STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445522	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Memphis A Rehabilitation & Nursing Ctr	6500 Kirby Gate Boulevard Memphis, TN 38119

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to thoroughly investigate an allegation of 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 PREVENTION PROGRAM, dated 10/22/2022, revealed .It is the policy of this facility to prevent resident abuse, neglect, mistreatment and misappropriation of resident property. Each resident receives care and services in a person-centered environment in which all individuals are treated as human beings .Investigation .Any incident or allegation involving abuse or mistreatment will result in an abuse investigation .For any incident involving suspicion of abuse, neglect, or mistreatment, the Administrator or person appointed by the Administrator will gather facts prior to making a determination to conduct an abuse investigation .The final investigation report will be completed within the required timeframe allowed by Tennessee Department of Health .The final report shall include facts determined during the process of the investigation .The final investigation shall also include a conclusion of the investigation based on known facts . 2. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Sepsis, Protein-Calorie Malnutrition, Dementia, Contracture (a condition of hardening and shortening of tendons, muscles or other tissues, leading to possibly rigidity of joints and deformity) of Right Knee, Contracture of Left Knee, Dysphagia,(swallowing difficulties) and Altered Mental Status. Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) assessment score of 2 which indicated Resident #1 was severely cognitively impaired. Resident #1 was dependent on staff to perform Activities of Daily Living (ADLs) and had impairment in bilateral upper and lower extremities. (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
	445522	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Memphis A Rehabilitation & Nursing Ctr	6500 Kirby Gate Boulevard Memphis, TN 38119

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	Review of the nursing progress notes revealed, .5/9/2025 .Pt [patient] confused at this time grabbing for things and speaking incoherently .5/15/2025 .Midline [a type of intravenous access inserted in a vein in the upper arm to provide fluids] placed .to right arm .5/17/2025 .Vitals wnl [within normal limits] Midline noted to Rt [right] Forearm, patent flushes easily .5/18/2025 .Midline to the RUE [right upper extremity]. Patent and free of infiltration .5/19/2025 .Midline to the RUE. Patent and free of infiltration .5/19/2025 .Writer was asked to assist the nursing aide with repositioning resident. Upon arrival to room, resident was observed hold aide tightly by the shirt. Resident was educated on the harm it would cause on himself. The resident then proceeded to snatch his arm from the aide .5/21/2025 . new order X-Ray to R [right] [NAME] [shoulder] d/t [due to] pain .Discontinue midline .5/22/2025 .Late entry for 5/22/25 [2025] .Per physician's order, midline removed at this time. Writer noticed edema to right extremity and that resident groaned and moaned out in pain when arm touched. Midline removed at this time with no issues, tip still intact .Writer noticed no visible bruising to extremity .5/22/2025 .Radiology results for right shoulder .There is no bone abnormality to suggest a displaced fracture. There is an anterior dislocation of the humerus .CONCLUSION: anterior dislocation. Order placed to send patient to hospital for evaluation . Review of the Physician/Practitioner Progress Notes revealed, .5/10/2025 Contractures present to multiple extremities. Normal range of motion. No tenderness .swelling .of both rt/lt [right/left] arms and hands . 5/12/2025 .swelling .of both rt/lt arms and hands .5/15/2025 Swelling .both rt/lt [right/left] arms and hands . 5/16/2025 .swelling of .both rt/lt arms and hands .5/19/2025 .swelling of .both rt/lt arms and hands .5/20/2025 .swelling of .both rt/lt arms and hands .5/21/2025 . swelling of .both rt/lt arms and hands .5/22/2025 .swelling of .both rt/lt arms and hands . Review of the facility investigation revealed the following: a. A handwritten statement by the Assistant Director of Nursing (ADON) for Certified Nursing Assistant (CNA) M dated 5/22/2025. b. A handwritten statement by the ADON for CNA N dated 5/23/2025. c. A typed timeline dated 5/21/22 (2025) through 5/22/2025. Review of the facility timeline provided by the Administrator dated 5/21/22 (2025) through 5/22/2025, revealed .CNA statements .Licensed Practical Nurse [LPN] Statements .Registered Nurse placing Midline [statement]: Reported to me that she did not require any assistance when placing his [Resident #1's] Midline . stated .usually document if .request assistance from staff or if the resident is combative usually document it and she did not have any issues with him .Conclusion: Based on the investigation, it was determined that the manipulation of the right extremity was dislocated during the placement of the midline . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445522	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Memphis A Rehabilitation & Nursing Ctr	6500 Kirby Gate Boulevard Memphis, TN 38119

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	During a telephone interview on 6/24/2025 at 12:10 PM, the ADON was asked did Resident #1 have any swollen limbs, including bruises. The ADON stated, .on admission [Named LPN A] noted edema to his right arm .no bruising . The ADON was asked did the resident complain of pain. The ADON stated, .I pulled his midline out .he arm was really swollen .it was IV [intravenous therapy-a tube inserted in a vein to provide fluids into the bloodstream] .didn't look like it had infiltrated [when fluid administered through an IV line leaks out of the v in and into the surrounding tissue] right upper inside of his arm .when I raised his arm up to put on a pillow is when he made a facial grimace .the family requested the x-ray .told the Nurse Practitioner they thought his arm was dislocated . The ADON confirmed that the x-ray showed Resident #1 had a dislocated shoulder. The ADON was asked what happened to his shoulder. The ADON stated, .I'm going to be honest I don't know . The ADON confirmed she had talked to RN L who had placed Resident #1's midline. The ADON stated, .if they [residents] are combative or having a hard time with the resident, will ask for assistance with staff, but she said she didn't need it with him .he was a little fellow . the way his midline was placed, would have to turn his arm around she may had put her hand on his shoulder to get in place .I had to turn his arm up .the day I took his midline out was the first day I ever saw him . During a telephone interview on 6/24/2025 at 3:36 PM, RN L who had placed Resident #1's midline was asked if the surveyor could read her statement that she gave to the ADON on 5/22/2025. RN L said that she had not spoken to anyone from the facility since she left the facility after she put in Resident #1's midline. RN L stated, I remember him [referring to Resident #1] .midline right brachial [major blood vessel of the upper arm] attempted one time . RN L said she didn't remember him (Resident #1) being in pain or screaming out. RN L was asked did she have to manipulate his right arm to put in the midline and when she left did, she have any concerns that she had dislocated his right shoulder. RN L stated, No, absolutely not . During a telephone interview on 6/25/025 at 12:25 PM, the Certified Occupational Therapist Assistant (COTA) confirmed he did some of Resident #1's therapy 4 or 5 times a week and that his arms were not contracted. The COTA stated, .tried to maintain what he had .range of motion for his upper extremities . During a telephone interview on 6/25/2025 at 2:21 PM, the Medical Director was asked what he thought happened to Resident #1's right shoulder. The Medical Director stated, .don't know what happened .he didn't fall .he was bed bound .it is possible he came to us with that injury . During a telephone interview on 6/25/2025 at 5:16 PM, LPN F stated, .I put in the order for the midline .I went on break and when I came back, it [referring to the midline placement] was done .I went and checked on him [Resident #1] he was baseline the same as when he got here . LPN F confirmed she didn't see any concerns with the midline placement. During an interview on 6/27/2025 at 1:13 PM, the ADON confirmed she did not complete a written statement. The ADON stated, .the day I removed his [Resident #1] midline was the first day I had ever laid eyes on the man . The ADON was informed that [Named RN L] who had placed Resident #1's midline stated that she never talked to anyone from the facility after she had left the facility. The ADON was asked how she had spoken to RN L, who placed Resident #1's midline, because the company RN L worked for stated they do not give out employee's telephone numbers. The ADON stated, .I don't know how they did it .somehow she was on the phone . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445522	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Memphis A Rehabilitation & Nursing Ctr	6500 Kirby Gate Boulevard Memphis, TN 38119

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	During a telephone interview on 6/27/2025 at 2:50 PM, the Administrator confirmed he based his outcome that Resident #1's dislocated shoulder was caused by the RN (L) who had placed the midline on 5/15/2025, on the ADON's statement. The Administrator stated, .the way it was expressed .per the ADON, she said his [referring to Resident #1] arm would have to be pushed back . The Administrator acknowledged that he now wasn't sure how Resident #1 had dislocated his right shoulder. The Administrator stated, .there are other grounds or facts that he is swinging .swatting at staff while giving care and was admitted to us with swollen extremity, it very well could be during his behavior his dislocation could have been from that .family made the statement that it is dislocated [referring to Resident #1's right shoulder] they were sure .they could have done it themselves . The Administrator was asked if he should have done a thorough investigation on Resident #1's dislocated right shoulder. The Administrator stated, .I would have a clearer picture .I would say a more extensive investigation of the matter would have helped . The facility was unable to provide a written statement from the ADON, statements from nursing staff who provided care to Resident #1, or staff education following Resident #1's injury of unknown origin. The facility provided two statements only from CNA staff. The investigation included a statement from RN L documented by the ADON; however, RN L denied that she had spoken to anyone from the facility about the incident. RN L denied any concerns with the placement of the midline.