STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115585	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Transitional Care & Rehabilitation	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, record review, and review of the facility policies titled, Infection Prevention and Control Program and Hand Hygiene and Hand-Washing Policy, the facility failed to use proper infection control measures during catheter care for one of seven sampled residents (R) (R6). This deficient practice had the potential to cause infection. Findings include:Review of the facility policy titled Infection Prevention and Control Program date of issue: June 2025, Policy Statement revealed: Have a comprehensive program that addresses detection, prevention, and control of infections among residents and staff. This facility's infection prevention and control policies/practices are intended to facilitate in maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections.Review of the facility policy titled Hand Hygiene and Hand-Washing Policy date of issue: June 19, 2025, Policy Statement revealed: Hand hygiene is the single most effective way of preventing the spread of communicable diseases and infections when performed correctly. Effective hand hygiene reduces the incidence of healthcare-associated infections. The objective revealed, To ensure that the facility complies with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines to effectively reduce the incidence of healthcare-associated infections. Cleanliness and hygiene are critically important in long-term care facilities. Hand soaps, sanitizers and cleaners are designed to reduce the risk of infection, cross-contamination between patients and the spread of germs by visitors. Hand hygiene practices are crucial in long-term care settings to protect residents and staff from infections. Regular training and compliance audits should be conducted to ensure that all healthcare personnel are adequately following these guidelines to maintain a safe environment. Section title, Standard of Practice: Section 2 revealed the following are indications for hand hygiene; immediately before touching a resident, before performing a clean or aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, and after touching a patient or the patient's immediate environment. The section titled, Gloves and Hand Hygiene, revealed Gloves are not a substitute for hand hygiene, if your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or the patient environment, perform hand hygiene immediately after removing gloves, change gloves and perform hand hygiene during patient care, if gloves become damaged, gloves become visibly soiled with blood or body fluids following a task, moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs, and always clean your hands after removing gloves.Review of the electronic medical record (EMR) revealed R6 was admitted on [DATE] with diagnosis to include but not limited to hemiplegia and hemiparesis following cerebrovascular disease affecting right dominant side, major depressive disorder, benign prostatic hyperplasia with lower urinary tract symptoms, urine retention, benign neoplasm of the colon, and atrophy of kidney.Review of the Quarterly MDS dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating R6 is cognitively intact. Section H (Bladder and Bowel) indicates indwelling catheter and always incontinent of bowel. Section I (Active Diagnoses) indicates asthma and respiratory failure. Section O (Special Treatments (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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and Programs) indicates oxygen therapy. Review of the care plan revealed R6 has a suprapubic catheter and is at risk for complications from use of indwelling catheter. Dx Obstructive Uropathy, Urine Retention, Neurogenic bladder and BPH (benign prostatic hyperplasia).Observation of catheter care on 04/17/2026 at 1:09 PM with Restorative Aide (RA) AA assisted by Certified Nursing Assistant (CNA) BB. No hand hygiene was observed. Gown and gloves were applied. Double gloves were applied. Placed water in a basin. Pulled several wipes out the pack and placed them on the pad on the bed. Cleansed with wipes. Groin cleaned from inner area to outer with separate wipes. The catheter tubing was cleansed with the wipe started from the top of the catheter and moved away from the catheter. Added soap to water in basin. Cleaned area with soap and water. Rinsed area with wet cloth. Removed gloves and applied clean gloves without hand hygiene.Interview on 04/17/2026 at 1:32 PM with RA AA and CNA BB revealed that they would know if someone was on precautions by looking at the signage on the door. The signage would tell them what PPE (personal protective equipment) they needed to wear. RA AA also stated that if a resident had C-diff (clostridium difficile) you should always wash your hands with soap and water. RA AA stated that she used hand sanitizer when she went back in the hall although surveyor stepped into the hall behind RA AA and did not observe staff use sanitizer. RA AA confirmed that she placed the opened wipes on the resident's draw sheet. RA AA also confirmed that she double gloved and that when she removed the gloves, she did not sanitize her hands prior to putting on new gloves. She stated that it was important to use proper infection control to prevent the spread of infections.Interview on 04/17/2026 at 4:30 PM with the Administrator and Director of Nursing (DON) revealed their expectations of their nursing staff providing peri-care and catheter care was to explain to the residents what they were doing throughout the entire process of care. They stated the staff were required not to double glove but use single gloving process. They stated the staff were expected to clean their hands with hand sanitizer or soap and water, before and after each process of peri care and catheter care.