

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Legacy Nursing and Rehabilitation of Franklin		STREET ADDRESS, CITY, STATE, ZIP CODE 1907 Chinaberry Street Franklin, LA 70538	

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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22609</p> <p>Based on record reviews and interviews, the facility failed to implement an effective discharge planning process for a resident who left the facility against medical advice for 1 (Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents reviewed for discharge planning.</p> <p>Findings:</p> <p>Review of the facility's form entitled, Leaving Skilled Nursing Facility Against Medical Advice dated 09/13/2024 revealed, in part, the following:</p> <p>I (Resident #1) am voluntarily leaving the nursing home against the advice of S5physican and a representative of the nursing home administration. I have been told by the physician of the risks and consequences involved with leaving the nursing home at this time, the benefits of continued treatment and care, and the alternatives, if any, to continued treatment and care, and the alternatives, if any, to continued treatment and nursing home placement.</p> <p>Resident #1 was his own responsible party. Further review revealed Resident #1 was discharged from the facility on 09/13/2024.</p> <p>Review of Resident #1's diagnoses revealed, in part, Resident #1 had chronic kidney disease, paralysis, had weakness on one side of his body following a stroke, and was receiving dialysis.</p> <p>Review of Resident #1's quarterly Minimum Data Set (MDS) dated [DATE] revealed, in part, revealed his cognition was moderately impaired, had renal insufficiency, renal failure, or end-stage renal disease, and had limited range of motion with an impairment to both sides of his upper extremities and impairment to one side of his lower extremity. Further review revealed Resident #1 used a manual wheel chair, required partial to moderate staff assistance with toileting, showering, bathing, upper body dressing, and personal hygiene. Resident #1 also required substantial to maximal staff assistance with lower body dressing, putting on and taking off footwear.</p> <p>Review of Resident #1's progress notes, revealed in part, the following:</p> <p>- On 09/13/2024 at 5:04 p.m. Resident #1 was discharged from the facility today on 09/13/2024 at 3:42 p.m. per S3SocialServices; and,</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- On 09/13/2024 at 3:42 p.m. Resident #1 signed out AMA (Against Medical Advice) with medication in stable condition.</p> <p>There was no documented evidence and the facility did not present any documented evidence Resident #1 was informed of the implications and/or risks of being discharged to a location that was not equipped to meet Resident #1's needs, attempted to ascertain why Resident #1 was chose that location, documented that other, more suitable, options of locations were equipped to meet the needs of Resident #1 were presented and/or discussed, and that despite being offered other options that could meet Resident #1's needs, Resident #1 refused those other more appropriate settings.</p> <p>In an interview on 10/14/2024 at 12:10 p.m. S3Social Services (SS) indicated Resident #1 was discharged to an apartment on 09/13/2024 since he went AMA. S3SS indicated S1Administrator, S6Assistant Director, and herself were involved in the discharge of Resident #1. S3SS indicated Resident #1 had urgent medical needs due to being on dialysis, and needed assistance with walking and activities of daily living such as using the bathroom. S3SS further indicated she could not set up outside transportation services for Resident #1 to be picked up at his apartment to be transported to dialysis because of it being too early in the morning for the transportation company.</p> <p>In an interview on 10/14/2024 at 2:45 p.m., S7Licensed Practical Nurse (LPN) indicated Resident #1 had weakness on one side of his body, needed help to transfer from a wheelchair to bedside commode, was unable to walk, and required assistance with all activities of daily living and could not walk. S7LPN further indicated the place that he was discharged to was not equipped to tend to his needs</p> <p>In an interview on 10/16/2024 at 10:35 a.m., S6Assistant Director of Nursing indicated she had no documentation to present to dispute the above findings.</p> <p>There was no documented evidence, and the facility did not present any documented evidence, that the facility documented Resident #1 was being discharged to a location that was not equipped to meet his needs, and attempts were being made to ascertain why Resident #1 chose that location.</p> <p>There was no documented evidence, and the facility did not present any documented evidence, that other, more suitable, options of locations equipped to meet Resident #1's needs were presented and discussed, and that despite being offered other options that could meet the resident's needs, Resident #1 refused those other more appropriate settings.</p> <p>In an interview on 10/16/2024 at 10:39 a.m., S2Director of Nursing (DON) indicated she had nothing to present to dispute the above findings other than the documentation to show that Resident #1 left the facility against medical advice (AMA) and had signed the AMA form.</p> <p>In an interview on 10/16/2024 at 12:30pm, S1Administrator indicated the facility did not implement and/or complete the required documentation related to Resident #1 leaving the facility AMA.</p>		