

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2026
NAME OF PROVIDER OR SUPPLIER Parkway Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 South Parkway West Memphis, TN 38109	
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 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. The findings include: Review of the background check dated 06/14/2024, revealed the Social Security (SSN) used was not the SSN submitted on the Social Security Card. The number used was the number listed on the I-9 (Employment Eligibility Verification) form and the Consumer Information Sheet. Review of the I-9 form used to verify the identity and legal authorization of individuals hired for employment in the United States dated 06/15/2024, 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 SSN listed on the I-9 form was a different number than the SSN listed on the Social Security Card used as identification of Imposter Nurse A. The I-9 form was not filled out and was not signed or dated by any representative of this facility. Review of the time punch data dated 6/2024, revealed Imposter Nurse A worked in this facility June 17, 21, 24, 26, 26, 27, and 28. Review of the time punch data dated 6/2024, revealed Imposter Nurse A worked in this facility July 1, 2, 8, 11, and 12. Review of the Separation Notice dated 07/31/2024, showed Imposter Nurse A's real first and last name with a SSN that did not match the SSN listed on the I-9 form. The separation form showed her employment dates from 06/12/2024 to 07/31/2024 with the reason for the termination listed as No call/no show. The abuse registry search was done on 08/04/2025, after Imposter Nurse A had been terminated.*** During an interview with the Administrator on 10/07/2025 at 11:20 AM, the Administrator confirmed they use a background check company, but the facility used onboarding software. The Administrator stated they send the link to potential employees, and they do all that from home, then we get online and get things to copy on day of hire. Review of an undated Consumer Information Sheet revealed Imposter Nurse A's first and last name with RN C's (Registered Nurse who had the real license) last name as her middle name. Imposter Nurse A listed a birthdate with a year that didn't match the I-9 form and a SSN that did not match the SSN listed on the W-4 form or the separation notice. The facility did not provide any hiring policies. 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 no call/no show. The facility employed an unqualified person.</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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