

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2026
NAME OF PROVIDER OR SUPPLIER The Kings Daughters and Sons		STREET ADDRESS, CITY, STATE, ZIP CODE 3568 Appling Road Bartlett, TN 38133	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>Based on facility policy review, personnel file review, facility document review and interview, Administration failed to ensure that nursing services were provided by qualified personnel when the facility hired an imposter nurse (Imposter Nurse A) to function as a Registered Nurse (RN) using another RN's (RN C) Tennessee license. Imposter Nurse A worked at the facility from 06/12/2024 to 11/24/2024. The findings include: Review of an undated policy Employment revealed, Form I-9 [Employment Eligibility Verification], the second section, Steps 5 and 6 must be completed by the HR [Human Resource] Director. Background Investigations. Should the background investigations (s) disclose any material misrepresentation or omission on the employment application form(s) or disclose information indicating that the individual is not suited for hire, the applicant will not be employed, or, if already employed, will be terminated. License/Abuse Registry Verifications. Each individual applying for a position must present to the HR Director, or other designee, a copy of his/her registration number and/or social security number. The HR Director, or other designee, is responsible for contacting the state registry to determine the validity of the individual's certification/license status and the status of the individual on the state abuse registry. Review of Imposter Nurse A's undated employment application revealed a social security number scratched out and another number written in. This SSN did not match the SSN listed on the background check. Review of the background check dated 05/29/2024, revealed the Social Security (SSN) used was not the SSN submitted on the Social Security Card or the I-9 form. The background check had both Imposter Nurse A's name as well as Nurse C's name listed on the form. The background check showed Nurse C's Registered Nurse License number listed on the form. Review of the I-9 form used to verify the identity and legal authorization of individuals hired for employment in the United States dated 06/12/2024, revealed Imposter Nurse A's legal first and last name, along with a copy of her Social Security Card issued on 04/22/2022 and a valid Driver's license from the State of Tennessee. The birthdate listed on the I-9 form was different than the birthdate listed on the background check for Imposter Nurse A. The second section of the I-9 form was not signed by the HR Director as stated in the Employment policy. Review of an Abuse Registry Search dated 06/18/2024, revealed the search was done using the SSN that was listed on the copy of the Social Security card submitted with the I-9 form, but a search was not run on the SSN listed on the background check. Review of the undated Separation Notice revealed Imposter Nurse A's real first and last name with a SSN that did not match the SSN listed on the background check. The separation form showed her employment dates from 06/12/2024 to 11/24/2024 with the reason for the termination listed as Quit, prn [as needed]. has not picked up shifts for 3+ [plus] months- voluntary termination. Review of the Employee Time Entries for Imposter Nurse A for June 2024, revealed she worked in this facility on June 18, 19, 20, 21, 24, 25, and 26, 2024. Review of the Employee Time Entries for Imposter Nurse A for July 2024, revealed she worked in this facility on July 15, 2024. During an interview on 10/01/2025 at 11:30 AM, the Director of Nursing (DON) confirmed Imposter Nurse A used (Named Artificial Intelligence online website) for charting that stood out to me. The DON confirmed Imposter Nurse A only had access to patients for 1 day on 07/15/2024. During an interview on 10/01/2025 at 12:45 PM, the Administrator confirmed that Imposter Nurse A was employed from 06/12/2024 to 11/24/2024 and Imposter Nurse A was not fired (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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>or quit, just fell off because zero (0) shifts were picked up in three (3) months. There was no evidence that the facility questioned the differences in names, birth dates, or Social Security Numbers on the pre-employment forms submitted by Imposter Nurse A. Imposter Nurse A was hired as a Registered Nurse to render nursing services, and she was only terminated for a voluntary termination. The facility employed an unqualified person.</p>		