

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/18/2025
NAME OF PROVIDER OR SUPPLIER  Collierville Nursing and Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  490 West Poplar Avenue Collierville, TN 38017	

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 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.  (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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on policy review, medical record review, and interview, the facility failed to report an injury of unknown origin for 1 of 3 (Resident #1) sampled residents reviewed for abuse. The findings include: 1. Review of the facility policy titled, Abuse, Neglect and Exploitation, dated 6/2025, revealed . Serious Bodily Injury means an injury involving .impairment of the of the function of a bodily member .requiring medical intervention such as . hospitalization .Abuse Prevention Coordinator in the facility .is responsible for reporting .suspected abuse, neglect .to the state survey agency and other officials in accordance with state law .Reporting .of all alleged violation to the Administrator, state agency, adult protective services .Immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve .serious bodily injury .The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies . 2. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Muscle Weakness, Lack of Coordination, and Fall. Review of the discharge Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #1 was severely cognitively impaired for Daily Decision Making and a Brief Interview for Mental Status (BIMS) score was unable to be completed. Resident used a wheelchair and was dependent on staff for all Activities of Daily Living (ADLs). Resident #1 had 1 fall with a major injury. Review of the Nursing progress note dated 2/7/2025, revealed .During morning care, the aide observed a knot on the resident's right thigh. When touched, the resident indicated pain by shaking her head. The leg was elevated .plan of care will continue . Review of the Nurse Practitioner's progress note dated 2/7/2025, revealed .Chief Complaint/Reason for this Visit Knot to right thigh .Patient being seen today per staff request for knot to right thigh .Rating of pain was assessed patient nodding head in agreement, level of pain 3/10. No aggravating factors noted .Pain: Severity 3 Location right thigh.Pain in right thigh: Continue pain assessment per facility protocol. Review of the nursing progress note dated 2/7/2025, revealed .X-ray [imaging for picture inside the body] requested by Rp [Responsible Party] d/t [due to] knot to right thigh . Review of the nursing progress note dated 2/8/2025, revealed .Res. [Resident] received x-ray today .revealed abnormal x-ray .Resident being sent to hospital . Review of the Radiology Report dated 2/9/2025, revealed .Findings .Comminuted and displaced fracture [a severe type of bone fracture where the bone is broken into multiple pieces and the fragments are misaligned] .to the .femoral diaphysis [shaft of the femur] . Review of the nursing progress note dated 2/12/2025, revealed .Resident transported to the facility .admitted with diagnosis of Acute R [Right] Tibial/fibular [bones on the upper leg] fracture . Review of the Nurse Practitioner progress note dated 2/13/2025, revealed .seen for readmission .after an x-ray was completed on her right leg where it was noted she had a knot and the results reflected a right femur fracture . Review of the Facility's Investigation revealed, staff completed online abuse training from 2/8/2025 through 2/12/2025 after the knot and fracture were discovered on Resident #1. Resident interviews were conducted by the social worker on 2/8/2025 asking if the Residents on the hall felt safe, were treated well, witnessed anyone being mistreated and if the Residents suffered any injuries. Skin Audits were completed on 2/8/2025 on Residents located on the hall that Resident #1 was on. Staff interviews were conducted on 2/8/2025 related to any witnessed abuse or falls for Resident #1. During an interview on 10/7/2025 at 11:50 AM the Director of Nursing [DON] was asked about the knot on Resident #1's thigh. She stated, .she [Resident #1] had a raised area or knot on her leg .The family .wanted an x-ray and it noted a fracture .We [Administrator and DON] did an investigation on the fracture .no other falls, no transfer issues, family was asked about a bruising or anything out of the norm [normal]. We interviewed all the staff, talked with other residents about anything that hadn't been reported that might have happened . During an interview on 10/7/2025 at 1:28 PM, the DON was asked why she did an investigation, abuse education with staff, skin audits and staff interviews. She stated, .I didn't know what happened [how the knot and femur fracture occurred] . The facility failed to report the Injury of Unknown Origin to the State Agency.</p>		