

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2025
NAME OF PROVIDER OR SUPPLIER Legacy Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 460 Auburn Avenue N.E. Atlanta, GA 30312	

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 0574</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident has the right to receive notices in a format and a language he or she understands.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50374</p> <p>Based on observations, record review, resident and staff interviews, and review of the facility's policy titled, Language Assistance Service, the facility failed to ensure one of two sampled residents (R) (R182) with Limited English skills, was provided with resources to access and understand communications regarding his healthcare regimen.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Language Access Policy: Use of Language Line Service, dated 1/1/2025 documented under Purpose: To ensure meaningful access to healthcare services for resident with Limited English Proficiency (LEP). Under Policy: All Name of Corporation facility will provide qualified interpretation through Language Line to all resident, family members, or responsible parties who have limited English proficiency or required ASL (American Sign Language) or other communication support services. Under Procedure: 1. Identification of Language Needs: Upon admission and during care, staff will identify individuals who may need language assistance. Resident language preferences will be documented in their medical records. 2. Accessing language line: Staff can access language line via telephone, tablet, or computer. Quick reference information will be located at nursing stations and intake areas.4. Staff must document the use of Language Line in the resident's chart when identified.6. Prohibited Practices: Family members, friends, or untrained staff may not serve as interpreters for clinical or legal matters unless explicitly requested by the resident and documented, and only when appropriate.</p> <p>Review of the clinical record revealed R36 was admitted to the facility on [DATE] with a primary language documented as Tigrinya (spoken in Ethiopia).</p> <p>Review of quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) was not scored, unable to determine cognitive level, due to unclear speech. Further review revealed R136 is dependent with activities of daily living (ADLs).</p> <p>Review of the care plan dated 3/18/2025 R36 is a risk for a communication problem related to language barrier with an outcome for R36 to be able to make basic needs known on a daily basis. Interventions to anticipate and meet needs, ensure or provide a safe environment such as call lights in reach, adequate low glare light, bed in lowest position and wheel locked and avoid isolation, gestures, family supports and pen and paper when needed.</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 0574</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation/interview on 4/8/2025 at 12:58 pm with R36 revealed he was a non-English speaking and utilized pointing gesture as a form of communication. When the Surveyor tried to communicate with R36 he responded saying thank you and pointed to his bedside table. There was no form of communication noted in his room.</p> <p>During an observation on 4/9/2025 at 4:11 pm, the surveyor attempted to have a discussion with R36 and noted him using hand gestures to communicate. R36 started pointing at his leg saying the word nurse. After further conversation, R36 responded in his primary language. There was no form of communication noted in his room.</p> <p>An observation on 4/10/2025 at 8:06 am revealed R36 in his room. R36 waved and responded in a language and speech that was not identified. There was no form of communication noted in his room.</p> <p>During an interview on 4/10/2025 at 1:05 pm with a family member of R36 revealed English was not her or R36's primary language. She said, no translate when asked if she understood R36's medical care and treatment he was receiving at the facility. R36's family member was shown the admission documentation, and she nodded her head yes to being familiar with the paperwork. Continued interview with R36's family member revealed they were not able to understand some of the questions and the surveyor proceeded to utilize a language translator based of the language listed in the clinical records and she responded, thank you, thank you.</p> <p>During an interview on 4/10/2025 at 1:50 pm with Certified Nurse Assistant (CNA) RR, she revealed she worked on the fourth floor and stated they do not have a non-English speaking resident. CNA RR further stated they do not have a communication device or language line on the unit.</p> <p>During an interview on 4/10/2025 at 1:52 pm with CNA SS revealed she worked on the second floor and stated they do not have a language line or a communication device.</p> <p>During an interview on 4/10/2025 at 1:55 pm with Licensed Practical Nurse (LPN) TT, she stated she was new to the job and was not familiar with R36. She stated no one informed her during on-boarding that her floor had a non-English speaking resident. LPN TT continued to state she had not seen a language line or a communication device.</p> <p>During an interview on 4/10/2025 at 2:18 pm with the Social Worker (SW) UU revealed they have an artificial intelligence (AI) translation box for the residents. SW UU believed she had one non-speaking English resident on the fourth floor and knew there was a 1-800 language line. She stated the language telephone lines should be posted, but most people use the device to communicate. SW UU continued to state R36 understood English and will say or repeat one out of three words back in English during assessment and does head nods as communication gestures. While looking through the AI translation device, SW UU confirmed the language listed on R36's clinical record was not offered on the communication device.</p> <p>During an interview on 4/10/2025 at 3:00 pm with the Director of Nursing (DON), they revealed the staff should be aware of the language line and have access to it along with the newly implemented communication device the facility recently purchased.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50374</p> <p>Based on observations, staff interviews, and review of the facility policy titled, Cleaning and Disinfection of Environmental Surface, the facility failed to maintain clean Packaged Terminal Air Conditioner (PTAC) units for seven of 56 rooms on the third and fourth floors (Rooms 223, 227, 228, 302, 316, 317 and 323). The deficient practice had the potential to compromise the health and safety of the residents by increasing the risk of infections.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Cleaning and Disinfection of Environmental Surface dated October 2024 documented Environmental surface will be clean and disinfected according to current Center of Disease Control and Prevention (CDC) recommendations for disinfection of healthcare facilities and the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standards.</p> <p>1. An observation on 4/8/2025 at 11:11 am in room [ROOM NUMBER] revealed the PTAC unit contained a gray, thick, fuzzy debris on the front dividers of the unit.</p> <p>An observation on 4/9/2025 at 9:06 am in room [ROOM NUMBER] revealed the PTAC unit contained a gray, thick, fuzzy debris on the front dividers of the unit.</p> <p>An observation on 4/11/2025 at 9:24 am in room [ROOM NUMBER] revealed the PTAC unit contained a gray, thick, fuzzy debris on the front dividers of the unit.</p> <p>An observation on 4/8/2025 at 11:15 am in room [ROOM NUMBER] revealed the PTAC unit contained a gray, thick, fuzzy debris on the front dividers of the unit.</p> <p>An observation on 4/9/2025 at 9:07 am in room [ROOM NUMBER] revealed the PTAC unit contained a gray, thick, fuzzy debris on the front dividers of the unit.</p> <p>An observation on 4/11/2025 at 9:24 am in room [ROOM NUMBER] revealed the PTAC unit contained a gray, thick, fuzzy debris on the front dividers of the unit.</p> <p>An observation on 4/8/2025 at 12:14 pm in room [ROOM NUMBER] revealed the PTAC unit contained a gray, thick, fuzzy debris on the front dividers of the unit.</p> <p>An observation on 4/9/2025 at 9:12 am in room [ROOM NUMBER] revealed the PTAC unit contained a gray, thick, fuzzy debris on the front dividers of the unit.</p> <p>An observation on 4/11/2025 at 9:20 am in room [ROOM NUMBER] revealed the PTAC unit contained a gray, thick, fuzzy debris on the front dividers of the unit.</p> <p>An interview on 4/11/2025 at 11:00 am with the Housekeeping Director (HD) stated the maintenance department was responsible for maintaining the units but moving forwards he and maintenance will come up with a schedule together.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 4/11/2025 at 2:44 pm with the Maintenance Director revealed the responsibility was not on one sole person, but it was expected for the HD to ensure the PTAC units were clean.</p> <p>38154</p> <p>2. Observation of resident rooms beginning on 4/8/2025 at 12:43 pm revealed PTAC units with surface soil including the grills and dusty filters in rooms 223, 227, 228, and 302.</p> <p>Additional observation of resident rooms on 4/10/2025 beginning at 2:35 pm revealed the PTAC units remained soiled with dusty filters in rooms 223, 227, 228, and 302.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50272</p> <p>Based on staff interviews, record review, and review of facility's policy titled, Residents Assessments, the facility failed to document a significant change assessment upon re-admittance and change to hospice status for one resident (R) (R 104) and failed to accurately document the discharge status for one of 64 sampled residents R192. This deficient practice had the potential to affect quality of care and resident outcomes.</p> <p>Findings include:</p> <p>A review of the facility's policy titled Resident Assessments reviewed on 2/4/2025 revealed under Policy Statement: Resident Assessments will be completed upon admission, quarterly, annually and with a significant change on status.</p> <p>1. A review of the Electronic Medical Record (EMR) for R104 revealed he was admitted to the facility on [DATE] and readmitted on [DATE] with the diagnoses of but not limited to adult failure to thrive, malignant neoplasm of oropharynx and malignant neoplasm of tongue. Furthermore, R104 was admitted to the hospital on 1/2/2025.</p> <p>Review of R104's quarterly Minimum Data Set (MDS) dated [DATE] indicated in Section O (Special Treatments, Procedures, and Programs) that hospice services were not selected for the resident. Further review revealed no significant change assessment was done after R104 was admitted to hospice on 12/23/2024.</p> <p>Review of R104's physician orders with a revised date of 1/20/2025 revealed R104 was admitted to Hospice Services due to a diagnosis of tongue cancer.</p> <p>Review of R104's hospice contract revealed a date of 12/23/2024.</p> <p>Review of nurses' notes with a late entry of 12/23/2024 revealed R104 returned from the hospital and admitted to hospice services.</p> <p>2. Review of the EMR for R192 revealed he was admitted to the facility on [DATE] with the diagnoses of but not limited to dementia, congestive heart failure, delusional disorders, mental disorder, psychotic and mood disturbance and anxiety.</p> <p>Review of R104's discharge return-not- anticipated Minimum Data Set (MDS) dated [DATE] indicated discharge status to short-term general hospital.</p> <p>Review of progress notes dated 3/5/2025 revealed the facility had communication with R192's family representative regarding Personal Care Home (PCH) placement that assisted with behavioral health management.</p> <p>Review of progress notes dated 3/14/2025 stated R192 was discharged to a PCH.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R192' discharge summary instructions dated 3/14/2024 revealed R192 to be discharged to a PCH.</p> <p>An interview conducted on 4/11/2025 at 9:05 am with the MDS Manager, MDS Coordinator LL, and MDS Coordinator OO revealed that information for MDS assessments was typically gathered from a variety of sources, including documentation from nursing, rehabilitation, dietary, and nutrition departments, as well as hospital records for new admissions or readmissions. Additional information was obtained verbally from floor staff, Certified Nursing Assistants (CNA), family members during care plan meetings, through point-of-care documentation, physician progress notes, nurse practitioner notes, lab results, and direct input from the resident. The MDS Manager also noted that when contracted personnel were involved in patient care-such as hospice providers-care plans were discussed collaboratively, particularly when preparing for discharge or arranging personal care services.</p> <p>The MDS Manager stated that R104 was admitted to hospice on 12/23/2024. According to the facility census, hospice billing was stopped on 1/1/2025, and the resident re-entered the facility on 1/4/2025, still under hospice care. The MDS Manager confirmed that a progress note dated 12/23/2024 also documented the hospice admission. However, a review of the quarterly MDS assessment dated [DATE] revealed that Section O (Special Treatments, Procedures, and Programs), which pertained to hospice services, was not marked. MDS Coordinator OO, who completed the quarterly assessment, planned to capture hospice services on the next scheduled MDS in May 2025.</p> <p>The MDS Coordinator acknowledged that the omission on the 2/11/2025 assessment was an oversight and noted that this was not typical practice. The MDS Manager stated the resident was discharged to a personal care home based on available documentation. However, MDS Coordinator OO, who completed the MDS, reported that the census indicated a discharge to a hospital, and she relied only on that information when completing the MDS. The MDS Manager emphasized that it was the responsibility of staff to verify discharge destinations by cross-referencing the census with progress notes, consulting nursing staff, and raising discrepancies during clinical meetings. Failure to confirm and accurately document a resident's discharge location may lead to uncertainty about the resident's whereabouts, inaccurate records, and billing issues.</p> <p>During an interview on 4/11/2025 at 9:37 am, the Administrator stated she emphasized the importance of effective communication, stating that collaboration between nursing staff and the MDS team was essential. She noted that residents were reviewed during daily clinical meetings, and any changes in condition should be promptly identified and addressed during these discussions. She further expressed concern that, in this instance, R104 may not have been receiving all necessary care to ensure comfort.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>50374</p> <p>Based on staff interviews, record review, and review of the facility's policy titled, Care Plan Policy and Language Access Policy: Use of Language Line Service, the facility failed to follow comprehensive person-centered care plan for one of 64 sampled residents (R) (R36). The deficient practice had the potential for R36's needs to go unmet.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Care Plan Policy with a revised date 2/4/2025 documented under Policy Statement: Each resident will have a person centered plan of care to identify problems, needs, and strengths that will identify how the facility staff will provide services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Under Standard of Practice: .7. The facility must provide the resident and the representative, if applicable, with a written summary of the baseline care plan by the completion of the comprehensive care plan. The summary must be in a language and conveyed in a manner the resident and/or representative can understand. This summary must include but is not limited to: (a) the initial goals of the resident . (c) any service and treatments to be administered by the facility and personnel acting on behalf of the facility and (d) any updated information based on the details of the comprehensive care plan, as necessary.</p> <p>Review of the facility's policy titled Language Access Policy: Use of Language Line Service dated 1/1/2025 documented under Purpose: To ensure meaningful access to healthcare services for resident with Limited English Proficiency (LEP). All Name of facility owner facilities will provide qualified interpretation through Language Line to all resident, family members, or responsible parties who have limited English proficiency or required ASL (American Sign Language) or other communication support services. Under Procedure: 1. Identification of Language Needs: Upon admission and during care, staff will identify individuals who may need language assistance. Resident language preferences will be documented in their medical records. 2. Accessing language line: Staff can access language line via telephone, tablet, or computer. Quick reference information will be located at nursing stations and intake areas.4. Staff must document the use of Language Line in the resident's chart when identified.6. Prohibited Practices: Family members, friends, or untrained staff may not serve as interpreters for clinical or legal matters unless explicitly requested by the resident and documented, and only when appropriate.</p> <p>Review of the care plan dated 3/18/2025 R36 is a risk for a communication problem related to language barrier with an outcome for R36 to be able to make basic needs known on a daily basis. Interventions to anticipate and meet needs, ensure or provide a safe environment such as call lights in reach, adequate low glare light, bed in lowest position and wheel locked and avoid isolation, gestures, family supports and pen and paper when needed.</p> <p>During an interview on 4/10/2025 at 2:57 pm with the MDS LL revealed she was unaware about a communication device and that it was something that should be added to his care plan.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/11/2025 at 11:41 am with the Director of Nursing (DON) if it is on the care plan and it is indicated, then they are expected to follow the resident care.</p>

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>51853</p> <p>Based on observations, staff interview, record review, and review of the facility policy titled, Gastrostomy Tube Feeding and Monitoring Policy, the facility failed to follow physician's orders to check residual and gastrostomy tube (G-tube) placement for one of 10 residents (R) (R 243) of ten residents receiving tube feedings. The deficient practice had the potential to cause infection, poor quality of life and negative outcomes for R243.</p> <p>Findings include:</p> <p>Review of the facility policy titled Gastrostomy Tube Feeding and Monitoring Policy revised 4/16/2024 documented under Standards of Practice, Step number 1: Check physicians' orders for nutritional formula, rate of flow, flush amount, medication administration, checking for tube placement and for gastric residual.7. Check placement of feeding tube prior to feeding, medication, or flush administered by slowly injection approximately 30 ml of air through the tube and listening with stethoscope over the abdomen for a swish sound.</p> <p>Review of the electronic medical record (EMR) for R243 revealed he was admitted to the facility with diagnoses including but not limited to gastrostomy status, acute respiratory failure, seizures, encephalopathy.</p> <p>Review of the most recent admission Minimum Data Set (MDS) for R243 dated 4/4/2025 documented a Brief Interview for Mental Status (BIMS) score of 00, indicating resident had severe cognitive impairment.</p> <p>Review of the Care Plan for R243 revealed a care plan dated 3/12/2025 that documented in Section O (Special Treatments, Procedures, and Programs), monitor/document/report to MD PRN (as needed): aspiration-fever, SOB (shortness of breath), tube dislodged infection at tube site, self-extubation (removal of tracheostomy tube), Tube dysfunction or malfunction, abnormal breath/lung sounds, abnormal lab values, abdominal pain, distension, tenderness, constipation or fecal impaction, diarrhea, nausea/vomiting, dehydration. Check for tube placement and gastric/contents/residual volume per facility protocol.</p> <p>Review of the Physician orders for R243 dated 4/4/2025 documented enteral feed order, every shift Nutren 1. 5 at 55 ml/hr (milliliters per hour) hold for care. G-tube care daily. Tube checks gastric residuals if greater than 60 ml discard and hold feeding, notify physician of gastric emptying as needed. 4/4/2025 tube: check tube placement before initiation of feeding/flushing and prior to medication administration slowly inject 30 ml of air through tube every shift.</p> <p>Observation on 4/9/2025 at 9:31 am during medication administration observation, it was noted Charge Nurse-Licensed Practical Nurse (LPN) DD did not measure abdominal contents for residual or check for proper placement G-tube as ordered by physician. Charge Nurse LPN DD administered scheduled medications and flushes to R243 without proper tube placement check.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 4/9/2025 at 9:30 am with Charge Nurse LPN DD revealed he did check for residual and placement, sometimes. He confirmed he did not check during this administration.</p> <p>Interview on 4/10/2025 at 8:15 am with LPN CC revealed the first thing she did was tell the resident what she was going to do for medications. The second thing she stated to do was to check for G-tube placement. She stated she obtained a stethoscope and drew up 30 cc of air and pushed it into the G-tube and listened for the swish sound. If the resident got more than one medication, she would mix medications in a medication cup and flush with 30 cc (cubic centimeters) of water and gave medications, then flushed again with 30 cc of water. She stated to check for residual feeding in the stomach, she checked at the same time she checked for proper tube placement.</p> <p>Interview on 4/11/25 8:51 am with the Human Resource Manager revealed she received skills check-off at hire and annually and put them in the staff personnel files.</p> <p>Review of the personnel file for Charge Nurse LPN DD revealed a Medication Administration Skills Checklist dated 10/31/2024. Tube feeding not addressed directly in skills check-offs.</p> <p>Review of staff inservices provided in 2025 revealed an inservice on 3/16/2025 on medication administration, an in-service conducted on 10/10/2024 on G-Tubes, enhanced barrier precaution, tube placement, checking residuals, flushing G-tubes, and administering medications through a G-tube.</p> <p>Interview on 4/10/2025 at 10:41 am with the Director of Nursing (DON) revealed Staff Development performed random audits and observations on the floor with nurses for tube feeding. Medication Techs/Aides cannot administer tube feeding. When the facility saw a need, they implemented education.</p> <p>Interview on 4/11/2025 at 8:46 am with the DON revealed the computer-based education system did not have tube feeding training. She stated it was part of skill checkoffs that were performed by Staff Development and the Infection Control Nurse. Skills checks were done upon hire and annually.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49674</p> <p>Based on observations and staff interviews, the facility failed to ensure food items in the freezer were labeled and dated and failed to discard the item by expiration date. In addition, the facility failed to maintain sanitary conditions of the ice machine in the kitchen. The deficient practices had the potential to affect all resident receiving an oral diet.</p> <p>Findings include:</p> <p>During the initial kitchen tour of the kitchen on [DATE] at 9:08 am with the Dietary Manager (DM), the following was observed:</p> <p>The interior components of the ice machine, including the wall lining and the dispenser area, were observed to have visible black residue.</p> <p>The reach in freezer had a large box of beef stew with an expiration date of [DATE], with no expiration date or open date written on the box or a label.</p> <p>During an interview on [DATE] at 2:11 pm with DM, it was confirmed that the ice machine was in regular use for the residents and acknowledged the unsanitary ice machine. He stated mold in an ice machine poses several serious health and safety risks such as respiratory issues, foodborne illnesses and posed a risk to immunocompromised residents. He stated the Maintenance Department was responsible for the routine cleaning and servicing of the ice machine. This included adhering to scheduled cleaning to ensure a sanitary ice machine.</p> <p>During an interview on [DATE] at 1:11 pm with the Head Cook, she stated she received in-service education on the proper way to label, store and discard all food items. She also stated that the proper protocol for expired food was for the staff to discard the expired food within 3 days of expiration.</p> <p>During an interview on [DATE] at 10:12 am with Maintenance Director confirmed his staff was responsible for making sure the ice machine was cleaned and sanitized on a regular basis. He stated after each cleaning, he filled out a log that included the date, time, and what was done. Each log was located on the ice machine for anyone to review. The Maintenance Director revealed he followed the manufactures guidelines along with the facilities rules, which required the machine be deep cleaned once a month. He stated going forward, he will implement a system in which whoever cleaned the machine will check for buildup, and mold.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2025
NAME OF PROVIDER OR SUPPLIER Legacy Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 460 Auburn Avenue N.E. Atlanta, GA 30312	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50272</p> <p>Based on observations, staff interviews, and review of facility's policies titled, Water Supply, Infection and Control Committee, and Laundry and Bedding, Soiled, the facility failed to maintain a Water Management Program, failed to prevent the spread of infections by not properly securing and storing one clean linen rack of five racks, to ensure the laundry area was maintained in a clean and sanitary condition, and to disinfect a gastronomy tube (G-tube) site per physician orders for one resident (R) (R243). The deficient practices had the potential to spread infection throughout the facility.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Water Supply reviewed October 20, 2022, revealed under Purpose: To maintain a sanitary water supply and control the spread of waterborne microorganisms.</p> <p>Review of the facility's policy titled Infection Prevention and Control Committee reviewed 2/4/2025 revealed under Practice Guidelines: The Infection Control Committee shall oversee the surveillance, investigation, reporting, control and prevention of infections; occupational exposures to blood, body fluids, or other potentially infectious materials; and monitoring for proper implementation of and adherence to infection control policies and procedures.</p> <p>Review of the facility's policy titled Laundry and Bedding, Soiled reviewed October 2024 revealed under Policy Interpretation and Implementation: .2. Place contaminated laundry in a bag or container at the location where it is used and do not sort or rinse at the location of use. 3. Place and transport contaminated laundry in bags or containers in accordance with the established policies governing the handling and disposal of contaminated items.</p> <p>1. Interview on 4/10/2025 at 9:19 am, the Maintenance Director (MD) stated the City of Atlanta tested the facility's water every other month. When asked for documentation or test results, the MD stated the city does not provide results, and he had never seen any official documentation. The MD noted that the last test for Legionella conducted by the city was in 2024, which was also the first time he had heard of Legionella. When asked about the facility's Water Management Program (WMP), MD confirmed there was none. He also stated that he did not perform routine water system flushing and only flushed the water heaters.</p> <p>Interview on 4/10/2025 at 12:20 pm, the Administrator confirmed that the facility does not have a Water Management Program. She acknowledged that facilities were expected to understand their water system design, ensure water safety, and maintain supporting documentation. She recognized the potential negative outcomes of not having a documented WMP to be that residents could be exposed to water that was not healthy.</p> <p>Observations on 4/9/2025 at 4:51 pm and 4/10/2025 at 8:54 am revealed one clean linen rack was unsupervised and uncovered on the first floor of the facility. There were no residents' rooms located on the first floor of the facility.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and observation conducted on 4/10/2025 at 2:13 pm, the Housekeeping Director (HD) observed that a clean linen cart had been placed on the first floor uncovered, which he stated should not have happened. He confirmed that the facility's expectation was for all clean linen to always be covered to prevent the spread of infection.</p> <p>An interview on 4/10/2025 at 10:00 am with the Administrator revealed the clean linen rack should not be left uncovered outside in the hallway. She stated a possible negative outcome could be risk for infection.</p> <p>An interview and observation on 4/10/2025 at 9:23 am with the HD, the following was observed in the laundry:</p> <p>Puddles of water and brown, rust-like stains on the floor surrounding the washing machine.</p> <p>Grey, fuzzy debris throughout the laundry room, including floor, walls, and ceilings.</p> <p>]</p> <p>White residue, possibly spilled detergent on and around the washing machines.</p> <p>Grey, fuzzy debris on the washing machines side filters and a sign indicating that filters should be cleaned daily.</p> <p>Debris in between and behind the washing machines which included spoons, wrappers, rags and unidentified objects.</p> <p>Dirty resident clothing piled up in the corner, on the floor, uncovered.</p> <p>The HD stated he realized the leak behind the washing machines a week or two ago. He revealed that the machine manufacturer came into the facility to clean the washing machine filters located on the side of the machine. Observation of the washing machine filter read, Notice Clean Filter Daily. The HD stated the washing machine manufacturer was aware of the leak and they were the ones who could repair it. The HD then stated he called the machine manufacturer a month ago, and they came out to fix the leaking hose, but wasn't sure of where the leak was coming from currently. The MD then stated he had not called them back again since the last time they came out. The MD confirmed that the dirty linen should not be on the floor and that he would bring another blue bin for the laundry aides to use for dirty linen. The MD confirmed that the laundry room was full of gray, fuzzy debris, and stated normally he came in and used a blower for the dust. The MD stated it was the Laundry Aide's responsibility to keep the laundry room clean.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 4/10/2025 at 2:13 pm, the HD stated there should be no leaks on the floor, as this poses a slip hazard. Additionally, he confirmed that dirty linen should not be left on the floor due to hygiene and safety risks. Regarding the washing machine filters, he explained that they were expected to be cleaned daily to ensure that laundry was properly sanitized; failure to do so could result in improperly cleaned clothes. When asked about the presence of dust in the laundry room, he acknowledged that there was dust and agreed that the amount was excessive, which could lead to respiratory issues such as coughing. He also noted that there was often debris between the washing machines, which should not occur, and stated that Laundry Aides were expected to keep the area clean and tidy. If not maintained, this could result in foul odors and a poor appearance, and pose a fire hazard.</p> <p>An interview on 4/10/2023 at 9:40 am, Laundry Aide (LA) QQ stated each shift was responsible for cleaning the laundry room. She stated she noticed the washing machine leak on Monday and informed the HD.</p> <p>An interview on 4/10/2025 at 10:00 am, the Administrator stated that her expectation was for the laundry area to be clean and maintained without needing to be reminded. She emphasized that cleanliness should be standard practice and not something that required constant instruction. She acknowledged personally observing dust accumulation and noted the need for more consistent dusting. The Administrator stated that clothes and other items should never be on the floor, as this can trigger allergies and compromise sanitation. She also reported seeing debris on the floor, and should be removed.</p> <p>51853</p> <p>2. A review of the electronic medical record (EMR) for R243 revealed he was admitted to the facility with diagnoses including but not limited to gastrostomy status, acute respiratory failure, seizures, encephalopathy.</p> <p>Review of the most recent admission Minimum Data Set (MDS) dated [DATE] documented R423 had a Brief Interview for Mental Status (BIMS) score of 00, indicating resident was severely cognitively impaired.</p> <p>Review of the Care Plan for R243 revealed a care plan dated 3/12/2025 that documented the resident to Monitor/document/report to MD PRN (as needed): aspiration- fever, SOB, tube dislodged, Infection at tube site, self-extubation, Tube dysfunction or malfunction, abnormal breath/lung sounds, abnormal lab values, abdominal pain, distension, tenderness, constipation or fecal impaction, diarrhea, nausea/vomiting, dehydration. Provide local care to gastrostomy site (G-Tube) as ordered for signs and symptoms of infection.</p> <p>Review of the Physician orders for R243 dated 4/4/2025 documented Enteral feed order every shift-Nutren 1.5 at 55 ml/hr (milliliters per hour) hold for care. G-tube care daily.</p> <p>Observation on 4/9/2025 at 9:31 am of R243 gastrostomy site during medication administration with Licensed Practical Nurse (LPN) DD revealed the site to have a brown, crusty looking substance at the insertion site. Tape for the G-tube was loose and hanging from the tube.</p> <p>Observation on 4/11/2025 with LPN AA Unit Manager revealed R243's G-tube insertion site to have brown, crusty material remaining at the insertion site. The G-tube was not secured with tape hanging from the tube. LPN AA confirmed the site had not been cleansed.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 4/11/2025 at 8:13 am with LPN DD revealed as LPN charge nurse he was responsible for all the tube feedings on his unit. He revealed he had one resident with a G-tube feeding on the unit at this time. LPN DD stated that he did clean the G-tube sites, sometimes.</p> <p>Interview on 4/11/2025 at 08:17 am with LPN AA revealed she typically tried to check behind on the G-tubes if she could on her unit, but the nurse was responsible for the G-tube care. LPN AA confirmed that R423's G-tube site had not been addressed since the first observation. LPN AA stated that G-tube sites were to be cleansed daily.</p>		