STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195249	A. Building B. Wing	08/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Pollock	8275 Highway 165 Pollock, LA 71467

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 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. Based on observation, interview, and record review, the facility failed to ensure a resident with a diagnosis of dementia received the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. The facility failed to provide 1:1 observation as ordered for 1 (Resident #2) of 3 (Resident #1, Resident #2, and Resident #3) residents reviewed for abuse. This deficient practice had the potential to affect all 17 residents residing in the facility's secured unit.Review of Resident #2's medical record revealed an admission date of 07/24/2025 with diagnoses which included Dementia, Anxiety, and Psychosis.Resident #2's admission MDS with an ARD of 08/06/2025 revealed a BIMS score of 3, indicating severe cognitive impairment. Resident #2 had behavioral symptoms which interfered with activities or social interactions with others, significantly intruded upon the privacy or activity of others, and significantly disrupted care or the living environment. Resident #2's wandering behavior significantly intruded on the privacy or activities of others. Review of Resident #2's Physician's Orders revealed resident was placed on 1:1 observation every shift, on 08/09/2025. One-to-one observation every shift was discontinued on 08/13/2025 at 8:15 a.m., and re-ordered on 08/14/2025 at 6:00 a.m.Review of Resident #2's Care Plan revealed, in part.Resident #2 was hypersexual with staff and other residents. Interventions included, in part. Place on 1:1 observation every shift. Interview with S3CNA on 08/20/2025 at 3:05 p.m. revealed Resident #2 was ordered to have 1:1 observation, which required staff to stay within arm's reach. S3CNA revealed Resident #2 received 1:1 observation from 6:00 a.m. to 6:00 p.m. each day. Interview with S5LPN on 08/20/2025 at 3:30 p.m. revealed Resident #2 was ordered to have 1:1 observation every shift.Interview with S1DON on 08/21/2025 at 3:45 p.m. revealed Resident #2 was ordered to have 1:1 observation.Interview with S9CNA on 08/25/2025 at 11:22 a.m. revealed Resident #2 did not have 1:1 observation from 6:00 p.m. to 6:00 a.m. on 08/23/2025 or 08/24/2025.Interview with S6LPN on 08/25/2025 at 1:25 p.m. revealed the facility did not provide Resident #2 with 1:1 observation each day from 6:00 p.m. to 6:00 a.m.Interview with S12NP on 08/25/2025 at 2:37 p.m. revealed residents with dementia were more likely to wander and have behaviors at night. S12NP confirmed Resident #2 was to have 1:1 observation at all times.Interview with S11ADM on 08/25/2025 at 2:44 p.m. confirmed Resident #2 was ordered to have 1:1 observation every shift, but had not.

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