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

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(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

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(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 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 (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on interviews and record reviews, the facility failed to ensure a Minimum Data Set assessment was transmitted to the Centers for Medicare and Medicaid Services within 14 days of completion for 2 (Resident #14, Resident #62) of 3 sampled residents reviewed for resident assessments. Findings:Resident #14Review of Resident #14's Quarterly Minimum Data Set with an Assessment Reference Date of 12/03/2025 revealed, in part, the Quarterly Minimum Data Set was completed on 12/17/2025. Review of the facility's Validation Report dated 01/02/2026 revealed, in part, Resident #14's Quarterly Minimum Data Set with an Assessment Reference Date of 12/03/2025 was transmitted to the Centers for Medicare and Medicaid Services on 01/02/2026, which was greater than 14 days after the completion date of Resident #14's assessment. Resident #62Review of Resident #62's Annual Minimum Data Set with an Assessment Reference Date of 11/25/2025 revealed, in part, the Annual Minimum Data Set was completed on 12/09/2025. Review of the facility's Validation Report dated 12/31/2025 revealed, in part, Resident #62's Annual Minimum Data Set with an Assessment Reference Date of 11/25/2025 was transmitted to the Centers for Medicare and Medicaid Services on 12/31/2025, which was greater than 14 days after the completion date of Resident #62's assessment. In an interview on 01/07/2026 at 9:30AM, S4Licensed Practical Nurse/Care Plan Coordinator indicated Resident #14's Quarterly Minimum Data Set with an Assessment Reference Date of 12/03/2025 and Resident #62's Annual Minimum Data Set with an Assessment Reference Date of 11/25/2025 were not transmitted within 14 days as required after the completion date, and should have. In an interview on 01/07/2026 at 10:03AM, S1Director of Nursing indicated Resident #14's Quarterly Minimum Data Set with an Assessment Reference Date of 12/03/2025 and Resident #62's Annual Minimum Data Set with an Assessment Reference Date of 11/25/2025 were not transmitted within 14 days as required after the completion, and should have.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on interview and record review, the facility failed to ensure discharge planning was reflected on the assessment for 1 (Resident #8) of 1 sampled residents investigated for discharge. Findings:Review of Resident #8's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/15/2025 revealed, in part, active discharge planning was not in progress for Resident #8. Further review of Resident #8's MDS revealed Resident #8's family did not want to talk to someone about the possibility of leaving the facility to return home to live and receive services in the community.In an interview on 01/07/2026 at 11:18AM, S2Social Services Director (SSD) indicated Resident #8's family had voiced a desire for Resident #8 to return home. S2SSD further indicated Resident #8 had been placed on the waiver registry on 08/26/2025. S2SSD further indicated Resident #8's MDS with an ARD of 11/15/2025 was miscoded. S2SSD indicated Section Q was not coded for active discharge planning and should have been.In an interview on 01/07/2026 at 1:10PM, S1Director of Nursing (DON) indicated Resident #8's MDS with an ARD of 11/15/2025 did not reflect active discharge planning and should have.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure staff maintained proper infection control while performing wound care for 1 (Resident #24) of 2 residents observed for wound care. Findings:Review of Resident #24's wound assessment record revealed, in part, Resident #24 had a stage 4 right hip pressure ulcer, a stage 4 sacral pressure ulcer, and a stage 3 left gluteal (buttocks) pressure ulcer. Observation on 01/06/2026 at 10:00AM, revealed S10Licensed Practical Nurse/Wound Care Nurse (LPN/Wound Care Nurse) cleaned the left gluteal wound with a 4x4 gauze and normal saline. Further observation revealed S10LPN/Wound Care nurse used the same 4x4 with normal saline to clean Resident 24's sacral wound.In an interview on 01/06/2026 at 10:30AM, S10LPN/Wound Care Nurse stated she should not have used the same 4x4 gauze to clean Resident #24's left gluteal wound and Resident #24's sacral wound. In an interview on 01/06/2025 at 2:30PM, S1Director of Nursing stated S10LPN/Wound Care Nurse should not have cleaned Resident #24's left gluteal wound and Resident #24's sacral wound with the same 4x4 gauze to prevent cross contamination of wounds.