

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/14/2024
NAME OF PROVIDER OR SUPPLIER  Legacy Nursing and Rehabilitation of Winnsboro		STREET ADDRESS, CITY, STATE, ZIP CODE  804 Polk Street Winnsboro, LA 71295	

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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19121</p> <p>Based on record review and interview, the facility failed to ensure that nursing staff are able to demonstrate competency in skills necessary to care for resident needs for 2 (#1,#2) of 3 (#1,#2,#3) residents records reviewed. The facility did not have documentation of wound care being provided daily as ordered.</p> <p>Findings:</p> <p>Review of resident #1's medial record revealed an admitted [DATE] with diagnosis of hypertension, dislocation of internal right hip prosthesis, macular degeneration, malnutrition, Stage 4 pressure ulcer sacral region, history of falls, dementia, depression, and osteoporosis without pathological fractures.</p> <p>Review of resident #1's significant change in status Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 7 which indicates the resident is cognitively impaired. Further review of the MDS revealed the resident needs moderate assistance with activities of daily living.</p> <p>Review of resident #1's November 2024 physician's orders revealed an order dated 08/06/2024 for wound care ordered as follows: Stage IV pressure ulcer to left sacral area, cleanse with wound cleanser, pat dry, skin prep peri-wound, apply collagen to the wound bed, pack lightly with calcium alginate, and cover with dry absorbent dressing. Change daily and as needed.</p> <p>Review of the October 2024 and November 2024 Treatment Administration Records (TAR) for resident #1 revealed no documented evidence of wound care on 10/25/2024, 10/27/2024, and 11/04/2024.</p> <p>Review of the nurse notes revealed no documentation of wound care on 10/25/2024, 10/27/2024, and 11/04/2024.</p> <p>Interview on 11/14/2024 at 12:55 p.m. with S2Director of Nurses (DON) confirmed the nurses did not document the wound care on resident #1 on 10/25/2024, 10/27/2024, and 11/04/2024.</p> <p>Resident #2</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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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of resident #2's medical record revealed an admitted [DATE] with diagnosis of hemiplegia, hemiparesis, and acute respiratory failure with hypoxia, chronic kidney disease, dysphagia, atrial fibrillation, and hypertension.</p> <p>Review of resident #2's Admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 10 indicating moderate cognitive impairment. Further review of the MDS revealed resident was dependent on staff for assistance with activities of daily living.</p> <p>Review of resident #2's November 2024 physician's orders revealed an order dated 10/08/2024 for wound care: pressure ulcer stage 3 to sacrococcygeal, cleanse with wound cleanser, pat dry, skin prep peri-wound, apply collagen to the wound bed, and cover with dry absorbent dressing, changed daily and as needed for soilage/dislodgement until resolved.</p> <p>Review of the October 2024 TAR revealed wound care on resident #2 was not documented on 10/31/2024.</p> <p>Interview on 11/14/2024 at 12:55 p.m. with S2DON confirmed the nurses did not document the wound care for resident #2 on 10/31/2024.</p>		