STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195343	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Plaquemine	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observations, interviews, and record reviews, the facility failed to ensure a resident who was dependent on staff to carry out activities of daily living received assistance to maintain personal hygiene for 1 (Resident #102) of 5 sampled residents investigated for activities of daily living. Findings:Review of the facility's undated Certified Nursing Assistant's Job Description, revealed, in part, the duties and responsibilities of the Certified Nursing Assistant were to provide assistance to residents with activities of daily living and to follow a resident's care plan when providing care. Review of Resident #102's face sheet revealed, in part, Resident #102 had an admission date of 09/06/2022 and diagnoses of traumatic brain injury and quadriplegia (partial to total loss of all limbs). Review of Resident #102's Quarterly Minimum Data Set with an Assessment Reference Date of 11/19/2025 revealed, in part, Resident #102 was not capable of being interviewed, had bilateral impairment to upper and lower extremities, and was dependent on staff for all activities of daily living including personal hygiene. Review of Resident #102's Care Plan with a target date of 03/03/2026 revealed, in part, Resident #102 was totally dependent on staff for all activities of daily living, and Resident #102's activities of daily living needs would be met by staff. Further review revealed Resident #102 required a bed bath and assistance with personal hygiene. During the review of Resident #102's electronic health record revealed there was no documentation to confirm Resident #102 was provided assistance with activities of daily living, including personal hygiene. Observation on 01/27/2026 at 10:31AM revealed Resident #102 was lying on his right side in his bed, and Resident #102's hair appeared oily with small, dried, white flakes throughout the left side of his head. Observation on 01/28/2026 at 10:15AM revealed Resident #102 was lying on his right side in his bed, and Resident #102's hair appeared oily with small, dried, white flakes throughout the left side of his head. Observation on 01/28/2026 at 2:55PM revealed Resident #102 was lying on his right side in his bed, and Resident #102's hair appeared oily with small, dried, white flakes throughout the left side of his head. In an interview on 01/28/2026 at 2:58PM, S5Certified Nursing Assistant indicated the last time she washed Resident #102's hair was on 01/22/2026. S5Certified Nursing Assistant further indicated activities of daily living included hair care, and Resident #102 should not have had small, dried, white flakes throughout the left side of his head. In an interview on 01/28/2025 at 3:01PM, S3Assistant Director of Nursing confirmed Resident #102 had small, dried, white flakes throughout the left side of his head, and should not have. In an interview on 01/28/2026 at 3:25PM, S2Director of Nursing indicated Resident #102 did not have a diagnosis related to skin conditions that would be the cause of Resident #102's hair to have small, dried, white flakes throughout the left side of his head. Observation on 01/28/2026 at 3:30PM, S1Director of Nursing used her hand to rub and scratch Resident #102's hair to his left side of his head. Further observation revealed Resident #102 had small, dried, white flakes throughout the left side of his head. In an interview on 01/28/2026 at 3:31PM, S1Director of Nursing confirmed Resident #102 had small, dried, white flakes throughout the left side of his head, and should not have.

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