STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445523	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellpark Health and Rehabilitation	7512 Middlebrook Pike Knoxville, TN 37909

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview and facility document review, the facility failed to electronically submit an accurate Payroll-Based Journal (PBJ) (staffing information for all employees in the nursing home based on payroll data submitted on a quarterly schedule) timely to the Centers for Medicare and Medicaid Services (CMS) for 1 (first quarter) 1 quarter reviewed for fiscal year 2026.Findings included: The facility's PBJ Staffing Data Report for the first quarter (October 1 through December 31) fiscal year 2026 indicated the facility failed to submit the PBJ report for the quarter. The CMS Submission Report PBJ Final File Validation Report, dated 02/14/2026 at 1:16 AM, regarding the first quarter of fiscal year 2026, indicated one file was processed and was rejected due to an employee's identification not matching an identification in the PBJ system. The report revealed, If a match cannot be found, the PBJ submission file will be rejected. During an interview on 04/30/2026 at 12:21 PM, the Executive Director (ED) stated the facility's PBJ report was submitted by a contracted service center. During a telephone interview on 04/30/2026 at 1:44 PM, the Operations Resource Staff with the contracted service center stated the first quarter fiscal year 2026 PBJ data was due 02/14/2026 but it was rejected by CMS for a discrepancy with an employee and the reported hours for the associated employee. During an interview with the ED on 05/01/2026 at 3:02 PM, the ADM stated that the PBJ data was submitted on time but is inaccurate due to a small clerical error. He stated they were unable to resubmit it due to it being past the deadline. The ED stated he expected the PBJ report to be submitted accurately and in a timely manner.

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
	445523	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellpark Health and Rehabilitation	7512 Middlebrook Pike Knoxville, TN 37909

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. Based on observation, interview, facility document and policy review, the facility failed to protect residents' personal information for 2 (halls 100 and 400) of 4 halls. Findings included: A facility policy titled, HIPAA Compliance Policy and Procedure, last reviewed in 01/2026, indicated, All staff, volunteers, and vendors must not disclose any medical information about a resident, either, verbally, written, or electronically. An observation on 04/28/2026 at 4:32 AM revealed a phlebotomist approached the nurses' station, opened a laboratory binder, and obtained a piece of paper. The phlebotomist left the laboratory binder open on top of the nurses' station when he walked away to start to obtain the venipunctures (blood draws). The document titled, iPowerDoc Daily Log, dated 04/28/2026 to 04/28/2026, remained visible in the open binder on top of the nurses' station and revealed resident names, room numbers, and laboratory tests to be completed. An observation on 04/28/2026 at 4:36 AM, revealed a clipboard placed in the upright position on the ledge of the nurses' station that included an undated document titled, Daily Report, which contained confidential information for residents that resided on the 400 hall. The information included code status, transfer status, continence status, resident names, and room numbers. An observation on 04/28/2026 at 4:43 AM, revealed two pieces of paper lying in a chair in the front lobby entrance near the front door of the facility. The undated paper, titled, Daily Report, contained confidential information for residents that resided on the 100 hall. The information included code status, transfer status, continence status, resident names, and room numbers. An observation on 04/28/2026 at 4:54 AM revealed a daily report sheet for the 400 Hall remained visible on top of the ledge at the nurses' station and a daily report sheet for the 100 Hall remained visible in a chair in the lobby area near the front door of the facility. During an interview on 04/28/2026 at 4:56 AM, License Practical Nurse (LPN) #2 stated the daily report sheets for the 100 Hall and 400 Hall that were left visible were provided to Certified Nursing Assistant (CNA) #3 during her shift on 04/27/2026. LPN #2 stated that when CNA #3 left, LPN #2 should have collected the documents from CNA #3, because they contained information that was considered protected. LPN #2 stated that the laboratory order sheet should have been left in the flagged position with the binder closed. During an interview on 04/30/2026 at 3:27 PM, the Director of Nursing (DON) stated that the daily report sheets should have been covered or in a staff member's possession and shredded at the end of their shift. The DON stated the daily report sheet should not have been lying in a lobby chair nor on the top of the nurses' station, and the laboratory binder should have been closed when not in use. During an interview on 04/30/2026 at 3:37 PM, the Executive Director (ED) stated that both the daily report sheets and the laboratory document contained protected health information and should have been secured.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445523	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellpark Health and Rehabilitation	7512 Middlebrook Pike Knoxville, TN 37909

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview, record review, and facility policy review, the facility failed to develop a care plan to address the use of an anticoagulant for 1 (Resident #59) of 2 residents reviewed for care plan concerns. Findings included: A facility policy titled, Comprehensive Person-Centered Care Planning, reviewed in 01/2026, indicated, It is the policy of this facility that the interdisciplinary team (IDT) shall develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychological needs that are identified in the comprehensive assessment. The IDT will also develop and implement a baseline care plan for each resident, within 48 hours of admission, that includes minimum healthcare information necessary to properly care for each resident and instructions needed to provide effective and person-centered care that meet professional standards of quality care. A Face Sheet revealed the facility admitted Resident #59 on 08/06/2025. A 5-day Minimum Data Set (MDS), with an Assessment Reference Date of 08/12/2025, revealed Resident #59 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition. The MDS indicated the resident had hip replacement and was taking an anticoagulant. Resident #59's Order Summary Report dated 08/01/2025 through 08/31/2025, contained an order dated 08/06/2025 for apixaban (an anticoagulant) 2.5 milligrams (mg) by mouth two times a day for anticoagulation post-surgery until 08/27/2025. Resident #59's Care Plan Report did not indicate the use of an anticoagulant. During an interview on 05/01/2026 at 9:55 AM, the Minimum Data Set (MDS) Coordinator stated she expected there to be a care plan for the use of apixaban because it was an anticoagulant with black box warnings. She stated she expected a care plan to indicate the black box warning; why the resident was taking the medication; interventions to include administering the medications as ordered, report adverse reactions such as bruising or bleeding, and report complications to the physician; list of potential complications; skin inspections; and lab monitoring as ordered. She stated Resident #59 was receiving an anticoagulant and did not have a care plan for the use of the anticoagulant. During an interview on 05/01/2026 at 11:39 AM, the Director of Nursing (DON) stated that the MDS Coordinator and the DON had ultimate oversight to ensure anticoagulant therapy was on the care plan. She stated Resident #59 did not have a care plan for the use of an anticoagulant and should have because the resident used an anticoagulant. She stated her expectation was that anticoagulant therapy was on a care plan. During an interview on 05/01/2026 at 2:07 PM, the Executive Director stated he expected a comprehensive care plan to be completed for all required resident concerns.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445523	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellpark Health and Rehabilitation	7512 Middlebrook Pike Knoxville, TN 37909

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy review, the facility failed to ensure a physician order was in place for a non-invasive mechanical CPAP (Continuous Positive Airway Pressure) ventilator for 1 (Resident #66) of 2 residents reviewed for respiratory care. Findings included: A facility policy titled, Physician Orders, reviewed in 01/2026, indicated, It is the policy of this facility to accurately implement orders in addition to medication orders (treatment, procedures) only upon the order of a person duly licensed and authorized to do so in accordance with the resident's plan of care. A Face Sheet revealed the facility admitted Resident #66 to the facility on [DATE]. A 5-day Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/21/2025, revealed Resident #66 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. Obstructive sleep apnea was included as an active diagnosis on the resident's MDS. Resident #66's LN [Licensed Nurse]- Daily Skilled, dated 06/20/2025 at 1:41 AM, signed by Licensed Practical Nurse (LPN) #2, revealed documentation that the resident was compliant with CPAP therapy. Resident #66's LN- Daily Skilled, dated 06/21/2025 at 12:59 AM, signed by LPN #2, revealed documentation that the resident was compliant with CPAP therapy. Resident #66's Order Recap [Recapitulation] Report, dated 06/01/2025 through 06/30/2025, did not include an order for the use of a CPAP machine. During an interview on 04/29/2026 at 1:30 PM, LPN #4 stated she completed Resident #66's nursing admission assessment on 06/19/2025. LPN #4 acknowledged she missed the use of the CPAP machine on the assessment and therefore missed obtaining a physician's order for the use of the device. She stated she was unsure how she missed it. During an interview on 04/30/2026 at 9:23 AM, LPN #2 stated she recalled Resident #66 used a CPAP machine at night; however, because she did not admit the resident to the facility, she did not verify the resident had a physician order for the use of the CPAP. During an interview on 05/01/2026 at 12:15 PM, the Nurse Practitioner stated if a resident arrived at the facility with a CPAP device and did not have orders, then a nurse should notify him, and he would order the use of the CPAP machine at the resident's home settings. During an interview on 05/01/2026 at 2:00 PM, the Director of Nursing (DON) reviewed Resident #66's daily skilled notes dated 06/20/2025 and 06/21/2025 and confirmed the notes indicated the resident was compliant with use of a CPAP machine. The DON stated Resident #66 should have had a physician's order for use of the CPAP machine. During an interview on 05/01/2026 at 3:15 PM, the Executive Director stated he deferred his expectation to the DON related to respiratory care and the use of a CPAP machine.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445523	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellpark Health and Rehabilitation	7512 Middlebrook Pike Knoxville, TN 37909

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 - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview, record review, and facility policy review, the facility failed to ensure the correct resident's name was used in a comprehensive care plan for 1 (Resident #59) of 18 residents reviewed for care plans. Findings included: A facility policy titled, Documentation and Charting, dated 01/2026, indicated, It is the policy of this facility to provide, and 5. Assistant in the development of a Plan of Care for each resident. A Face Sheet revealed the facility admitted Resident #59 on 08/06/2025. A 5-day Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/12/2025, revealed Resident #59 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition. The MDS revealed Resident #59 had an active diagnosis of a hip fracture. Resident #59's Care Plan Report included a focus area, initiated 08/07/2025, that indicated the resident had a potential for alteration in diversional activities related to a preference to initiate activities of choice independently. Interventions directed staff to: invite and encourage group activities for [Name, not Resident #59's name, preferred name, or nickname] (initiated 08/07/2025); [Name, not Resident #59's name, preferred name, or nickname] could propel their wheelchair independently; and encourage [Name, not Resident #59's name, preferred name, or nickname] to go outside for fresh air when the weather was good (initiated 08/07/2025). During an interview on 04/29/2026 at 3:52 PM, the Activities Director (AD) stated she was responsible for initiating activities care plans, and if the activities assistant initiated the care plan, then the AD was responsible for reviewing it. The AD stated she did not know how the name [Name, not Resident #59's name, preferred name, or nickname] became part of Resident #59's care plan. During an interview on 05/01/2026 at 9:55 AM, the Minimum Data Set (MDS) Coordinator stated Resident #59's care plan was not accurate because it used [Name, not Resident #59's name, preferred name, or nickname]. The MDS Coordinator stated that when she reviewed the care plan, if she had noticed [Name, not Resident #59's name, preferred name, or nickname] then she would have changed it. During an interview on 05/01/2026 at 12:33 PM, the Director of Nursing (DON) stated the use of the name [Name, not Resident #59's name, preferred name, or nickname] in Resident #59's care plan was a typo [typographical error] The DON stated that her expectation was that there were never typos. During an interview on 05/01/2026 at 2:33 PM, the Executive Director (ED) stated the name [Name, not Resident #59's name, preferred name, or nickname] was not accurate. The ED stated his expectation was that the correct name, nickname, or preferred name was used throughout a care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445523	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellpark Health and Rehabilitation	7512 Middlebrook Pike Knoxville, TN 37909

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, record review, and facility document and policy review, the facility failed to ensure staff donned the recommended personal protective equipment (PPE) when providing incontinence care for 1 (Resident #8) of 5 residents reviewed for infection control. Specifically, Certified Nursing Assistant (CNA) #1 failed to don a gown when providing incontinence care to Resident #8, who required Enhanced Barrier Precautions (EBP). Findings included: A facility policy titled, Process: Enhanced Barrier Precautions, reviewed 01/2026, indicated, Staff will follow CDC [Centers for Disease Control and Prevention] guidelines for PPE use. Facility signage, produced by the CDC and titled Enhanced Barrier Precautions indicated, Providers and staff must also: Wear gloves and a gown for the following High-Contact Resident Care Activities. Dressing Bathing/Showering Transferring Changing Linens Providing Hygiene Changing briefs or assisting with toileting Device care or use: central line, urinary catheter, feeding tube, tracheostomy Wound care: any skin opening requiring a dressing. A Face Sheet indicated the facility admitted Resident #8 on 04/07/2026. According to the Face Sheet, the resident had a medical history that included diagnoses of a displaced fracture of the right femur, infection and inflammation of the right knee prosthesis, bacteremia (bacteria in the bloodstream), and cognitive communication deficits. An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/07/2026, revealed Resident #8 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated the resident had moderate cognitive impairment. The MDS indicated the resident was always incontinent of bowel and bladder. Resident #8's Care Plan Report included a focus area, revised 04/09/2026, that indicated the resident had an infection of the right knee prosthesis and took intravenous antibiotics. Interventions directed staff to use EBP. Resident #8's Order Summary Report, with active orders as of 05/01/2026, included an order, started 04/12/2026, that indicated, Enhanced Barrier Precautions: PPE required for high resident contact care activities. Indication: implanted IV [intravenous] access/Wounds every shift. An observation on 04/28/2026 at 4:08 AM revealed that Resident #8 was lying in bed yelling for help, and EBP signage was posted outside the resident's room door. An observation on 04/28/2026 at 4:15 AM revealed Certified Nursing Assistant (CNA) #1 entered Resident #8's room, and the resident requested incontinence care. The observation revealed CNA #1 performed hand hygiene, donned a pair of clean gloves, and positioned herself at the resident's bedside with her body touching the resident's bed. The observation revealed CNA #1 completed incontinence care and placed a clean brief on Resident #8. The observation revealed CNA #1 did not don a gown prior to providing Resident #8's incontinence care. During an interview on 04/28/2026 at 6:46 AM, CNA #1 revealed she had been informed at the start of her shift on which residents in the facility required EBP and the PPE needed. CNA #1 stated she did not notice the EBP signage when entering Resident #8's room and verified she only used gloves when completing the resident's incontinence care. CNA #1 stated she had been educated to don PPE prior to entering rooms for residents on EBP. During an interview on 04/30/2026 at 3:27 PM, the Director of Nursing (DON) stated she served the facility as the Infection Preventionist (IP) and had educated staff to wear a gown and gloves when providing direct patient care to residents on EBP. The DON stated CNA #1 should have donned a gown when completing Resident #8's incontinence care. During an interview on 04/30/2026 at 3:37 PM, the Executive Director (ED) stated staff should wear a gown and gloves when they enter a resident's room to provide care for residents on EBP. The ED stated CNA #1 should have worn a gown and gloves when providing incontinence care for Resident #8.