STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445285	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reelfoot Manor Health and Rehab	1034 Reelfoot Drive Tiptonville, TN 38079

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, Intake Status Report form review, medical record review, and interview, the facility failed to perform a complete and thorough investigation for resident-to-resident altercations for 2 of 15 (Resident #55 and #56) sampled residents reviewed for abuse. The findings include: 1. Review of the undated facility policy titled Abuse, Neglect and Exploitation, revealed .It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property .Abuse means the willful infliction of injury .resulting physical harm, pain or mental anguish .which can include .resident to resident altercations .Investigation of Alleged Abuse .An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect .Written procedures for investigation include .identifying staff responsible for the investigation .investigating different types of alleged violations .Identifying and interviewing all involved persons, including the alleged victims, alleged perpetrator, witnesses, and others who might have knowledge of the allegations .Focusing the investigation on determining if abuse .mistreatment has occurred, the extent, and cause .providing complete and thorough documentation of the investigation . 2. Review of the medical record review revealed Resident #55 was admitted to the facility on [DATE], with diagnosis of Heart Disease, Atrial Fibrillation, Bipolar Disorder, Anxiety, and Dementia. Review of a Progress Note dated 1/1/2025, revealed .Resident was hit by another resident on the right side of his neck. Has red area to right side of neck . Review of the Intake Status Report form dated 1/2/2025, revealed on 1/1/2025, Resident #55 was allegedly hit 3 or 4 times in the head, neck and back area. Resident #55 had a red mark on the right side of his neck. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #55 scored a 3 on the Brief Interview for Mental Status (BIMS) assessment, which indicated he had severe cognitive impairment. The facility was unable to provide a 5-day report or an investigation related to this reported incident dated 1/1/2025. 3. Review of the medical record revealed Resident #56 was admitted to the facility on [DATE], with diagnoses of Diabetes, Dementia, Heart Failure, Anxiety, and Chronic Kidney Disease. Review of the Intake Status Report, form dated 10/10/2024, revealed Resident #56 was allegedly hit by another resident and then Resident #56 hit back. Review of the quarterly MDS assessment dated [DATE], revealed Resident #56 scored a 5 on the BIMS assessment, which indicated he had severe cognitive impairment. Review of the Care Plan dated 2/26/2025, revealed . has the potential to demonstrate physical behaviors.10/10/24 Resident struck another resident. The facility was unable to provide a 5-day report or an investigation related to this reported incident dated 10/10/2024. During an interview on 6/4/2026 at 10:31 AM, the Administrator confirmed she was the Abuse Coordinator. The Administrator was asked about the facility reportable dated 10/10/2024 for Resident #56, and could she provide any documentation related to the 5-day follow-up. The Administrator stated, No, I cannot. The Administrator was asked if she could provide documentation that a thorough investigation was completed. The Administrator stated, No. The Administrator was asked if she could provide a 5-day follow up for Resident #55 and the 1/1/2025 incident. The Administrator stated, No, Ma'am. The Administrator was asked if she could provide documentation that a thorough investigation was completed. The Administrator stated, No Ma'am.

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