

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Reelfoot Manor Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to provide notification of involuntary discharge to exercise appeal rights for 1 of 3 (Resident #29) residents reviewed for admission, transfer, and discharge. The findings include: 1. Review of the undated facility policy titled, Transfer and Discharge . revealed .It is the policy of this facility to permit each resident to remain in the facility, and not transfer or discharge the resident from the facility, except in limited circumstances .The facility's transfer/discharge notice will be provided to the resident and the resident's representative in a language and manner in which they can understand. The notice will include all the following at the time it is provided .An explanation of the right to appeal the transfer or discharge to the State .The name, address (mailing and email) and telephone number of the State entity which receives such appeal hearing requests .Information on how to obtain an appeal form .Information on obtaining assistance in completing and submitting the appeal hearing request .For nursing facility residents with intellectual and developmental disabilities .or with mental illness (or related disabilities), the notice will include the name, mailing and e-mail addresses and phone number of the state agency responsible for the protection and advocacy of these populations .the notice must be provided at least 30 days prior to a transfer or discharge of the resident. Exceptions to the 30-day requirement apply when the transfer or discharge is effected [affected] because .The health and/or safety of individuals in the facility would be endangered due to the clinical or behavioral status of the resident .In these exceptional cases, the notice must be provided to the resident, resident's representative . 2. Review of the medical record revealed Resident #29 was admitted to the facility on [DATE], with diagnoses including Psychosis, Schizoaffective Disorder, Anxiety, Epilepsy, Traumatic Brain Injury, and Dementia. Review of the significant change Minimum Data Set (MDS) dated [DATE], revealed Resident #29 scored a 00 on the Brief Interview for Mental Status assessment, indicating she was unable severely cognitively impaired. Resident #29 had daily behaviors towards self, was dependent on staff for Activities of Daily Living, and received antipsychotic, antianxiety, antidepressant, and anticonvulsant medications. Review of the Physician's Orders dated 7/6/2026, revealed . Send resident to the emergency department for immediate evaluation due to increased agitation and escalating behavioral disturbances that present an immediate risk of harm to herself and others. Recommend comprehensive psychiatric evaluation to assess acute mental status and behavioral concerns . Review of the medical record revealed Resident #29 was transferred to the emergency room (ER) for a psychiatric evaluation on 7/6/2026 at approximately 1:45 PM, and the responsible party was notified of the transfer. Review of the Nursing Home Notice of Involuntary Transfer or Discharge form dated 7/6/2026, revealed .Reason for Discharge or Transfer .The nursing home says it cannot care for you. Your needs are too high .You make the nursing home unsafe for (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	other people . The form was signed by the Administrator and the Medical Director there was no signature from the Resident and/or Responsible Party (RP). Review of the ED [Emergency Department] Provider Notes dated 7/6/2026, revealed .Chief Complaint .Psychiatric Evaluation .[Resident #29] presents for PSYCH EVALUATION. PATIENT SENT FROM [Named Long Term Care (LTC) Facility] REGARDING HER AGGRESSIVE BEHAVIOR AND MEDICINE NONCOMPLIANCE .HAS HISTORY OF NONVERBAL AUTISM, INTELLECTUAL DISABILITY, SCHIZOAFFECTIVE DISORDER AND EPILEPSY. [Named LTC Facility] REPORTS SHE NEEDS A BETTER FACILITY THAT CAN HANDLE HER BEHAVIOR .ON ARRIVAL PATIENT IS VERY AGITATED AND HAD TO BE MEDICATED. THIS IS ALL PER NURSING HOME. PATIENT AGITATED IN NEW ENVIRONMENT. AT BASELINE PER STAFF HERE WHO IS FAMILIAR WITH HER .Physical Exam was unable to be obtained on arrival due to patient's aggressive behavior. Once patient was stable after medication physical exam could be obtained. Her pull up was saturated .She is unkempt but not underweight .Jul [July] 07 [7/7/2026] .I have personally seen patient multiple times in the ER in the past .she mainly gets agitated when she stays at the ER for too long. Patient has been at the nursing home facility for quite some time and apparently, they no longer are able to keep her since she's run out of inpatient days .[DATE] [7/10/2026] .It appears that the patient going to a psychiatric facility is not an option anymore as she's completely exhausted her inpatient days. A nursing home is the only option now. Unfortunately patient has spent the last several days in our ER and it is not safe for her to be down here she keeps getting agitated by the noise. Patient will need to be admitted for psychomotor agitation and placed in a hospital bed while social work is working on long-term placement for her . During a telephone interview on 7/30/2026 at 10:43 AM, Resident #29's RP was asked about Resident #29's discharge. The RP stated, .[Named Long Term Care Facility] didn't want to take her back. The RP was asked if the facility had provided her with paperwork for the involuntary discharge that gave information about how to appeal the facility's decision not to take Resident #29 back. The RP stated, .will have to look at the paperwork I signed.I was unaware I could I appeal .I got a lot of paperwork.they told me sending her to ER for psych [psychiatric] eval [evaluation].thought they were going to do psych eval to help her.not to kick her out.wasn't till [until] people [referring to the hospital] were calling me.not taking her back.they should have had a plan.[Named Long Term Care Facility] never told me they wasn't going to take her back.it's been the hospital and Ombudsman.I've not have any conversation with anybody .left message with [Named Social Worker].hasn't called me back . During a telephone interview on 7/30/2026 at 2:26 PM, Resident #29's RP confirmed she had looked through all her paperwork from the facility, and she was not provided discharge information or how to appeal the involuntary discharge. During an interview on 7/30/2026 at 5:15 PM, the Administrator was asked about the Nursing Home Notice of Involuntary Transfer or Discharge for Resident #29. The Administrator stated, .contacted [Named Resident #29's RP].that we could not meet her needs .she needs higher care.and explained to her that it was unsafe for [Named Resident #29], other residents and staff.niece was agreeable.we went over this sheet with her and she was aware that she could appeal.I mailed it . The facility was unable to provide a signed copy of the Notice of Involuntary Transfer or Discharge for Resident #29.		