

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195599	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Legacy Nursing and Rehabilitation of Port Allen		STREET ADDRESS, CITY, STATE, ZIP CODE  403 15th Street Port Allen, LA 70767	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47732</b></p> <p>Based on record reviews and interviews, the facility failed to ensure alleged violations involving verbal abuse were reported to the state agency within 2 hours after the allegations were made for 1 (#2) of 3 (#1, #2, and #3) residents reviewed for abuse.</p> <p>Findings:</p> <p>Review of the facility's undated policy, Abuse Reporting and Investigation Policy and Procedure revealed, in part, the following:</p> <p>Policy:</p> <p>1. All reports of resident abuse shall be promptly reported to the local, state, and federal agencies as defined by current regulations.</p> <p>Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] with diagnosis, which included Cerebral Vascular Accident with Hemiplegia and Hemiparesis and Contracture of Muscle.</p> <p>Review of Resident #2's Quarterly MDS (Minimum Data Set), with an ARD (Assessment Reference Date) of 10/08/2024, indicated the resident had a BIMS of 12, which indicated the resident was moderately cognitively impaired.</p> <p>Review of the facility's Grievance Report dated 01/08/2025 revealed, in part, the following:</p> <p>On 01/08/2025 at 1:30 p.m., a telephone call was received by S1ADM from Resident #2's representative. Resident #2's representative stated she was on the phone with Resident #2 on 01/01/2025 and she heard him ask an unknown CNA (Certified Nursing Assistant) to get him up for breakfast. She further stated he was told he was sh***y and she would not get him up.</p> <p>An interview was conducted on 01/29/2025 at 11:30 a.m. with S2DON. S2DON confirmed Resident #2's allegation of being told he was sh***y would be considered an allegation of verbal abuse, and should have been reported to the state agency within the required 2 hour timeframe.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 01/27/2025 at 12:45 p.m. with S1ADM. S1ADM stated she received a report from Resident #2's representative who stated she was on the phone with Resident #2 on 01/01/2025 and he asked an unknown CNA to get him up for breakfast. She further stated he was told he was sh***y and she would not get him up. S1ADM confirmed the incident met the definition of verbal abuse. S1ADM confirmed the allegation of verbal abuse was not reported to the state agency within the 2 hour timeframe, and should have been.</p>		