STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445331	A. Building B. Wing	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Graceland Rehabilitation and Nursing Care Center	1250 Farrow Road Memphis, TN 38116

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285 Based on policy review, observation, and interview, the facility failed to provide reasonable accommodations of needs for bathing when the water was not at the minimum temperature for hot water for 5 of 10 sampled residents (Resident #2, #7, #8, #9 and #10) reviewed for resident rights. The findings include: Review of the facility's undated policy titled Resident Rights revealed, .Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to . self-determination . Review of the Rules of the Tennessee Health Facilities Commission dated July 2022, revealed .Water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. Hot water at shower, bathing and hand washing facilities shall be between 105 [degrees] F [Fahrenheit] and 115 F . Review of the Resident Council Minutes dated October 8, 2024, revealed . MAINTENACE [MAINTENANCE] . WATER STILL NOT GETTING HOT . Review of .QAPI [Quality Assurance Process Improvement] MINUTES 12/19/2024, revealed .12/19/24 . MEASURE PERFORMANCE .Hot Water Tanks .1/23/25 Received Traditional quote .Estimate accepted .on 1/22/25 . Review of the Resident Council Minutes dated January 14, 2025, revealed . MAINTENACE [MAINTENANCE] .WATER NOT GETTING HOT . Review of the medical record revealed Resident #2 was admitted to the facility on [DATE] with diagnoses including Pressure Ulcer of the left Buttock, Anemia and Diabetes. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Basic Interview for Mental Status (BIMS) score of 15 which indicated that Resident #2 was cognitively intact. Review of the medical revealed Resident #7 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Hemiplegia, Chronic Obstructive pulmonary Disease, and Diabetes. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the annual MDS assessment dated [DATE] revealed a BIMS score of 11 which indicated Resident #7 was moderately cognitively impaired. Review of the medical record revealed Resident #8 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Diabetes, End Stage Renal Disease and Congestive Heart Failure. Review of the quarterly MDS dated [DATE] revealed a BIMS score of 15 which indicated Resident #8 was cognitively intact. Review of the medical record revealed Resident #9 was admitted to the facility on [DATE] with diagnoses including Diabetes, Hemiplegia and Hemiparesis following a Cerebral Infarction. Review of the annual MDS assessment dated [DATE] revealed a BIMS score of 15 which indicated Resident #9 was cognitively intact. Review of the medical record revealed Resident #10 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Chronic Kidney Disease and Anemia. Review of the quarterly MDS assessment dated [DATE] revealed a BIMS score of 15 which indicated Resident #10 was cognitively intact. Observation and interview on 1/27/2025 at 12:00 PM with the Maintenance Director revealed water temperatures in the Resident Rooms were between 80 F and 104 F. When asked what the water temperature should be the Maintenance Director stated .between 97 F and 105 F . During an interview on 1/27/2025 at 2:40 PM, Resident #10 stated, .water is too cold take a shower and it has been cold for a long time . During an interview on 1/28/2025 at 8:40 AM, Resident #2 stated . haven't had a bath in a few days .the water is too cold . During and interview on 1/28/2025 at 8:45 AM, Resident #7 was asked about her shower procedure. She stated .water is too cold . During an interview on 1/28/2025 at 8:55 AM, Resident #8 stated .no hot water for a while .not had a good bath . During an interview on 1/28/2025 at 9:13 AM, Resident #9 .haven't had a shower in a long time. The water is cold . During an interview on 1/28/2025 at 10:54 AM, the Administrator was asked if she was aware the water was an issue in October 2024. She stated, I was not aware, maintenance could have known and did not tell me. During an interview on 1/28/2025 at 2:12 PM the Administrator was asked if the Maintenance Director was aware of the issue in October should this have been addressed then. She stated .if he was made aware of it in October, he should have made me aware .

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F 0656 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50780 Based on policy review, medical record review, facility investigation review and interview, the facility failed to follow the resident ' s comprehensive person-centered care plan for 1 of 3 residents (Resident #4) reviewed for fall prevention and care plans. The findings include: 1. Review of the facility policy titled, Comprehensive Care Plans, dated 7/10/2024, revealed .It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident .The comprehensive care plan will include measurable objectives and timeframes to meet the resident ' s needs as identified in the resident's comprehensive assessment. The objectives will be utilized to monitor the resident ' s progress .Qualified staff responsible for carrying out interventions specified in the care plan will be notified of their roles and responsibilities for carrying out the interventions, initially and when changes are made . Review of the facility policy titled, Fall Prevention Program, dated 7/10/2024, revealed .Each resident's risk factors and environmental hazards will be evaluated when developing the resident's comprehensive plan of care . Interventions will be monitored for effectiveness . 2. Review of the medical record revealed Resident #4 was admitted to the facility on [DATE], with diagnoses including Personal History of Sudden Cardiac Arrest, Unspecified Sequelae of Cerebral Infarction, Chronic Respiratory Failure with Hypoxia, and Osteopenia. Review of the comprehensive care plan dated 8/14/2024, with a revision date of 9/12/2024, revealed Resident #4 was assessed for high fall risk and required 2-person assist for bed mobility. Review of the facility Incident Audit Report, dated 10/5/2024, revealed Licensed Practical Nurse (LPN) F was .called to resident's [Resident #4] room per CNA [Certified Nursing Assistant] [G] .CNA [G] stated that she slid the resident to the floor .resident assessed for injuries none noted . assisted up and back into to bed via [by] [brand name of a mechanical lift] & 3 staff members . Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 3 which indicated Resident #4 had severely impaired cognition. Review of the Nurses Note dated 10/5/2024, revealed .called to resident's room per CNA [G], found resident lying on her back on the floor beside her bed on the (R) [right] side of bed, CNA [G] stated that she slid the resident to the floor . During a phone interview on 1/29/2025 at 8:25 AM, LPN F confirmed that at the time of the occurrence on 10/5/2024, CNA G had Resident #4 turned on her side to change her and provide care. When LPN F was asked if anyone assisted CNA G with turning of Resident #4, LPN F stated, No, but I was outside in the hallway. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/29/2025 at 9:38 AM, the Director of Nursing (DON) confirmed that staff were not following Resident #4's plan of care at the time of the fall on 10/5/2024.

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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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44724 Based on facility policy review, Resident Assessment Instrument (RAI) manual review, medical record review, weekly skin evaluations review, facility document review, and interview, the facility failed to accurately document skin assessments for 1 of 3 (Resident #1) residents with wounds reviewed. The findings include: 1. Review of the facility policy titled, Prevention of Pressure Injuries, with revision date of 4/2020, revealed . The purpose of this procedure is to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors .Risk Assessment .Assess the resident on admission (within eight hours) for existing pressure injury risk factors. Repeat the risk assessment weekly and upon any changes in condition .Use a standardized pressure injury screening tool to determine and document risk factors . Supplement the use of a risk assessment tool with assessment of additional risk factors .Conduct a comprehensive skin assessment upon (or soon after) admission, with each risk assessment, as indicated according to the resident ' s risk factors, and prior to discharge . Review of the Resident Assessment Instrument (RAI) manual version 3.0 dated 10/2024 revealed, .Section M Skin Conditions .The items in this section document the risk, presence, appearance, and change of pressure ulcers/injuries .It is important to recognize and evaluate each resident ' s risk factors and to identify and evaluate all areas at risk of constant pressure. A complete assessment of skin is essential to an effective pressure ulcer prevention and skin treatment program . 2. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Left Hemiplegia and Hemiparesis, Diabetes, Morbid Obesity, Hypertension (HTN), and Anxiety. Review of Resident #1's Order Summary Report dated 8/15/2023 revealed, .Weekly Skin Evaluation: Nurse to initial and code appropriately. 0 = [equals] No Skin Impairment 1 = Pre-existing Skin Condition 2 = New Area (proceed to appropriate Pressure/Nonpressure Wound .every night shift every Wed [Wednesday] . Review of the Medication Administration Record (MAR) dated 10/2024, revealed the Nurse completing the Weekly Skin Evaluation should initial 0 for skin impairment, 1 for pre-existing skin condition, and 2 for new area. Continued review revealed a check mark with the initials of the nurse who completed the weekly skin evaluation on 10/2/2024, 10/9/2024, 10/16/2024, 10/23/2024 and 10/30/2024. The review revealed the Weekly Skin Evaluation was not accurately assessed as noted in the order. Review of the MAR dated 11/2024, revealed the Nurse completing the Weekly Skin Evaluation should initial 0 for skin impairment, 1 for pre-existing skin condition, and 2 for new area. Continued review revealed a check mark with the initials of the nurse who completed weekly skin evaluation on 11/6/2024, 11/13/2024, 11/20/2024, and 11/27/2024. The review revealed the Weekly Skin Evaluation not accurately assessed as noted in the order. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #1's Non-Pressure Ulcer Skin Condition dated 11/27/2024, revealed a diabetic wound found to the right 2nd toe which measured 1.5 centimeters (cm) in length, 1.0 cm in width, depth not measured (nm) and description of wound bed 100 % necrosis (the death of tissues in the body). Review of Resident #1's Non-Pressure Ulcer Skin Conditions dated 11/27/2024 revealed a diabetic wound found to the left 1st toe which measured 1.0 cm in length, 1.5 cm in width, depth nm and description of wound bed 100 % necrosis. Review of the MAR dated 12/2024, revealed the Nurse who completed the Weekly Skin Evaluation should initial 0 for skin impairment, 1 for pre-existing skin condition, and 2 for new area. Continued review revealed a check mark with the initials of the nurse who completed the weekly skin evaluations on 12/4/2024, 12/11/2024, 12/18/2024, and 12/25/2024. The review revealed the Weekly Skin Evaluation was not accurately assessed as noted in the order. Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated moderately impaired cognition, required set up with eating, dependent for toileting, shower, dressing, personal hygiene, substantial/maximal assist with bed mobility, and always incontinent of bowel and bladder, and had 2 diabetic foot ulcers present during the assessment period. Review of the MAR dated 1/2025, revealed the Nurse completing the Weekly Skin Evaluation should initial 0 for skin impairment, 1 for pre-existing skin condition, and 2 for new area. Continued review revealed a check mark with the initials of the nurse who completed weekly skin evaluation on 1/1/2025, 1/8/2025, 1/15/2025, and 1/22/2025. The review revealed the Weekly Skin Evaluation was not accurately assessed as noted in the order. During an observation on 1/28/2025 at 8:53 AM, Resident #1 was in bed lying in supine position with posey boots (multipurpose foot boot to help prevent heel and toe ulcers) noted to both lower extremities. Resident #1 was unable to answer questions during the interview. During a telephone interview on 1/28/2025 at 9:13 AM, Family Member (FM) A stated, .I was not made aware of the wounds. I found out one day when I came to visit. I usually visit her about once per week. She has been at this facility for almost a year .Someone called me the other day and said she had a new wound . she has been a Diabetic for years and that's another concern because I know when wounds happen sometimes, they have to amputate toes, and I don't want that to happen . During an interview on 1/28/2025 at 4:37 PM, the Director of Nursing (DON) was asked to review the Prevention of Pressure Injuries policy and asked if a check mark described the risk factors or was a comprehensive skin assessment for Resident #1. The DON stated, .it is a just a check mark showing the skin assessment was done . The DON was unable to provide weekly skin assessment documentation for Resident #1 for 10/2024 until the two diabetic ulcers were found on 11/27/2024 when the wounds were noted as necrotic tissue. The DON confirmed the weekly skin evaluations should be marked as 0 for no skin impairment, 1 for an existing condition, and 2 for new area on the MARS for Resident #1. During an interview on 1/28/2025 at 4:50 PM, Licensed Practical Nurse (LPN) H was asked to review Resident #1's weekly skin assessment documentation on the 1/2025 MAR. LPN H stated, .the order is not put in correctly .the only thing charted is a check mark .