

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 03/20/2025
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 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>34608</p> <p>Based on interview and record review, the facility failed to ensure a Certified Nursing Assistant (CNA) registry verification was obtained prior to hire for 1 (S7Certified Nursing Assistant [CNA]) of 5 (S4CNA, S5CNA, S6CNA, S7CNA, 8CNA) personnel records reviewed for registry verification.</p> <p>Findings:</p> <p>Review of S7CNA's personnel record revealed, in part, S7CNA had a hire date of 07/10/2024. Further review revealed a CNA registry verification with a date of 03/20/2025. There was no documented evidence, and the facility did not present any documented evidence, a CNA registry verification was obtained prior to hire for S7CNA.</p> <p>In an interview on 03/20/2025 at 2:06PM, S3Human Resource designee indicated a CNA registry check was not obtained prior to hire for S7CNA as required.</p> <p>In an interview on 03/20/2025 at 2:26PM, S1Adminitrator indicated the facility did not have documented evidence a CNA registry verification was obtained prior to hire for S7CNA as required.</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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34608</p> <p>Based on interviews and record reviews, the facility failed to complete a Physical Therapy, Occupational Therapy, and Speech Therapy evaluation as ordered for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) sampled residents review for falls, who were at risk for falls and had a history of falls.</p> <p>Findings:</p> <p>Review of the facility's incident/accident log from 01/17/2025 to 03/15/2025 revealed, in part, Resident #1 had falls on 01/17/2025, 02/08/2025, 02/09/2025, 02/10/2025, 02/24/2025, 02/28/2025, 03/02/2025, 03/03/2025, 03/05/2025, 03/07/2025, 03/08/2025, 03/09/2025, 03/11/2025, and 03/15/2025.</p> <p>Review of Resident #1's medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses of, in part, impulse disorder, psychosis, schizoaffective disorder, schizoaffective disorder/bipolar type, major depressive disorder, pseudobulbar affect and extrapyramidal movement disorder.</p> <p>Review of Resident #1's most recent Minimum Data Set with an Assessment Reference Date of 01/08/2025 revealed, in part, Resident #1 had short and long term memory loss, had some difficulty in making decisions in new situations, was inattentive, had disorganized thinking at times, had two or more falls since the previous assessment, and did not receive therapy services during the observation period.</p> <p>Review of Resident #1's medical records revealed a request for therapy services form, with a physician approval date and signature date of 01/07/2025.</p> <p>Review of Resident #1 physician's orders revealed, in part, an order dated 01/07/2025 for physical therapy, occupational therapy, and speech therapy to evaluate and treat.</p> <p>Review of Resident #1's therapy records revealed, in part, Resident #1's physical therapy evaluation, occupational therapy evaluation, and speech therapy evaluations ordered on 01/07/2025 were not completed until 01/27/2025.</p> <p>There was no documented evidence, and the facility did not present any documented evidence Resident #1's physical therapy evaluation, occupational therapy evaluation, and speech therapy evaluations ordered on 01/07/2025 were completed prior to 01/27/2025.</p> <p>In an interview on 03/20/2025 at 9:16AM, S4Therapy Director indicated staffing issues were one of the reasons therapy evaluations were delayed. S4Therapy Director confirmed Resident #1 physical therapy evaluation, occupational therapy evaluation, and speech therapy evaluations ordered on 01/07/2025 were not completed until 01/27/2025.</p> <p>(continued on next page)</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>In an interview on 03/20/2025 at 10:46AM, S2Director of Nursing (DON) confirmed Resident #1's therapy evaluations ordered on 01/07/2025 were completed on 01/27/2025. S2DON indicated Resident #1's physical therapy evaluation, occupational therapy evaluation, and speech therapy evaluations should have been completed as per physician orders.</p> <p>In an interview on 03/20/2025, S1Administrator indicated the facility did not have any documented evidence Resident #1's physical therapy evaluation, occupational therapy evaluation, and speech therapy evaluations ordered on 01/07/2025 were completed before 01/27/2025.</p>		