STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175127	A. Building B. Wing	06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy at Salina	623 S 3rd Street Salina, KS 67401

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to provide a safe, functional environment for residents, staff, and the public when the facility failed to ensure the sidewalks were as free from trip hazards as possible and/or failed to flag or post alert for the trip hazards while awaiting repair. Findings included:- On 06/29/2026 at 08:30 AM, observation revealed the front entrance sidewalk that leads from the street curb parking to the front sidewalk had a crack that extended from one side of the sidewalk to the other side, approximately three foot long with a one inch open area that appeared to have been filled, but had settled, and the open area still remained uneven. Continued observation revealed the front sidewalk approximately 18 feet from the sidewalk that leads to the front door had a three foot long by two-inch-wide gap in the sidewalk that had a concrete patched with an elevated area, causing an uneven walking surface on the sidewalk. Proceeding from there towards the entrance to the facility, another area approximately three feet from the first patched area, measuring three foot long by two-inch-wide gap in the sidewalk had a concrete patch area that elevated, causing an uneven walking surface area on the sidewalk. On 06/29/2026 at 09:00 AM, Maintenance Staff U verified the cracks in the sidewalk and stated he had identified the concern about a week before the visitor fell on [DATE]. Maintenance Staff U stated he had filled the cracks with concrete, but the concrete had settled. Maintenance Staff U verified the facility had obtained bids to replace the sidewalk but was waiting on corporate management to approve the work. On 06/29/2026 at 01:00 M, Administrative Staff A confirmed that the areas of the sidewalk had gaps and changes in height. Administrative Staff A verified a visitor fell related to the cracked sidewalk on 05/01/2026 and sustained an abrasion to their forehead and nose. The visitor was transported to the hospital by emergency medical services and had an examination including X-rays, which verified she did not sustain any further injuries. Administrative Staff A verified Maintenance Staff U had identified the sidewalk gaps in April 2026 and purchased a filler for the gaps at a local hardware store but that did not repair the concern as the material settled into the cracks but did not fill them. Administrative Staff A verified after the visitor fell, Maintenance Staff U filled the gaps and cracks with concrete to even out the uneven surface. Administrative Staff A verified the facility had received a bid to have the sidewalks replaced one week before the visitor fell and had submitted the bid to corporate and was awaiting approval to start the replacement of the sidewalks. Administrative Staff A stated the facility had only one incident of a visitor that had fallen due to a crack in the sidewalk in the first part of May. The facility's Resident Environmental Quality policy, undated, documented it was the policy of the facility to be designed, constructed, equipped, and maintained to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. The policy documented preventive maintenance schedules, for the maintenance of the building and equipment should be followed to maintain a safe environment.

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