STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195388	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Franklin	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observations, interviews, and record reviews, the facility failed to protect a resident's right to privacy for 1 (Resident #49) of 4 residents investigated for resident's rights. Findings:Review of the facility's undated Resident Right's and Quality of Life Policy and Procedure revealed, in part, all residents had the right to a dignified existence. Further review revealed residents were to be treated with consideration of his/her dignity, including privacy in treatment and care for his/her personal needs. Review of Resident #49's Minimum Data Set with an Assessment Reference Date of 11/13/2025 revealed Resident #49 had a Brief Interview Mental Status score of 15, which indicated Resident #49 was cognitively intact. Further review revealed Resident #49 required assistance for showering and bathing. Observation on 01/07/2026 at 9:35AM revealed Resident #16, Resident #29, Resident #49, Resident #106, Resident #108, and Resident #113 were all in Shower Room c at the same time. Observation further revealed Resident #49 was in the shower unclothed and being assisted by S7Certified Nursing Assistant. Observation on 01/07/2026 at 9:36AM revealed the door to the shower room opened and S6Certified Nursing Assistant brought Resident #22 intoShower Room c. In an interview on 01/07/2026 at 9:40AM, Resident #49 indicated she was not comfortable showering in Shower Room c with the other residents present. In an interview on 01/07/2026 at 1:20PM, S6Certified Nursing Assistant indicated the number of residents they had in Shower Room c did not allow for privacy of the residents. In an interview on 01/07/2026 at 1:24PM, S3Assistant Director of Nursing confirmed the number of residents that were in Shower Room c did not allow for privacy. In an interview on 01/07/206 at 1:54PM, S1Director of Nursing indicated Resident #49 was out of her comfort zone with the number of residents in Shower Room c as she was showering. S1Director of Nursing further indicated Resident #49 should have been in the shower room with only S7Certified Nursing Assistant to ensure resident privacy and dignity.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195388	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Franklin	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations, interviews, and record reviews, the facility failed to maintain a resident's right to a safe, clean, comfortable, homelike environment for 2 (Resident #22, Resident #128) of 2 sampled residents investigated for resident rights. Findings:Review of the facility's undated Bed Making, Occupied policy and procedure revealed, in part, the facility was to provide a clean and comfortable environment for residents. Review of the facility's undated Certified Nursing Assistant Job Description revealed, in part, Certified Nursing Assistants were to promote residents' rights, assist residents in making informed decisions, and to treat residents with dignity. Further review revealed Certified Nursing Assistants were to help residents with activities of daily living and to promote a safe and clean environment. Resident #22Review of Resident #22's electronic medical record revealed, in part, a diagnosis of a Stage 3 and Stage 4 pressure ulcer of the sacral region and a Stage 2 pressure ulcer of the buttocks. Review of Resident #22's Quarterly Minimum Data Set with an Assessment Reference Date of 12/12/2025 revealed, in part, Resident #22 was always incontinent of bowel and bladder and had a pressure reduction device for her bed. Review of Resident #22's Physician Order dated 05/12/2023 revealed, in part, Resident #22 had an order for a pressure reduction mattress. Review of the manufacturer's guidelines for the Drive DeVilbiss Healthcare Med-Aire Alternating Pressure and Low Air Loss Mattress System (a mattress used to alleviate pressure and prevent pressure ulcers) revealed, in part, a thin cotton sheet could be placed over the mattress' top cover. Observation on 01/05/2026 at 10:29AM revealed Resident #22 did not have a sheet on the pressure reduction mattress of her bed, and Resident #22's skin was in direct contact with the mattress' surface. In an interview on 01/05/2026 at 10:30AM, Resident #22 indicated she informed the facility's staff that she wanted a cover sheet on the pressure reduction mattress on her bed. Observation on 01/06/2026 at 8:39AM revealed Resident #22 did not have a cover sheet on the pressure reduction mattress on her bed, and Resident #22's skin was in direct contact with the mattress' surface. In an interview on 01/06/2026 at 11:00AM, S5Certified Nursing Assistant Supervisor indicated it was the facility's practice not use a cover sheet with a pressure reduction mattress; however, if requested by a resident, as part of resident rights, a cover sheet would be placed over a resident's pressure reduction mattress. In an interview on 01/06/2026 at 11:22AM, Resident #22 indicated she did ask the facility's staff to put a cover sheet on her pressure reduction mattress, and her request was not honored. Observation on 01/06/2026 at 4:00PM revealed Resident #22 did not have a cover sheet on the pressure reduction mattress on her bed, and Resident #22' skin was in direct contact with the mattress surface. In an interview on 01/06/2026 at 3:40PM, S1Director of Nursing indicated it was the facility's practice not use a cover sheet on a pressure reduction mattress. S1Director of Nursing further indicated residents were not given a choice for a cover sheet to be placed over their pressure reduction mattress, but residents should have been given a choice. Resident #128Review of Resident #128's Quarterly Minimum Data Set with an Assessment Reference Date of 12/05/2025 revealed, in part, Resident #128 was always incontinent of bowel and bladder. In an interview on 01/05/2026 at 10:56AM, Resident #128 indicated her bed linens were wet and soiled. Observation on 01/05/2026 at 10:57AM revealed Resident #128's bed linens were wet and soiled. In an interview on 01/06/2026 at 8:35AM, Resident #128 indicated her bed linens were still soiled and had not been changed. In an interview on 01/06/2026 at 11:00AM, S5Certified Nursing Assistant Supervisor indicated the facility's certified nursing assistant staff should check resident rooms every 2 hours for needs or assistance. In an interview on 01/06/2026 at 12:39PM, Resident #128 indicated she requested the certified nursing assistant to change her bed linens yesterday, but her bed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195388	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Franklin	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	linens were still soiled and had not been changed. Observation on 01/06/2026 at 12:39PM revealed Resident #128's bed linens had two circular dried brown stains approximately 2 inches in diameter and a semi-circular dried yellow stain approximately 6 inches long. In an interview on 01/06/2026 at 12:42PM, S9Certified Nursing Assistant indicated a resident's bed linens would be changed if the resident requested linen changes and/or if the bed linens were wet or soiled. In an interview on 01/06/2026 at 1:40PM, S1Director of Nursing indicated Resident #128's bed linens should not have been soiled and should have been changed. In an interview on 01/06/2026 at 1:50PM, S5Certified Nursing Assistant Supervisor indicated it was the responsibility of the certified nursing assistant staff to check a resident's bed linens and to change resident bed linens when the linens were soiled. S5Certified Nursing Assistant Supervisor indicated Resident #128's bed linens should not have been soiled and should have been changed timely.