STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445428	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harborview Post Acute	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview, the facility failed to assess and monitor surgical incision sites for 1 of 1 (Resident #102) sampled residents with a surgical wound. The findings include: 1. Review of the facility's policy titled, admission Assessment and Follow Up., dated 9/2012, revealed .The purpose of this procedure is to gather information about the resident's physical.condition upon admission for the purposes of managing the resident, initiating the care plan, and completing required assessment instruments.Conduct a physical assessment, including the following systems.Skin.Contact the Attending Physician to communicate and review the findings of the initial assessment and any other pertinent information and obtain admission orders that are based on these findings . Review of the facility's policy titled, Care Plans, Comprehensive Person-Centered, dated 3/2022, revealed .A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. 2. Review of the medical record revealed Resident #102 was admitted to the facility on [DATE], with diagnoses including Displaced Bimalleolar Fracture (a break in the inner and outer portion of the ankle) of right lower leg, Bilateral (right and left) Open Reduction Internal Fixation (surgical procedure to repair a break in the bone), Anxiety, Neuropathy, and Hypertension. ˆ Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #102 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment, which indicated she was cognitively intact. Review of the Care Plan dated 5/29/2026, revealed .surgical incision to right and left ankle . Monitor and assess site for any s/sx [signs and symptoms] of infection, changes in appearance, treatment effectiveness and notify MD [Medical Director] PRN [as needed] .Treatment as ordered . Review of the Skin assessment dated [DATE], revealed surgical incision to the right outer ankle measured (length x width x depth) 0 centimeters (cm) by (x) 0 cm x 0 cm. Left ankle (outer) measurements length 0 cm x width 0 cm x depth 0 cm. Bilateral boot immobilizers noted to bilateral feet for off loading of pressure due to resident's non-weight bearing status.Rt [Right] ankle wound bed: unable to assess wound margins, unable to assess surrounding tissue, unable to assess periwound [area of skin around wound], unable to assess drainage.Lt [Left] ankle wound bed: unable to assess wound margins, unable to assess surrounding tissue, unable to assess periwound, unable to assess drainage. The facility failed to assess Resident #102"s surgical incisions on 5/29/2026. ˆ Review of the Skin assessment dated [DATE], revealed surgical incision to the right outer ankle measured (length x width x depth) 0 centimeters (cm) by (x) 0 cm x 0 cm. Left ankle (outer) measurements length 0 cm x width 0 cm x depth 0 cm. Bilateral boot immobilizers noted to bilateral feet for off loading of pressure due to resident's non-weight bearing status.Rt [Right] ankle wound bed: unable to assess wound margins, unable to assess surrounding tissue, unable to assess periwound, unable to assess drainage.Lt [Left] ankle wound bed: unable to assess wound margins, unable to assess surrounding tissue, unable to assess periwound, unable to assess drainage. The facility failed to assess Resident #102's surgical incisions on 6/2/2026. Review of the Skin assessment dated [DATE], revealed (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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #102 had the following surgical wounds.Additional notes: Spoke with Ortho Clinic regarding f/u [follow up] appt [appointment] with ortho [orthopedic] clinic on Thursday 6/11/2026 at 2:00 PM. a. Left inner ankle incision measured 7.5 cm x 0 cm x 0 cm with 8 staples intact. b. Right outer ankle incision measured 10.5cm x 0 cm x 0 cm with 11 staples intact. c. Left outer ankle incision measured 10.0 cm x 0.1 cm x 0.1 cm with 11 staples intact. Observation and interview in Resident #102's room on 6/9/2026 at 8:00 AM, revealed resident was sitting up in bed eating breakfast with walking boots to bilateral feet. Resident stated, I have difficulty sleeping at night with these boots and have increased burning to my ankles likely the incisions. Resident #102 was asked if staff have removed the boots and dressings to assess her skin and incisions. Resident #102 stated, No, they have not. ˆ During an interview on 6/10/2026 at 10:17 AM, Licensed Practical Nurse (LPN) C was asked if she had assessed the resident's surgical incisions. LPN C stated, I've only assessed for circulation, and not visually seen the surgical incisions.ˆ During an interview on 6/10/2026 at 11:07 AM, LPN A Unit Manager was asked who is responsible for entering orders for new residents. LPN A stated, I put the orders into [named electronic medical record] the DON [Director of Nursing] or ADON [Assistant Director of Nursing] can enter orders for new admit residents. LPN A was asked who performs the admission skin assessments. LPN A stated, The nurse assigned to the resident performs the initial skin assessment, and wound care will perform the skin assessment the following day. LPN A was asked if the wound care nurse saw Resident #102. LPN A stated, Yes, on 5/29/2026. LPN A was asked if the surgical incisions were assessed. LPN A stated, The skin note says unable to assess. LPN A was asked the reason it was unable to be assessed. LPN A stated, I know it's wrapped. LPN A was asked when the next skin assessment was performed. LPN A stated, On 6/2/2026. LPN A was asked if the surgical incisions were assessed. LPN A stated, No, it states the same. LPN A was asked if there was an order from the hospital for a non-removable dressing. LPN A stated, Not to my knowledge. LPN A was asked if the resident was care planned for the surgical incisions. LPN A stated, Yes, the care plan was for monitoring for signs and symptoms of infection. LPN A was asked if staff should have removed the dressings and assessed the resident's incisions. LPN A stated, Yes. Observation and interview in Resident #102's room on 6/10/2026 at 10:19 AM, revealed LPN B and Regional Nurse at the resident's bedside performing wound care on the resident's surgical wounds. The Regional Nurse stated, They received clarification today and the resident will be going to ortho tomorrow. Left lower leg without dressing, left medial ankle with 11 staples, small area of redness between 5th and 6th staple. LPN B applied non-adherent dressing to surgical incision, covered with abdominal pad, wrapped with rolled gauze, wrapped with ace wrap, applied soft walking boot to left foot.ˆRegional Nurse removed ace wrap to right lower leg, redness to surgical incision with 11 staples intact no drainage noted.ˆLPN B stated, The following measurements: right lateral ankle incision measured: 10.5 cm x 0 cm x 0 cm, left lateral ankle had 11 staples and measured 10 cm x 0.1cm x 0.1 cm, and the left medial ankle incision had 8 staples and measured 7.5 cmˆ x 0 cm x 0 cm.ˆ ˆ ˆDuring an interview on 6/10/2026 at 11:49 AM, LPN B Treatment Nurse was asked when was she made aware of Resident #102's surgical wounds. LPN B stated, On 5/29/2026. LPN B was asked if she assessed the resident's surgical incisions on 5/29/2026. LPN B stated, No, she refused for me to remove the dressings. LPN B was asked if she documented the resident's refusal and notified the physician of the refusal. LPN B stated, No, I did not. LPN B was asked if she assessed the resident's surgical incisions prior to today. LPN B stated, No, I did not. I realized on 5/29/2026 that she did not have any follow up orders and I made a note and failed to follow up on those. LPN B was asked who is responsible for obtaining treatment orders or ensuring residents have a follow up ortho appointment. LPN B stated, It's mine, but sometimes medical records will make the appointments. ˆDuring an interview on 6/10/2026 at 2:22 PM, ADON was asked who is responsible for entering the orders for new residents. The ADON stated, The Unit Managers, DON, and I will enter the orders. The ADON was asked who is responsible for obtaining treatment orders or follow up appointments for residents. The ADON stated, The admitting nurse is responsible for obtaining clarification for medications and (continued on next page)

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