STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445518	A. Building B. Wing	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waynesboro Post Acute & Rehabilitation	104 J V Mangubat Drive Waynesboro, TN 38485

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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445518	A. Building B. Wing	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waynesboro Post Acute & Rehabilitation	104 J V Mangubat Drive Waynesboro, TN 38485

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 0600 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, Hospice contract review, medical record review, facility investigation review, Hospital record review, and interview, the facility failed to ensure residents were free from neglect for 1 of 3 (Resident #1) sampled residents reviewed for injury of unknown origin. On 11/10/2022, Resident #1 was found in bed by staff with multiple bruises to her right shoulder and right upper arm. On 11/18/2022, Resident #1 complained of pain in her right shoulder area. On 11/18/2022, the facility obtained an X-ray of the right arm/shoulder that revealed a displaced acute right transverse humerus shaft fracture (broken upper right arm usually caused by trauma/injury). During the investigation on 11/18/2022 it was found that on 11/8/2022, 2 Hospice staff members (Hospice Certified Nursing Assistant (CNA) F and CNA S) transferred Resident #1 without using a mechanical lift (a device used to help transfer a resident), heard her shoulder pop, and they did not report this to any staff at the facility. The facility failed to ensure Resident #1 received proper care and treatment with an undiagnosed fracture of the right humerus for 10 days following the inappropriate transfer, which resulted in actual HARM to Resident #1. The findings include: 1. Review of the facility policy titled, Hospice Services, dated 10/1/2021, revealed .Hospice providers who contract with the facility.Are held responsible for meeting professional standards.The facility will communicate and collaborate with the hospice provider .The facility's protocols for developing and implementing a coordinated facility plan of care.The facility will collaborate with hospice to ensure the care plan is appropriate for the patient. Review of the facility's policy titled, Abuse, dated 10/1/2021, revealed .This organization recognizes and respects that each resident has the right to be free from abuse, neglect, misappropriation of resident's property, and exploitation as defined in this subpart.Neglect is the failure of the facility, it's employees or services providers to provide goods and services to residents that are necessary to avoid physical harm.The assessment, care planning, and monitoring of residents with needs and behaviors which might lead to conflict or neglect, such as residents with communication disorders, residents that require heavy nursing care and/or are totally dependent on staff. 2. Review of the facility's contract titled, Protocol and Agreement for the Provision of [Named Hospice] Services to the Residents of [Named Facility], dated 8/27/2025, revealed .[Named Hospice] shall develop the Initial Plan of Care [POC] to be provided to [Named Facility] specifying information pertinent to the resident's treatment within 3 business days of admission. The [Named Hospice] POC will be reviewed by [Named Facility] and integrated into one Plan of Care. The [Named Hospice] POC will be reviewed by [Named Hospice] every two weeks during IDG [interdisciplinary group] and updated as necessary by [Named Hospice]. The [Named Hospice] POC shall be submitted to the [Named Facility] MDS [Minimum Data Set] staff designee at minimum on admission or as needed to properly care for residents. The facility was unable to provide a Hospice contract/agreement for the time period of Resident #1's admission to hospice on 10/21/2022. 3. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Osteoarthritis, Anxiety, Dementia, and Alzheimer's Disease. Review of the (Named Hospice) CNA Notes dated 11/8/2022, revealed .Activities.Assisted with Transfers. There was no documentation to show a mechanical lift was used. The facility was unable to provide the hospice plan of care or hospice Physician Orders for Resident #1. Review of the (Named Hospice) CNA Notes, dated 11/10/2022, revealed .Activities.Assisted with Transfers .[named mechanical lift] . Review of the Nurse's Notes dated 11/18/2022, revealed .Called to residents' [Resident #1's] room per CN [Charge Nurse]. Resident c/o pain to R arm R arm noted c [with] bruising that had previously been reported/observed. Noted with [decrease] in ROM [range of motion] to arm. Upon interviewing staff members and hospice staff members it was brought to our attention that on previous visit to facility hospice CNA's had transferred resident c 2 assist [with 2 person assist]. Resident has current POC for [named mechanical lift]. CNA stated that during transfer she heard a pop and reported to hospice nurse not facility nurse. Hospice nurse did not report incident to facility nurse either.Spoke with [Named Hospice staff] r/t findings. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 99, which indicated Resident #1 was unable to complete the interview and had moderately impaired cognitive skills for daily decision making. Resident #1 required substantial/maximal assistance from staff for eating, toileting, and bed mobility, was dependent of staff for transfers, and received hospice care. The facility was unable to provide an MDS assessment for the time period prior to 1/25/2023. 4. Review of the facility investigation Departmental Notes, dated 11/11/2022 at 8:16 AM, revealed, CNA was giving resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445518	A. Building B. Wing	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waynesboro Post Acute & Rehabilitation	104 J V Mangubat Drive Waynesboro, TN 38485

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)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445518	A. Building B. Wing	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waynesboro Post Acute & Rehabilitation	104 J V Mangubat Drive Waynesboro, TN 38485

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	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, facility investigation review, Hospital 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 and neglect. The findings include: 1. Review of the facility policy titled, Abuse, dated 10/1/2021, revealed .This organization recognizes and respects that each resident has the right to be free from abuse, neglect, misappropriation of resident's property, and exploitation as defined in this subpart. Reporting.The organization will maintain systems to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source.are reported immediately, but not 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 caused the allegation do not involve abuse and do not result in serious bodily injury.including to the State Survey Agency and adult protective services.in accordance with State law through established procedures. 2. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Osteoarthritis, Anxiety, Dementia, and Alzheimer's Disease. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 99, which indicated Resident #1 was unable to complete the interview and had moderately impaired cognitive skills for daily decision making. Resident #1 required substantial/maximal assistance from staff for toileting, and bed mobility, and was dependent on staff for transfers. Resident #1 received hospice services. The facility was unable to provide an MDS for the time period prior to 1/25/2023. Review of the facility investigation Departmental Notes, dated 11/11/2022 at 8:16 AM, revealed Resident #1 complained of her right arm and shoulder hurting while being repositioned during her bed bath at approximately 8:30 PM on 11/10/2022. Assessment by the Nurse revealed multiple bruises along Resident #1's right upper arm, including one bruise to the back of the right shoulder, one bruise to the right AC [acromioclavicular-a joint in the shoulder where two bones meet], and one bruise to the back of the right upper back of arm. Review of the facility's Resident Incident Report dated 11/10/2022, revealed .Incident Type: bruise.Location.Resident Room.Activity at time.Unknown.Incident Reported by CNA K.Report Prepared by.LPN I.Incident level.Non-Witnessed. Review of the facility investigation Departmental Notes, dated 11/18/2022 at 3:30 PM, revealed .Called to floor per CN r/t [related to] resident c/o [complains of] pain to R [right] arm. Arm noted with bruising that had previously been noted and observed. ROM [range of motion] limited to fingers and pain upon touch. Spoke with [Named Medical Director] and obtained order STAT [immediate] X-ray of Right arm/shoulder. Resident sent to [Named Medical Facility] for X-rays via [by way of] .EMS [emergency medical services] .X-ray report noting displaced fracture of R humerus [a long bone in the upper arm] splint in place, orders to follow up with ortho [orthopedic]. Review of the (Named Hospital) radiology report dated 11/18/2022, revealed . XR [X-ray] humerus right.Transverse fracture [a type of fracture that runs opposite the direction of the bone] proximal [the end nearer to the point of connection to the body] humerus shaft [the long portion of the bone] with greater than one shafts width's displacement and 2.0 cm overlap.Generalized Osteopenia [a loss of bone density].Right shoulder Osteoarthritis.Impression.Displaced acute [a fracture caused by injury] right humerus shaft fracture. During an interview on 10/21/2025 at 1:35 PM, the Administrator was asked if the fracture to the right humerus identified on 11/18/2022 was reported as an injury of unknown origin. The Administrator stated, .I did not report it because it was an injury of unknown origin and not from willful intent to harm. During a phone interview on 10/22/2025 at 2:25 PM, the Medical Director was asked if all injuries of unknown origin should be reported. The Medical Director stated, Yes, they should. During an interview on 10/22/2025 at 4:22 PM, the Administrator was asked to review the incident report that had been provided to the surveyors by the facility related to Resident #1's bruising to right upper arm and right upper back of arm identified on 11/10/2022. The Administrator was then asked what do you see when you look at the incident report for 11/10/2022. The Administrator stated, I see bruises without a cause listed. The Administrator was asked if injuries of unknown origin should be reported. The Administrator stated, that if that was all the information they had it would have been reported, but root cause analysis led them to the lift sling as the cause of the bruising. The Administrator was asked where the documentation was that showed that determination and the investigation process involved. The Administrator stated, I can't provide the documentation for the investigation for 11/10/2022. I do not have access to those records. The Administrator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445518	A. Building B. Wing	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waynesboro Post Acute & Rehabilitation	104 J V Mangubat Drive Waynesboro, TN 38485

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445518	A. Building B. Wing	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waynesboro Post Acute & Rehabilitation	104 J V Mangubat Drive Waynesboro, TN 38485

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, facility investigation review, Hospital record review, and interview, the facility failed to perform a thorough investigation for injury of unknown origin for 1 of 3 (Resident #1) sampled residents reviewed for abuse and neglect. The findings include: 1. Review of the facility policy titled, Abuse, dated 10/1/2021, revealed .Investigation Designated staff will immediately review and investigate all allegations .of abuse .The results of all investigation are to be communicated to the administrator or his or her designated representative and to other officials in accordance with the State law, including the State Survey Agency, within 5 working days of the incident .The organization will conduct analysis for trends and patterns related to .injuries of unknown origin . Review of the facility policy titled, Accidents and Incidents-Investigating and Reporting, dated 10/1/2021, revealed .All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the administrator.Accident; refers to any unexpected or unintentional incident, which results or may result in injury or illness to a resident.The nurse supervisor/charge nurse and/or the department director or supervisor shall promptly reported the accident to the administrator/designee and will initiate and document investigation of the accident or incident.The following data, as applicable shall be included on the Report of Incident/Accident form:.The date and time the accident or incident took place.The nature of the injury/illness. The circumstances surrounding the accident or incident. Where the accident or incident took place.The name(s) of witnesses and their accounts of the accident or incident.The injured person's account of the accident or incident.The time the injured person's attending physician/practitioner was notified, as well as the time the physician/practitioner responded and his or her instructions.The date/time the injured person's representative was notified and by whom.The condition of the injured person, including his/her vital signs. The disposition of the injured (i.e., transferred to hospital, put to bed, sent home, returned to work, etc.).Any corrective action taken.follow-up information.Other pertinent data as necessary or required.The signature and title of the person completing the report. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Osteoarthritis, Lack of Coordination, Congestive Heart Failure, Alzheimer's and Dementia. Review of the facility's Post-Incident Actions form dated 11/10/2022, revealed the facility failed to provide immediate post-incident action or immediate actions taken related to the incident. Review of the facility investigation Departmental Notes dated 11/11/2022 at 8:16 AM, revealed .CNA [Certified Nursing Assistant] was giving resident a bed bath on 11/10/2022 at approx. [approximately] 8:30 PM when she [CNA] went to turn resident she [Resident #1] complained of her right arm and shoulder hurting. Upon inspection she found bruises along resident right upper arm. She called me to the room where I found 1 bruise to the back of right shoulder approx. 6x2 [centimeters [cm], one bruise to right AC [acromioclavicular joint [a joint in the shoulder where two bones meet] approx. 6.5x3 [cm], and one bruise to the back of right upper back arm approx. 8x8 [cm]. I notified the RN [Registered Nurse] on shift. I sent fax to [Named Medical Director] at approx.[approximately] 8:00 AM on 11/11/22. I attempted to call son [Named Resident #1's son] at 7:49 AM with no answer and unable to leave a voicemail. BP [blood pressure] 129/70-, P [pulse] 72, R [respirations] 20, t [temperature] 98.4, o2 [oxygen saturation] 94% [percent] . The facility was unable to provide documentation related to the determination of the cause of the bruising, interventions to prevent reoccurrence, staff interviews, the physician response or instructions regarding the incident, or staff education related to incident on 11/10/2022. Review of the facility investigation Departmental Notes dated 11/18/2022 at 3:30 PM, revealed, .Called to floor per CN [Charge Nurse] r/t [related to] resident c/o [complaints of] pain to R [right] arm. Arm noted with bruising that had previously been noted and observed. ROM [range of motion] limited to fingers and pain upon touch .Resident returned to facility from [Named Medical Center] with Xray report noting displaced fracture of R humerus . Review of the Nurses Notes dated 11/18/2022, revealed .Called to residents [Resident #1] room pe CN [Charge Nurse] Resident c/o pain to R arm R arm noted with bruising that had previously been reported/observed. Noted with [arrow pointing down[decrease] in ROM to arm . Resident #1 presented with complaints of pain and bruising to right upper arm on 11/10/2022, and on 11/18/2022 Resident #1 had an X-ray of the right upper arm/shoulder due to pain and a decline in range of motion that revealed a right humerus fracture. The facility was unable to provide an investigation to determine the cause of the injuries until 11/18/2022, at which point the facility was also unable to provide the education and training material provided to staff. Review of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445518	A. Building B. Wing	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waynesboro Post Acute & Rehabilitation	104 J V Mangubat Drive Waynesboro, TN 38485

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445518	A. Building B. Wing	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waynesboro Post Acute & Rehabilitation	104 J V Mangubat Drive Waynesboro, TN 38485

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the policy review, Electronic Medical Record (EMR) Provider Transition Checklist memo review, Administrator's email, medical record review, and interview, the facility failed to maintain access and availability to resident's medical records for 10 of 10 (Resident #1, #3, #5, #6, #7, #8, #9, #10, #11, and #12) sampled residents reviewed for medical records prior to 6/18/2024. The findings include: 1. Review of the RETENTION OF MEDICAL RECORDS, policy dated 10/1/2021, revealed .Medical records shall be retained by the facility in accordance with current applicable federal and state laws.Medical records of discharged residents will be retained for period required by State law.Six years from the date of discharge when there is no requirement in State law. Review of the undated facility policy titled, Resident Rights, revealed .The Facility shall protect and promote the rights of each Resident, including each of the following rights.The Resident or Legal Representative has the right, upon oral or written request, to access all records pertaining to himself or herself, including clinical records. Review of the undated [Named EMR Provider]Transition Checklist, memo, revealed, .Unfortunately, we were notified yesterday [5/28/2024] that we will not be given continued access to [Named EMR] after [Named Company] takes ownership on 6/1/2024 You will be documenting fully on paper starting at midnight on 6/1/2024 through 7/16/2024.The full clinical module of [Named EMR Provider] will be completed on 7/16/2024.Ensure all staff know they can't document in [Named EMR].6/1/2024. Review of a facility provided email dated 10/13/2025 at 9:13 AM, revealed the Administrator wrote an email to the previous owners of the facility. The email stated, .State surveyors have come to [Named Facility] on a complaint from before our transition. They are asking for access to [Named EMR] as this was the EMR that was used during this time. Review of the reply email dated 10/13/2025 at 9:27 AM, from Chief Executive Officer (CEO) E stated, Unfortunately [Named EMR] no longer exists. [Named EMR] shut down nothing we can do about that. 2. Review of the medical record review revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Hypertension, Chronic Pain Syndrome, Heart Failure and Anxiety. Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 00, which indicated Resident #1 was severely cognitively impaired. The facility was unable to access or provide medicals record for Resident #1 prior to 6/18/2024. 3. Review of the medical record review revealed Resident #3 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Fall, Chronic Kidney Disease, and Cardiomegaly (an enlarged heart). Review of the significant change status MDS dated [DATE], revealed Resident #3 had a BIMS score of 13, which indicated Resident #3 was cognitively intact. The facility was unable to access or provide medicals record for Resident #3 prior to 6/18/2024 4. Review of the medical record review revealed Resident #5 was admitted to the facility on [DATE], with diagnoses including Schizophrenia, Heart Disease, Anxiety, and Encephalopathy. Review of the quarterly MDS dated [DATE], revealed Resident #5 had a BIMS score of 15, indicating Resident #5 was cognitively intact. The facility was unable to access or provide medicals record for Resident #5 prior to 6/18/2024. 5. Review of the medical record review revealed Resident #6 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Parkinson's Disease, Hypertension, and Dysphagia. Review of the annual MDS dated [DATE], revealed Resident #6's BIMS score was not assessed. The facility was unable to access or provide medical records for Resident #6 prior to 6/18/2024. 6. Review of the medical record review revealed Resident #7 was admitted to the facility on [DATE], with diagnoses including Heart Failure, Guillain-Barre Syndrome and Acute Kidney Failure. Review of the significant change of status MDS dated [DATE], revealed Resident #7 had a BIMS score of 15, which indicated Resident #7 was cognitively intact. The facility was unable to access or provide medical records for Resident #7 prior to 6/18/2024. 7. Review of the medical record review revealed Resident #8 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Chronic Obstructive Pulmonary Disease, Diabetes, and Atrial Fibrillation. Review of the admission MDS dated [DATE], revealed Resident #8 rarely/never understood. The facility was unable to access or provide, medical records for Resident #8 prior to 6/18/2024. 8. Review of the medical record review revealed Resident #9 was admitted to the facility on [DATE] with diagnosis including Diabetes, Guillain-Barre Syndrome, Peripheral Vascular Disease, Diabetes and Depression. Review of the quarterly MDS dated [DATE], revealed Resident #9's BIMS score was not assessed. The facility was unable to access or provide, medical records for Resident #9 prior to 6/18/2024. 9. Review of the medical record review revealed