

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445428	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/27/2025
NAME OF PROVIDER OR SUPPLIER Harborview Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1513 N 2nd Street Memphis, TN 38107	

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 0726 Level of Harm - Actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. (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 0726 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the Facility Assessment review, policy review, job description review, medical record review, facility investigation review, [Named Hospital] emergency room (ER) report, and interview, the facility failed to ensure all nursing staff possessed the competencies and skill sets necessary to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights and physical, mental and psychosocial well-being for 1 of 3 (Resident #1) sampled residents reviewed for falls. On 3/30/2023, Resident #1 sustained an unwitnessed fall with head injuries. Staff failed to conduct assessments, recognize injuries, and delayed transfer for medical treatment for 7 hours, resulting in actual harm to Resident #1. The findings include: 1. Review of the Facility assessment dated 2024, revealed .Facility resources needed including, but not limited to, providing competent care for residents. 2. Review of the facility policy titled, Staffing, Sufficient and Competent Nursing, revised August 2022, revealed .Our facility provides.nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and facility assessment . 3. Review of the facility personnel file for Licensed Practical Nurse (LPN) A revealed, .Job Description Acknowledgement dated 2/7/2020. Perform.duties such as documenting nurses' notes, physicians' orders.Recognize and respond to changes in patients' conditions and document observations, interventions and outcomes . 4. Review of the undated Registered Nurse (RN) job description revealed .Manages area of responsibility with the goal of achieving and maintaining the highest quality of care possible.Demonstrated competence of nursing skills within the Nurse Practice Act and associated expectations for quality care delivery. 5. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Seizures, Intestinal Obstruction, and Alcohol Abuse. Review of the facility investigation revealed Resident #1 had an unwitnessed fall on 3/30/2023 at 6:00 PM, and no injuries were noted at the time of the fall. A post fall risk score was 12, which indicated Resident #1 was at moderate risk for falls. Review of the facility Clinical Note dated 3/30/2023 at 6:41 PM, revealed .Resident [#1] was assessed with no apparent injury noted. Resident had an unwitnessed fall . Review of the 5-day Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #1's cognitive status was not assessed. Resident #1 was coded for falls. Review of the Care Plan dated 3/31/2025, revealed .At Risk For Falls R/T [related to] poor mobility/poor safety awareness. keep bed in lowest position .Footwear [footwear] will fit properly and have non-skid soles.Keep areas free of obstruction to reduce the risk of falls or injury.Place call bell/light within easy reach . Review of the Neurological Check Flow Sheet dated 3/31/2023 at 2:15 AM, revealed LPN A documented Resident #1's pupils were equal and reactive to light. The facility was unable to provide documentation of Clinical Notes or assessments of Resident #1's head or face showing facial bruising or the lack of bruising. Review of the Family Nurse Practitioner (FNP) Clinical Note dated 3/31/2023, revealed .Patient seen and examined.I noticed patient had swelling to the left side of his eye which was swollen and shut as well as swelling to the right side of his face. I asked the patient what happened to him he immediately stated that he fell.I was unable to understand what he was stating as to the events of him falling. He just repeated I fell.I did ask the nurse [LPN A] to identify if during his assessment the patient looked the same as when he first saw him compared to when assessing him together. Nurse stated that he was unsure of what the patient looked like during his assessment as it was dark.I informed the nurse that all head injuries are to be sent out to the hospital for a CT [Computed Tomography is a medical imaging procedure] of the head witnessed or unwitnessed. The facility was unable to provide a written order to transfer Resident #1 to the ER for evaluation. Review of the facility Nurse's Event Note dated 3/31/2023, revealed .At 0800 [8:00 AM] the resident had an unwitnessed fall and was found crawling on the floor in his room. A post fall risk score was 12, which indicated Resident #1 was moderate risk for falls. Review of the Clinical Notes dated 3/31/2023 at 8:00 AM, revealed .Off-going nurse [LPN A] was given order from FNP to send to ER d/t [due to] hematomas [a collection of blood that causes a raised area to the affected injured area] identified upon her assessment . Review of the facility Nurse's Event Note dated 3/31/2023, revealed .At 0820 [8:20 AM] the resident had an unwitnessed fall in his room. Post fall risk score was 14, which indicated Resident #1 was moderate risk for falls. First aid was administered. Review of the late entry Clinical Note documented by LPN A with an effective date of 3/31/2023 at 8:30 AM, revealed .The Family Nurse Practitioner .came in to assess resident at approximately 5am [5:00 AM] FNP gave new order to transfer to [Named] ER [Emergency Room] for</p>		