

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER Legacy Nursing and Rehabilitation of Plaquemine		STREET ADDRESS, CITY, STATE, ZIP CODE 59215 River West Drive Plaquemine, LA 70764	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on observation, interviews, and record reviews, the facility failed to provide privacy for a resident during incontinence care for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) sampled residents observed during incontinence care.</p> <p>Findings:</p> <p>Review of the facility's undated Resident Rights and Quality of Life policy and procedure revealed, in part, a resident had the right to be treated with consideration, respect, and full recognition of his/her dignity and individuality, including privacy in treatment and care of his/her personal needs.</p> <p>Review of Resident #1's Minimum Data Set with an Assessment Reference Date of 03/18/2025 revealed, in part, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 06, which indicated Resident #1 had severe cognitive impairment. Further review revealed Resident #1 was dependent on staff assistance for toileting hygiene.</p> <p>Observation of Resident #1's incontinence care on 05/27/2025 at 1:45PM revealed S3CNA did not pull the privacy curtain between Resident #1 and her roommate before providing incontinence care, allowing Resident #1's roommate to observe Resident #1 exposed genitalia during incontinence care.</p> <p>In an interview on 05/27/2025 at 1:58PM, S3CNA indicated she did not pull Resident #1's privacy curtain to ensure Resident #1's privacy during incontinence care and should have.</p> <p>In an interview on 05/28/2025 at 1:15PM, S2Director of Nursing indicated S3CNA should have pulled the privacy curtain prior to providing incontinence care to Resident #1.</p> <p>In an interview on 05/29/2025 at 12:10PM, S1Administrator indicated S3CNA should have pulled the privacy curtain between Resident #1 and her roommate before providing incontinence care.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<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>Based on observation, interviews, and record review, the facility failed to ensure a Certified Nursing Assistant (CNA) completed hand hygiene during incontinence care for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) sampled residents observed for incontinence care.</p> <p>Findings:</p> <p>Review of the facility's undated Incontinence Care Policy and Procedure revealed, in part, the purpose of the policy and procedure was to prevent infection. Further review revealed for staff to remove gloves prior to replacing incontinence pads or applying an adult diaper.</p> <p>Observation of Resident #1's incontinence care on 05/27/2025 at 1:45PM revealed the following:</p> <ol style="list-style-type: none"> 1. S3CNA did not sanitize her hands and apply clean gloves after cleaning Resident #1's perineal area with disposable wipes and removing Resident #1's soiled brief; and, 2. S3CNA placed the package of disposable wipes on Resident #1's bed and used her soiled gloves to obtain more wipes from the package multiple times while providing incontinence care to Resident #1. <p>In an interview on 05/27/2025 at 1:58PM, S3CNA indicated she should have removed the soiled gloves, sanitized her hands and put on clean gloves before putting a clean brief on Resident #1. S3CNA further indicated she should have not obtained personal wipes from a multi-use package with soiled gloves while providing incontinence care to Resident #1.</p> <p>In an interview on 05/29/2025 at 10:30AM, S2Director of Nursing (DON) stated S3CNA should have not obtained personal wipes from a multi-use package with soiled gloves, and S3CNA should have completed hand hygiene and changed her soiled gloves before applying a clean brief after providing incontinence care to Resident #1.</p> <p>In an interview on 05/29/2025 at 12:10PM, S1Administrator indicated S3CNA should have not obtained personal wipes from a multi-use package with soiled gloves, and S3CNA should have completed hand hygiene and changed her soiled gloves before applying a clean brief after providing incontinence care to Resident #1.</p>		