

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445391	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2025
NAME OF PROVIDER OR SUPPLIER Manchester Center for Rehabilitation and Healing L		STREET ADDRESS, CITY, STATE, ZIP CODE 395 Interstate Drive Manchester, TN 37355	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on job description review, facility policy review, facility investigation documentation review, and interview, the facility failed to ensure 1 resident (Resident #1) was returned to her room after transportation to a medical appointment for 1 of 3 residents reviewed for accident hazards. The facility failure occurred on 5/8/2024 when Resident #1 was taken to a medical appointment by the Transportation Coordinator and returned to the facility at approximately 4:30 PM. The facility was under a code black at the time for serious weather conditions. The Transportation Coordinator failed to unload Resident #1 from the facility van and Resident #1 was locked inside the facility van for an unknown amount of time, estimated to be 3 to 4 hours. Licensed Practical Nurse (LPN) A became concerned about Resident #1 and the Transportation Coordinator due to the serious weather conditions around 7:00 PM shift change on 5/8/2024 and called the Nurse Practitioner (NP) to inquire about their location. The NP was present with the Transportation Coordinator during the call, and it was determined that the Transportation Coordinator had not unloaded Resident #1 from the facility van upon return to the facility from the medical appointment. LPN A found Resident #1 in the facility van and called 911 to obtain access to the vehicle. The facility's census on 5/8/2024 was 108. The facility was cited at F 689 Scope/Severity D. The facility was cited as past non-compliance. NO additional corrective actions are required. The findings include: Review of the Transportation Coordinator's job description, signed by the Transportation Coordinator on 10/17/2022, revealed .The Transport driver is responsible for safely transporting facility residents to and from appointments .Maintains a safe, secure, and healthy work environment by establishing, following, and enforcing standards and procedures .Review of the facility's policy titled Safety and Supervision of Residents, dated 5/19/2023, revealed .Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision .to prevent accidents are facility-wide priorities .Review of the facility's policy titled, CareRite Emergency Management Codes and Procedures, dated 7/14/2023, revealed .Severe weather/natural disaster (Code Black) .Review of the facility's undated policy titled, Policy: Facility Van Transportation, It is the policy of the facility to provide guidelines for safe van transportation practices for those residents that need transportations for their medical appointments .The Facility Transportation Driver will be approved to drive the Van .Only after they review and sign the Facility Transportation Driver job description, complete the Orientation Curriculum and prove role competency which covers Van use and safety performance expectations .Safety Rules .Keys for the vehicle will be kept in the administrative offices .Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses including Unspecified Fracture of Right Acetabulum (socket in the pelvis that forms the hip joint) with Routine Healing, Protein Calorie Malnutrition, Cognitive Communication Deficit, Hydronephrosis, Anemia in Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease (COPD), and Dementia.Review of the comprehensive care plan dated 4/12/2024, revealed .Has difficulty communication with other R/T [related to] Cognitive communication deficit .requires assist with activities of daily living .Assist with .transfers .Assist with ADLS [activities of daily living] and ambulation as needed .Dementia .AFTT [Adult Failure to Thrive] .Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #1 scored a 1 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Resident #1 had impaired functional range of motion on 1 side of the lower extremities and required a wheelchair for mobility. Resident #1 was dependent on staff for toileting hygiene and required substantial/maximal assistance for chair/bed-to-chair transfer. Resident #1 was frequently incontinent of urine and always incontinent of stool. Review of a physician's order dated 5/8/2024, revealed .Appointment with [orthopedic surgeon] on 05/08/24 [5/8/2024] at 1445 [2:45 PM] . The address to the orthopedic surgeon's office was listed in the physician's order and was 15 miles from the facility.Review of facility documentation dated 5/8/2024, revealed .Severe Weather/Code Black Initiated .5:30 pm .Review of a facility document dated 5/8/2024 at 7:55 PM, revealed . While on LOA [leave of absence] .Pt [patient] noted to be in locked transport vehicle after returning from an appointment .Resident Description: 'I went and had a haircut and it was free.' .Immediate Action Taken .911, NP, DON [Director of Nursing], Maintenance, administrator notified. Window broken by police, EMS [emergency medical services] and nurse entered van. Resident assisted off van and immediately assessed by NP, DON. Status is at baseline. Assisted with incontinence care. Labs drawn .Offered food and drink. Daughter notified of incident .No injuries observed at time of incident .Alert .Wheelchair bound .No injuries</p>		