

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  02/13/2026
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on policy review, medical record review, facility investigation review, and interview, the facility failed to report allegations of abuse to Adult Protective Service (APS), the Long- Term Care Ombudsman, local law enforcement, and state survey agency, and failed to complete a 5-day follow-up for the state agency for 1 of 4 (Resident #1) sampled residents reviewed for abuse. The findings include: 1. Review of the facility's policy Abuse, Neglect and Exploitation, dated 6/2025, revealed .It is the policy of this facility to provide protections for health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect.Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, which can include staff to resident abuse.The facility will designate an Abuse Prevention Coordinator in the facility who is responsible for reporting allegations of suspected abuse, neglect, or exploitation to the state survey agency and other officials in accordance with state law.Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies.within specified timeframes.Immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or.Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in 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 Diabetes, Hypertension, Sepsis, and Post-Traumatic Stress Disorder. Review of the admission Minimum Data Set, dated [DATE], revealed Resident #1 scored a 13 on the Brief Interview for Mental Status, which indicated she was cognitively intact. Review of the facility's Investigation Report dated 2/2/2026, revealed the Administrator and Director of Nursing were notified via (by way of) telephone by the Unit Manager (UM) on 2/2/2026 that Resident #1 reported that she was tapped on her inner thigh and left arm by a blonde Caucasian CNA (Certified Nursing Assistant) that worked the night shift on 2/1/2026. There was no documentation the incident was reported to the appropriate regulatory authorities including Adult Protective Service (APS), the Long- Term Care Ombudsman, local law enforcement, and the state survey agency. During an interview on 2/12/2026 at 10:26 AM, Resident #1 stated on 2/1/2026 a blonde Caucasian CNA came in and jerked her diaper off. During her diaper change the CNA raised her right leg up and slapped on her inner thigh and right arm. Resident stated she does not know why the CNA slapped her thigh and arm her. Resident #1 was asked if she reported the incident. Resident #1 stated, Yes, I told the PTA [Physical Therapy Assistant] . During an interview on 2/12/2026 at 1:20 PM, the PTA stated that Resident #1 was in the therapy gym on 2/2/2026 at 6:30 AM, and he asked Resident #1 how her weekend was.</p> <p>(continued on next page)</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
---	-------	-----------

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  02/13/2026
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #1 told the PTA that a blonde Caucasian CNA on the night shift was mean to her the night before. The PTA stated that Resident #1 told him the CNA slapped her on her left leg and arm when the CNA was changing her. PTA said he looked at Resident #1's arm and did not observe any bruising. The PTA stated Resident #1 voiced that she did not feel safe. The PTA stated that he immediately notified the UM. During an interview on 2/12/2026 at 3:16 PM, the UM confirmed that she was notified on 2/2/2026 by the PTA that Resident #1 alleged that she was tapped on her thigh and arm by a blonde CNA. The UM stated that she immediately reported the allegation of abuse to the Administrator and Director of Nursing (DON) and immediately implemented an investigation. During a telephone interview on 2/12/2026 at 5:27 PM, the former DON confirmed she was the DON at the facility on 2/2/2026 when Resident #1 reported the abuse allegation involving being tapped on the left arm and thigh by a night shift CNA and was involved in the investigation. The former DON confirmed she was notified of the alleged incident by the UM. The former DON was asked what she was told occurred on that night. The former DON confirmed that she was told by the UM, Resident #1 stated she was tapped on the right thigh and right arm by a blonde Caucasian on the night shift. When asked if the allegation was reported to the state agency. The former DON stated, I thought the Administrator reported it. The former DON was asked should an alleged abuse allegation be reported to the state. The former DON stated, Yes, it should be reported. During an interview on 2/1/32026 at 11:10 AM, the Administrator was asked if the allegation was reported to the state agency. The administrator stated, No, it was not . The Administrator was asked according to federal regulations, should an allegation of abuse be reported he stated, Yes, absolutely it should have been. The administrator was asked when should an allegation of abuse be reported. The Administrator stated, Allegation of abuse should be reported within 2 hours of the facility knowledge.</p>		