

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2025
NAME OF PROVIDER OR SUPPLIER  Quince Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  6733 Quince Road 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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</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
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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on policy review, medical record review, and interview the facility failed to protect the Residents' right to be free from neglect when they failed to provide necessary care and services to meet the needs of the Residents for 2 of 5 (Resident #3 and #4) sampled residents reviewed for a change in mental status. Resident #3, a vulnerable Resident with severe cognitive impairment, experienced seizure activity on [DATE], and staff failed to perform neurological (neuro) assessments and monitor the Resident after a seizure. On [DATE], Resident #3 experienced a change in condition including vomiting, increased lethargy, changes in speech, gurgling respirations, and subsequently became unresponsive to verbal and tactile stimulation. Resident #3 was hospitalized on [DATE] with diagnosis of an intraparenchymal hemorrhage (a bleed on the brain) and subsequently expired on [DATE]. The facility's failure to perform neuro assessments and monitoring after a seizure on [DATE] and a change in condition on [DATE], resulted in Immediate Jeopardy for Resident #3. The facility failed to obtain a Urinalysis (UA) with culture and sensitivity (C&amp;S) ordered on [DATE] for Resident #4, who was experiencing hematuria (bloody urine). Three days later, on [DATE], the UA with C &amp; S was obtained. On [DATE], Resident #4 was unable to be aroused and unresponsive to verbal and tactile stimulation. Resident #4 was hospitalized with metabolic encephalopathy (a disorder that affects brain function) and Leukocytosis (elevated white blood cell count caused by infections). Immediate Jeopardy (IJ) (a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) was identified related to the facility's failure to use its resources effectively to attain and maintain the highest practicable well-being of vulnerable residents, to ensure systems and processes were implemented to provide supervision and assistance to ensure the resident environment was free of neglect. The Administrator was notified of the Immediate Jeopardy (IJ) at F-600 on [DATE] at 3:42 PM, in the Administrator's office. The facility was cited at F-600 at a scope and severity of J which is Substandard Quality of Care. The IJ began on [DATE] through [DATE], the IJ was removed on [DATE]. A partial extended survey was conducted on [DATE] through [DATE]. An acceptable Removal Plan, which removed the immediacy of the Jeopardy, was received on [DATE] at 12:17 PM, with an alleged removal date of [DATE]. The Removal Plan was verified and validated onsite by the surveyor on [DATE] through review of the in-service training records and audits, review of the facility's policy, observations, and staff interviews. The last day of the IJ was [DATE]. The IJ was removed on [DATE]. The facility's non-compliance at F-600 continues at a scope and severity of D for monitoring the effectiveness of the corrective actions. The facility is required to submit a Plan of Correction. The findings include: 1. Review of the undated facility policy titled, Abuse Prevention, revealed .Abuse .includes the deprivation by an individual, including a caretaker of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being .Neglect .A failure of the facility, its employees, or service providers to provide goods and services necessary to avoid physical harm, mental anguish, emotional distress, or pain .Employ trained, qualified, registered, licensed and certified staff on each shift to meet the needs of the resident . Review of the undated facility policy titled, Neurological Evaluations, revealed .It is the policy of this facility to perform a neuro vital sign evaluation when indicated by resident condition.Perform neurological checks.and document on the Neurological Evaluation Flow Sheet.Determine state of consciousness.Check all three spheres (person, place , time) and observe speech pattern.Take temperature, pulse, respirations and blood pressure.Check pupil reaction. Darken room. Open eyelid with your fingertips. Turn on flashlight and observe size and reaction of pupil. Repeat for the other eye. Determine motor ability.Determine sensation in extremities.Document additional findings in the Progress Notes. Review of the undated facility policy titled, Laboratory Tests, revealed .Lab tests are completed as ordered by the physician or physician extender .Responsibility .All licensed Nursing Personnel monitored by Director of Nursing .The Licensed Nurse .shall obtain the labs ordered by the physician or physician extended .Any newly ordered labs needing immediate attention will be added to the Lab Scheduling/Tracking form on each unit. The lab will be obtained as ordered . 2. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses including Hypertension, Cerebrovascular Accident, Dementia, and Seizure Disorder. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) assessment was not performed due to Resident #3 was severely cognitively impaired. Resident #3 received an antinplatelet medication (a drug that prevents</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>(continued on next page)</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on policy review, job description review, orientation checklists, record review, and interview, the facility failed to ensure that licensed nurses had the appropriate competencies and skill sets to detect changes in a resident's condition, perform neurological assessments, and monitor a resident after a change in condition for 1 of 5 (Residents #3) sampled residents. The findings include: 1. Review of the undated facility policy titled, Neurological Evaluations, revealed .It is the policy of this facility to perform a neuro [neurological] vital sign evaluation when indicated by resident condition.Perform neurological checks.and document on the Neurological Evaluation Flow Sheet.Determine state of consciousness.Check all three spheres (person, place , time) and observe speech pattern.Take temperature, pulse, respirations and blood pressure.Check pupil reaction. Darken room. Open eyelid with your fingertips. Turn on flashlight and observe size and reaction of pupil. Repeat for the other eye. Determine motor ability.Determine sensation in extremities. Document additional findings in the Progress Notes. Review of the undated facility policy titled, Comprehensive Person-Centered Care Plans, revealed .Each resident will have a person-centered plan of care to identify problems, needs .and goals that will identify how the interdisciplinary team will provide care . Staff approaches are to be developed for each problem/strength/need .Assigned disciplines will be identified to carry out the intervention .Upon a change in condition, the Comprehensive Person-Centered Care Plan . will be updated . 2. Review of the Director of Nursing Services (DON) job description signed by the DON on [DATE], revealed .Responsible for the overall management of resident care 24 hours a day, seven days per week. Functions include performing a variety of duties to provide quality nursing care to residents .Perform various duties to provide quality nursing care to residents to maintain or attain the highest practical level of functioning and to coordinate total nursing care for the residents .Reviews closed charts of expired residents for the presence of appropriate documentation .Checks periodically for documentation for residents on 24 Hour Report .Establishes and maintains resident care systems .Lab [laboratory] System to verify labs are drawn timely, and in accordance with doctors [doctor's] orders . Review of the Assistant Director of Nursing Services (ADON) job description signed by the ADON on [DATE], revealed .Perform various duties to provide quality nursing care to residents to maintain or attain the highest practical level of functioning and to coordinate total nursing care for the residents which may include .Conducts periodic review to verify that the nursing requirements of each resident admitted to the Facility are reviewed and that the physician is consulted in planning resident care .Checks periodically for documentation for residents on 24-Hour Report . Checks periodically on each unit for completed MARS [Medication Administration Records] .Reviews change of condition/24-Hour Report daily .Establishes and maintains resident care systems .Infection Control System to verify residents are not at risk for infection .Lab System to verify labs are drawn timely, and in accordance to doctors orders . Review of Registered Nurse (RN) D's job description signed on [DATE], revealed .RN Charge Nurse .responsible for supervision of assigned staff and providing quality nursing care to residents to maintain or attain the highest practical level of functioning .Coordinates nursing care in accordance with Facility policies and procedures, state requirements, Department of Health regulations, and Federal Health Administration regulations .Assesses and documents residents change in condition, develops, documents, and implements appropriate nursing interventions .Responsible for accurate documentation of resident information .Immediately reports incidents of alleged resident abuse or neglect or alleged violations of residents' rights to the DON or Executive Director . Review of Licensed Practical Nurse (LPN) C's job description signed on [DATE], revealed .responsible for supervision of assigned staff and providing quality nursing care to residents to maintain or attain the highest practical level of functioning. Coordinates nursing care in accordance with Facility policies and procedures, state requirements, Department of Health regulations, and Federal Health Administration regulation .implements physician's orders .Documents residents [resident's] change in condition, develops, documents, and implements appropriate nursing interventions and notifies physician and appropriate persons as needed. Updates and maintains accurate resident files .Responsible for accurate documentation of resident . Review of RN A's job description signed on [DATE], revealed .RN Charge Nurse .responsible for supervision of assigned staff and providing quality nursing care to residents to maintain or attain the highest practical level of functioning . Coordinates nursing care in accordance with Facility policies and procedures, state requirements, Department of Health regulations, and Federal Health Administration regulations. Assesses and documents</p>		