

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 02/19/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>45877</p> <p>Based on observations, interviews, and record reviews, the facility failed to provide assistance with showering/bathing, shampooing, and shaving for dependent residents for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) sampled residents investigated for activities of daily living (ADLs).</p> <p>Findings:</p> <p>Review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/23/2024 revealed, in part, Resident #1 required moderate assistance with showering/bathing, and personal hygiene.</p> <p>Review of Resident #1's Care Plan revealed, in part, Resident #1 require assistance with all ADLs. Further review revealed Resident #1 needed to be assisted with bathing/showering, and personal hygiene.</p> <p>Review of Resident #1's tasks list for bathing revealed, in part, in the last 30 days Resident #1 received a bed bath on 01/24/2025, 02/14/2025 and 02/17/2024. Further review revealed he received a shower on 01/20/2025, 01/31/2025, and 02/07/2025. Further review revealed there was no documented evidence, and the facility did not present any documented evidence Resident #1's hair had been washed.</p> <p>Review of Resident #1's tasks list for AM/PM care revealed, in part, in the last 30 days, Resident #1 was shaved on 01/29/2025 and 02/16/2025.</p> <p>Observation on 02/17/2025 at 10:55AM revealed Resident #1 had white flakes in his hair and on his shirt. Observation further revealed Resident #1 had facial hair on his cheeks approximately one-fourth of an inch long and the hair above his lip was approximately one-half an inch long.</p> <p>In an interview on 02/17/2025 at 10:56AM, Resident #1 indicated the staff gave him bed baths and he preferred bed baths. Resident #1 further indicated he would like to have his hair washed and his facial hair shaved, but staff had not completed it for him.</p> <p>Observation on 02/17/2025 at 2:10PM revealed Resident #1 had white flakes in his hair and on his shirt. Observation further revealed Resident #1 had facial hair on his cheeks approximately one-fourth of an inch long and the hair above his lip was approximately one-half an inch long.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 02/18/2025 at 9:30AM revealed Resident #1 had white flakes in his hair and on his shirt. Observation further revealed Resident #1 had facial hair on his cheeks approximately one-fourth of an inch long and the hair above his lip was approximately one-half an inch long.</p> <p>In an interview on 02/18/2025 at 9:30AM, Resident #1 indicated S3Certified Nursing Assistant (CNA) gave him a bed bath this morning. Resident #1 further indicated he did not get shaved nor his hair washed.</p> <p>Observation on 02/19/2025 at 9:28AM revealed Resident #1 sitting in his wheelchair in the common area. Observation further revealed Resident #1 had white flakes in his hair and on his shirt.</p> <p>In an interview on 02/19/2025 at 10:52 AM, S3CNA indicated Resident #1 received bed baths. S3CNA further indicated she had not attempted to wash Resident #1's hair while he was in bed and she also had not shaved Resident #1.</p> <p>In an interview on 02/19/2025 at 11:05 AM, S2Infection Preventionist confirmed Resident #1 had flakes in his hair and on his shirt and he should not.</p> <p>In an interview on 02/19/2025 at 11:06 AM, S1Director of Nursing confirmed Resident #1 had white flakes in his hair and on his shirt and he should not. S1DON further indicated Resident #1 should also have dandruff shampoo. S1DON further indicated Resident #1 should have been given assistance with shaving.</p>