

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195386	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Legacy Nursing and Rehabilitation of Morgan City		STREET ADDRESS, CITY, STATE, ZIP CODE  740 Justa Street Morgan City, LA 70380	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>47487</p> <p>Based on interviews and record reviews, the facility failed to ensure the required number of nursing staff members were present and working in the facility for 22 (10/19/2024, 10/20/2024, 10/26/2024, 10/27/2024, 11/02/2024, 11/03/2024, 11/10/2024, 11/16/2024, 02/16/2025, 02/18/2025, 02/22/2025, 02/23/2025, 02/24/2025, 03/01/2025, 03/02/2025, 03/03/2025, 03/04/2025, 03/05/2025, 03/07/2025, 03/08/2025, 03/09/2025, 03/13/2025) of 53 (10/05/2024, 10/06/2024, 10/12/2024, 10/13/2024, 10/19/2024, 10/20/2024, 10/26/2024, 10/27/2024, 11/02/2024, 11/03/2024, 11/09/2024, 11/10/2024, 11/16/2024, 11/17/2024, 11/23/2024, 11/24/2024, 11/30/2024, 12/07/2024, 12/08/2024, 12/14/2024, 12/15/2024, 12/21/2024, 12/22/2024, 12/28/2024, 12/29/2024, 02/16/2025, 02/17/2025, 02/18/2025, 02/19/2025, 02/20/2025, 02/21/2025, 02/22/2025, 02/23/2025, 02/24/2025, 02/25/2025, 02/26/2025, 02/27/2025, 02/28/2025, 03/01/2025, 03/02/2025, 03/03/2025, 03/04/2025, 03/05/2025, 03/06/2025, 03/07/2025, 03/08/2025, 03/09/2025, 03/10/2025, 03/11/2025, 03/12/2025, 03/13/2025, 03/14/2025, 03/15/2025) days reviewed for sufficient staff.</p> <p>Findings:</p> <p>Review of the facility's Facility Assessment, last updated on 02/18/2025 revealed, in part, the average daily census from 01/01/2024 to 12/31/2024 was 83 residents. Further review revealed on a weekday, the facility required 72 hours of Licensed Practical Nurses (LPNs) providing direct care a day, 144 hours of Certified Nursing Assistants (CNAs) care a day, 40 hours of other nursing/administrative nursing personnel per day, and 8 hours of other staff to provide behavioral healthcare and services (for a total of 264 hours.) Further review revealed, on a weekend, the facility required 72 hours of LPNs providing direct care per day, 144 hours of CNAs care per day, 8 hours of a RN per day, and 8 hours of other staff to provide behavioral healthcare and services (for a total of 232 hours.)</p> <p>Review of the facility's Resident Council Meeting minutes dated 01/08/2025 revealed, in part, residents had issues with not getting changed on time and issues with CNAs not checking on them at night. Further review revealed a resident indicated the facility needed more CNAs.</p> <p>Review of the facility's Resident Council Meeting minutes dated 02/12/2025 revealed, in part, residents had issues with not getting changed in a timely manner.</p> <p>Review of the facility's Nursing/Ancillary Personnel Staffing Pattern Reporting Forms, dated 10/05/2024 through 10/27/2024 signed as complete and accurate by S1Administrator on 04/01/2025 revealed, in part, the following weekend days did not meet or exceed the number of required hours:</p> <p>(continued on next page)</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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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/19/2024 the facility had a census of 83. Further review revealed the facility provided 202.10 nursing staff hours, which was 29.90 hours less than the required 232 hours.</p> <p>On 10/20/2024 the facility had a census of 82. Further review revealed the facility provided 198.34 nursing staff hours, which was 33.66 hours less than the required 232 hours.</p> <p>On 10/26/2024 the facility had a census of 85. Further review revealed the facility provided 201.97 nursing staff hours, which was 30.03 hours less than the required 232 hours.</p> <p>On 10/27/2024 the facility had a census of 85. Further review revealed the facility provided 223.97 nursing staff hours, which was 8.03 hours less than the required 232 hours.</p> <p>Review of the facility's Nursing/Ancillary Personnel Staffing Pattern Reporting Forms, dated 11/02/2024 through 11/30/2024 signed as complete and accurate by S1Administrator on 04/01/2025 revealed, in part, the following weekend days did not meet or exceed the number of required hours:</p> <p>On 11/02/2024 the facility had a census of 82. Further review revealed the facility provided 212.89 nursing staff hours, which was 19.11 hours less than the required 232 hours.</p> <p>On 11/03/2024 the facility had a census of 82. Further review revealed the facility provided 220.22 nursing staff hours, which was 11.27 hours less than the required 232 hours.</p> <p>On 11/10/2024 the facility had a census of 82. Further review revealed the facility provided 224.76 nursing staff hours, which was 7.24 hours less than the required 232 hours.</p> <p>On 11/16/2024 the facility had a census of 84. Further review revealed the facility provided 201.40 nursing staff hours, which was 30.60 hours less than the required 232 hours.</p> <p>Review of the facility's Nursing/Ancillary Personnel Staffing Pattern Reporting Forms, dated 02/16/2025 through 03/01/2025 signed as complete and accurate by S1Administrator on 04/01/2025 revealed, in part, the following days did not meet or exceed the number of required hours:</p> <p>On 02/16/2025 the facility had a census of 87. Further review revealed the facility provided 206.55 nursing staff hours, which was 25.45 hours less than the required 232 hours.</p> <p>On 02/18/2025 the facility had a census of 86. Further review revealed the facility provided 255.06 nursing staff hours, which was 8.94 hours less than the required 264 hours.</p> <p>On 02/22/2025 the facility had a census of 86. Further review revealed the facility provided 222.23 nursing staff hours, which was 9.77 hours less than the required 232 hours.</p> <p>On 02/23/2025 the facility had a census of 85. Further review revealed the facility provided 201.72 nursing staff hours, which was 30.28 hours less than the required 232 hours.</p> <p>On 02/24/2025 the facility had a census of 85. Further review revealed the facility provided 254.94 nursing staff hours, which was 9.06 hours less than the required 264 hours.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 03/01/2025 the facility had a census of 87. Further review revealed the facility provided 204.80 nursing staff hours, which was 27.2 hours less than the required 232 hours.</p> <p>Review of the facility's Nursing/Ancillary Personnel Staffing Pattern Reporting Forms, dated 03/02/2025 through 03/15/2025 signed as complete and accurate by S1Administrator on 04/01/2025 revealed, in part, the following days did not meet or exceed the number of required hours:</p> <p>On 03/02/2025 the facility had a census of 86. Further review revealed the facility provided 203.08 nursing staff hours, which was 28.92 hours less than the required 232 hours.</p> <p>On 03/03/2025 the facility had a census of 86. Further review revealed the facility provided 242.52 nursing staff nursing staff hours, which was 21.48 hours less than the required 264 hours.</p> <p>On 03/04/2025 the facility had a census of 87. Further review revealed the facility provided 254.15 nursing staff hours, which was 9.85 hours less than the required 264 hours.</p> <p>On 03/05/2025 the facility had a census of 87. Further review revealed the facility provided 261.81 nursing staff hours, which was 2.19 hours less than the required 264 hours.</p> <p>On 03/07/2025 the facility had a census of 86. Further review revealed the facility provided 253.38 nursing staff hours, which was 10.62 hours less than the required 264 hours.</p> <p>On 03/08/2025 the facility had a census of 86. Further review revealed the facility provided 209.08 nursing staff hours, which was 22.92 hours less than the required 232 hours.</p> <p>On 03/09/2025 the facility had a census of 86. Further review revealed the facility provided 202.97 nursing staff hours, which was 29.03 hours less than the required 232 hours.</p> <p>On 03/13/2025 the facility had a census of 86. Further review revealed the facility provided 252.71 nursing staff hours, which was 11.29 hours less than the required 264 hours.</p> <p>In an interview on 03/26/2025 at 12:32PM, Resident #1's family member indicated she felt the facility was understaffed on the skilled nursing unit of the facility.</p> <p>In an interview on 03/31/2025 at 10:00AM, Resident #2's spouse indicated she thought there was an issue with staffing in the facility that was causing a delay in care.</p> <p>In an interview on 03/31/2025 at 10:45AM, S8CNA indicated there was a 50/50 chance there would not be enough staff working in the facility when she comes into work.</p> <p>In an interview on 03/31/2025 at 10:56AM, S9CNA indicated she does not feel like there was enough staff on the skilled nursing unit of the facility because the residents that resided on the skilled unit required more care from CNAs due to their care needs.</p> <p>In a telephone interview on 04/01/2025 at 12:27PM, S6LPN indicated the facility does not have enough CNA staff, especially on the skilled nursing unit of the facility, because the residents there need more care. S6LPN indicated residents are going without care due to the lack of CNA staff. S6LPN further indicated, with an adequate number of staff, residents could better meet their care goals.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/02/2025 at 11:50AM, S4LPN indicated the facility definitely needed to staff more CNAs. S4LPN further indicated the facility's CNAs are getting burnt out and rarely get breaks because they work constantly. S4LPN further indicated she felt the facility does not schedule the needed number of CNAs.</p> <p>In an interview on 04/02/2025 at 11:54AM, S10CNA indicated the facility does not have enough CNAs working in the facility. S10CNA further indicated the staff were getting burned out because they are having to overwork to take care of the resident's care needs.</p> <p>In an interview on 04/02/2025 at 12:00PM, S5LPN indicated there was an issue with CNA staffing. S5LPN further indicated the facility's CNAs are getting burnt out by the amount of work they are having to do to meet the needs of the residents.</p> <p>In an interview on 04/02/2025 at 12:05PM, S7LPN indicated the facility needed another nurse on the skilled nursing unit of the facility and more CNAs. S7LPN further indicated the facility definitely needed more CNAs to work on the skilled nursing unit of the facility because of the acuity of the residents.</p> <p>In an interview on 04/02/2025 at 12:10PM, S11CNA indicated the facility's staffing was not good. S11CNA further indicated the facility's residents sometimes had to wait longer than usual to receive care because the CNAs were busy caring for other residents.</p> <p>In an interview on 04/03/2025 at 9:39AM, Resident #R7 indicated there were very few CNAs on the weekends and other residents were having to wait 30 minutes to get care when they called for assistance.</p> <p>In an interview on 04/03/2025 at 11:30AM, S1Administrator offered no evidence that disputed the above deficient practice.</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>47487</p> <p>Based on interviews and record reviews, the facility failed to ensure a resident received the required physical therapy services for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) residents investigated for rehabilitation services.</p> <p>Findings:</p> <p>Review of Resident #1's February and March 2025 physician's orders revealed, in part, an order dated 02/27/2025 for physical therapy (PT) to evaluate and treat Resident #1, five times per week for 8 weeks as indicated. Further review revealed an order dated 03/06/2025 for PT to evaluate and treat Resident #1 five times per week for 8 weeks as indicated.</p> <p>Review of Resident #1's Electronic Medical Record (EMR) revealed she did not receive physical therapy services between 02/27/2025 and 03/06/2025.</p> <p>In an interview on 04/01/2025 at 9:20AM, S2Director of Rehabilitation (DOR) indicated when a resident required PT the physical therapist would write orders for the resident to be evaluated and treated for PT services, then the resident's physician would sign those orders. S2DOR further indicated Resident #1 did not receive PT services between 02/27/2025 and 03/06/2025, because a physical therapist was not available to evaluate Resident #1 after her insurance changed the week of 02/23/2025.</p> <p>In an interview 04/03/2025 at 11:57AM, S8Medical Director indicated Resident #1 was admitted to the facility for the purpose of Resident #1 getting therapy services. S8Medical Director acknowledged a physical therapist should have been available to evaluate Resident #1 for physical therapy services after her insurance changed.</p>		