

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445522	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/18/2026
NAME OF PROVIDER OR SUPPLIER  Waters of Memphis A Rehabilitation & Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<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 facility policy review, 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 Registered Nurse (RN) using another RN's (RN C) Tennessee license. Imposter Nurse A was hired on 02/21/2025 and worked at the facility from 02/25/2025 to 04/23/2025. The findings include: Review of a facility policy title Abuse Program Policy dated 05/15/2023, revealed .Pre-employment Screening of Potential Employees.Prior to a new employee starting a working schedule.Obtain a copy of the state license of any individual being hired for a position.Complete a criminal background check per state statute on all new hires. Review of an Application for Employment dated 02/05/2025, revealed a Social Security Number (SSN) block was scratched out and a SSN was printed above the block that did not match the I-9 (Employment Eligibility Verification) form and a birth date that did not match the I-9 form. Review of the Background Screening Report dated 02/17/2025, revealed the SSN and the birthdate did not match the SSN and the birthdate listed on the I-9 (Employment Eligibility Verification) form. A note on the background check revealed, .UNABLE TO VALIDATE SSN. Review of a W-4 form dated 02/21/2025, revealed a SSN that did not match the background check. Review of the I-9 form used to verify the identity and legal authorization of individuals hired for employment in the United States dated 02/24/2025, revealed Imposter Nurse A's legal first and last name, along with a copy of her Social Security Card issued on 04/12/2022 and a valid Driver's license from the State of Tennessee. The birthdate listed on the I-9 form was different than the birthdate listed on the background check for Imposter Nurse A. Review of the personnel file for Imposter Nurse A revealed no evidence that an Abuse registry check was done prior to hire. Review of the Time Card for Imposter Nurse A for February 2025, revealed she worked in this facility on February 21, 25, 26, 27, and 28. Review of the Time Card for Imposter Nurse A for March 2025, revealed she worked in this facility on March 1, 2, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 19, and 23. Review of the Personnel Change Form dated 04/23/2025, revealed .TERMINATION.Voluntary - Reason: unable to uphold weekend schedule obligations.Last Day Worked, 3/23/25. Review of a QuickConfirm License Verification Report dated 10/02/2025, revealed the last name on the validated license did not match Imposter Nurse A's last name. There was no evidence in Imposter Nurse A's personnel file that a License Verification was done prior to the hire date of 02/25/2025. During an interview on 10/02/2025 at 9:15 AM, the Director of Nursing (DON) confirmed Imposter Nurse A worked in the facility in February and March, 2025 as a Unit Manager but kept coming in when she wanted. That was addressed and she just quit coming in to work. During an interview on 10/02/2025 at 10:10 AM, the Human Resource (HR) Representative confirmed Imposter Nurse A was a walk-in and did not provide a resume. During an interview on 10/02/2025 at 11:48 AM, the Administrator confirmed the HR Department in house does all the checks that included ordering the background checks. The Administrator stated that Corporate is a back-up for this process. There was no evidence that the facility questioned the differences in names, birth dates, or Social Security Numbers on the pre-employment forms submitted by Imposter Nurse A. Imposter Nurse A was hired as a Registered Nurse to render nursing services, and she was only terminated for a voluntary termination. The facility employed an unqualified person.</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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