

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER Galloway Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 435 Old Brownsville Rd Galloway, TN 38036	

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 Licensed Practical Nurse (LPN) using another LPN's (LPN C) Tennessee license. The findings include: Review of Imposter Nurse A's personnel file revealed a letter from a Tennessee Criminal History Record Request for Imposter Nurse A's first and last name revealed, .NO TENNESSEE CRIMINAL HISTORY RECORD HAS BEEN FOUND FOR THE PERSON LISTED BELOW. There was no national background check found in the personnel file. ^ Review of the I-9 form (Employment Eligibility Verification) used to verify the identity and legal authorization of individuals hired for employment in the United States dated 04/11/2023, revealed Imposter Nurse A's legal first and last name, along with a birth certificate and a valid Driver's license from another state. The last name used on the I-9 form was the same as the Driver's license. Review of a license verification form revealed the nursing license was in the name of the LPN. LPN C had the same first name as Imposter Nurse A but a different last name. Review of two Tennessee Abuse Registry checks dated 04/05/2023 revealed one check was for LPN C's name and the second check was for Imposter Nurse A's name. Review of the Offer Letter to Imposter Nurse A dated and signed by the candidate on 04/11/2023 revealed, .We are pleased to offer you the Temporary/Contract LPN.Start Date: 4/11/23 - 6/6/23 . Review of the time sheet for Imposter Nurse A revealed she worked in the facility on 04/11/2023, 04/12/2023, 04/13/2023, 05/02/2023, 05/09/2023, 05/10/2023, 05/12/2023, 05/13/2023, and 05/14/2023. Review of two separation notices revealed the first notice dated 05/08/2023 with a last day worked date of 05/02/2023 showed Voluntary Separation without Notice.Resignation No Notice. The second separation notice dated 05/22/2023 with a last day worked date of 05/14/2023 showed Voluntary Separation without Notice.Resignation No Notice. No paperwork was provided related to the rehire of Imposter Nurse A after the first termination. During an interview on 10/1/2025 beginning at 9:15 AM, the Human Resource Director admitted there was no policy related to hiring. The Human Resource Director confirmed Imposter Nurse A did work onsite at the facility briefly and was terminated for failure to attend training. The Human Resource Director reiterated she was terminated again for failure to come in as needed. Imposter Nurse A was hired as a Licensed Practical Nurse to render nursing services, and she was only terminated for failure to complete her training. The facility employed an unqualified person. There was no information given to the surveyor as to any cross reference of inconsistencies with the different names listed on the employment application, I-9 form and the nursing license verification form submitted by the candidate.</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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