STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195443	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Tallulah	32 Crothers Drive Tallulah, LA 71282

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to report an injury of unknown origin with serious bodily injury to the State Survey Agency in accordance with State law for 1 (#1) of 4 sampled residents. Findings:Review of the facility's undated Abuse Reporting and Investigation Policy and Procedure revealed the following, in part:Policy:1. All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state, and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. H. Injuries of unknown origin: An injury should be classified as injury of unknown origin when all of the following criteria are met:1. The source of the injury was not observed by any person, and2. The source of the injury could not be explained by the resident; and3. The injury is suspicious because of the extent of the injury or location of the injury A facility must report any suspicious injury of unknown origin to a resident. Injuries of unknown origin include, but not limited to:1. All injuries to cognitively impaired residents not witnessed.2. Injuries that are non-accidental or explained.3. Fractures, sprains, or dislocations Review of Resident #1's record revealed an admission date of 05/17/2023 with diagnoses including chronic obstructive pulmonary disease, adult failure to thrive, repeated falls, generalized anxiety disorder, dementia with agitation, and delirium due to known physiological condition.Review of the annual Minimal Data Set (MDS) assessment dated [DATE] revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 7 which indicates severe cognitive impairment. Further review revealed Resident #1 required 1 person assistance with standing and transfers.Review of the facility's incident reports revealed Resident #1 had an incident entered by the facility on 02/01/2026 at 7:30 p.m. listed under the category of Other.On 02/18/2026 at 8:50 a.m., interview with S2Director of Nursing (DON) revealed Resident #1 was observed to have a bruise and swelling to her lower left leg at 7:30 p.m. on 02/01/2026. Further interview with S2DON revealed the night nurse notified the facility's Nurse Practitioner of the injury and an x-ray of the left leg was ordered for the following morning. S2DON stated the x-ray was completed on 02/02/2026 at 11:15 a.m. and revealed Resident #1 had a fracture of her left leg. S2DON stated Resident #1 was sent to the emergency room for treatment and she began investigating the cause of the fracture. S2DON stated Resident #1 was unable to voice the cause of her injury due to dementia and the facility investigation was unable to find a cause for the leg fracture.On 02/18/2026 at 3:45 p.m., review of Resident #1's x-ray report dated 02/02/2026 at 11:27 a.m. revealed acute mid and distal fractures of the tibia and fibula. Alignment is anatomic. There is no soft tissue swelling or foreign body identified.On 02/23/2026 at 1:00 p.m., interview with S1Administrator revealed he was responsible for notifying the State Survey Agency of an injury of unknown origin with serious bodily injury. S1Administrator confirmed that based on the facility's policy for reporting severe injuries and injuries of unknown origin, the facility should have notified the State (continued on next page)

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
	195443	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Tallulah	32 Crothers Drive Tallulah, LA 71282

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Survey Agency.