 hours. The RD was asked what is considered a timely completion of an assessment. The RD stated, within 24 hours. The RD was asked what interventions have been implemented for Resident #173. The RD stated, Vitamin C [used as a supplement], Juven [used as nutritional supplement to promote wound healing], Zinc [used as a supplement], Thiamine [used as a supplement], Multi-Vitamin [used as a supplement], Jevity 1.5 [used as a nutritional supplement for tube feeding] at 55 milliliters [ml] / per hour [hr] x times 22 hour [hr], increase water flush to 200ml every 4 hours, and scheduled weekly weights. During an interview on 3/4/2026 at 9:43 AM, the DON was asked if the resident had experienced a significant weight loss from the time period of 8/10/2025 through 1/2/2026. The DON stated, Yes. The DON was asked should have the resident been care planned for his weight loss prior to 2/2/2026. The DON stated, Yes. During an interview on 3/4/2026 at 4:02 PM, the NP was asked if the resident was experiencing a significant weight loss should have the care plan been revised to include (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interventions for Resident #173's weight loss. The NP stated, Yes, it should have been revised. The facility failed to conduct Nutritional Assessments on Resident #173 prior to 3/4/2026.