STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195554	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legrand Healthcare and Rehabilitation Center	650 Holt Street Bastrop, LA 71220

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview and record review, the facility failed to ensure that a resident received appropriate treatment and services to prevent urinary tract infections to the extent possible by failing to document urine output for 1 (#59) of 1 residents reviewed with a urinary catheter.Findings:On 05/11/2026 at 9:20 a.m., observation of resident #59 revealed he had a urinary catheter.Review of the medical record revealed Resident #59 had an admission date of 09/04/2024 with diagnoses which included epilepsy and retention of urine. Review of the May 2026 physician orders revealed an order to monitor urine output. Review of the May 2026 urine output log revealed the following:On 05/07/2026 there was no documentation of urine output on the night shift. On 05/08/2026 there was no documentation of urine output on the night shift. On 05/09/2026 there was no documentation of urine output on the day, evening and night shifts.On 05/10/2026 there was no documentation of urine output on the day, evening and night shifts.On 05/11/2026 there was no documentation of urine output on the evening and night shifts.On 05/12/2026 at 11:10 a.m., interview with S2DON confirmed there were gaps in the urine output log of Resident #59's urine output from 05/07/2026 through 05/11/2026.

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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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observation, record review and interview, the facility failed to ensure nurse aides were able to demonstrate competency in skills and techniques necessary to care for resident needs for 1 (#59) of 1 residents reviewed for urinary catheters by failing to report lack of urine output to the nursing staff.Findings:On 05/11/2026 at 9:20 a.m., observation of resident #59 revealed he had a urinary catheter.Review of the medical record revealed Resident #59 had an admission date of 09/04/2024 with diagnoses which included epilepsy and retention of urine. Review of the March 2026 physician orders revealed an order to monitor urine output. Review of the March 2026 urine output log revealed on March 28, 29 and 30 on all three shifts the recorded output was zero.Review of the progress notes revealed there was no documentation CNAs notified nursing staff that Resident #59 had zero urine output. On 05/12/2026 at 11:10 a.m., interview with S2DON confirmed there was no documentation that the CNAs notified the nursing staff that Resident #59 had zero urine output.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interviews the facility failed to maintain, store, prepare, distribute and serve food under sanitary conditions. The facility failed to monitor and document the refrigerators and freezer temperature.Findings:During a brief tour of the kitchen on 05/11/2026 at 8:00 a.m. the following was observed: the reach in refrigerator had a temperature of 35 degrees Fahrenheit, the walk in refrigerator had a temperature of 35 degrees Fahrenheit, and the walk in freezer had a temperature of 5 degrees Fahrenheit.Further observation of the kitchen revealed there was no log documenting the temperature readings of the reach in refrigerator, walk in refrigerator, or walk in freezer.On 5/11/2026 at 8:12 a.m. an interview with S3Dietary Manager reported she did not keep a log documenting the temperatures of the reach in refrigerator, walk in refrigerator, or walk in freezer.On 05/11/2026 at 10:30 a.m. an interview with S1Administrator confirmed S3Dietary Manager should have be monitoring and documenting the temperatures of the refrigerators and freezer daily.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interview, the facility failed to ensure drugs and biologicals used in the facility were stored properly in a locked compartment by having medications in resident's room for 1 (#14) of 1 residents reviewed for accident hazards. Findings:Review of the facility's undated Storage of Medication policy revealed the following in part:Policy StatementThe facility shall store all drugs and biologicals in a safe, secure, and orderly manner. Review of the medical record for Resident #14 revealed an initial admission date of 05/03/2025 with a readmit date of 07/04/2025. Resident #14 had diagnoses that included chronic obstructive pulmonary disease, bipolar disorder, schizophrenia, and seizures.Review of the current care plan revealed Resident #14 had impaired cognitive function/dementia or impaired thought processes. Interventions included to administer medications as ordered and to assist resident with all decision making. Review of the annual MDS assessment dated [DATE] revealed Resident #14 had a BIMS score of 12 which indicated moderate cognitive impairment for daily decision making.On 05/11/2026 at 9:33 a.m. and 3:00 p.m. observations of Resident #14's room revealed a bottle of Artificial Tears on the overbed table, and an Albuterol Sulfate 90 mcg inhaler was observed in the bathroom.On 05/12/2026 at 8:30 a.m. observation of Resident #14's room with S2DON revealed a bottle of Artificial Tears on the overbed table, and an Albuterol Sulfate 90 mcg inhaler was observed in the bathroom. At this time S2DON confirmed Resident #14 should not have medications left unattended in her room.