

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 12/16/2025
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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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
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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure Resident #5, a resident identified as High Risk for Falls, remained as free of accident hazards as possible. This deficient practice was evidence by failure to implement an effective Fall Prevention Program which ensured:1. Resident #5's Care Plan was updated to reflect each fall for 1 (#5) of 3 residents reviewed for falls; and2. A new fall prevention intervention was identified, implemented and updated in Resident #5's Care Plan following each fall for 1 (#5) of 3 residents reviewed for falls. Findings: Review of the facility's undated Fall Protocol, as of 12/16/2025 at 3:50 p.m., revealed, in part, the following: Policy: Each resident will be assessed on any significant change in condition, and as needed for potential risk for falls to initiate preventative approaches. Discussion regarding the acceptable level of risk must be based on individual assessment with input from the resident and/or interdisciplinary team. Procedure: All residents: 4. Care Plan will be updated. High Risk: 1. All residents who have been identified as high risk for falls will be discussed in high risk meetings weekly for implementation of preventative approaches, strategies and interventions. Equipment: 6. Care Plan. Review of the facility's undated Incident and Accident Policy and Procedure, as of 12/16/2025 at 3:50 p.m., revealed, in part, the following:Policy: Incidents and accidents are to be reported, investigated, and followed up in a timely manner. Procedure: 4. Investigative Action: d. Resident will be assessed for intervention to prevent further incidents. 9. All incidents will be discussed daily with the Interdisciplinary Team to include intervention and update Care Plan. Review of the facility's undated Fall Prevention Program Policy and Procedure, as of 12/16/2025 at 3:50 p.m., revealed, in part, the following:Procedure: 6. All residents on the program will have Care Plan addressing goals and approaches. Review of the facility's Incident Log, dated 08/27/2025 through 12/15/2025, as of 12/15/2025 at 1:37 p.m., revealed Resident #5 experienced the following unwitnessed falls: 08/31/2025 at 9:30 p.m.; and09/02/2025 at 4:40 p.m. 1. Review of Resident #5's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included, in part, the following; Senile Degeneration Of Brain; Other Frontotemporal Neurocognitive Disorder; Unspecified Dementia; Unsteadiness On Feet; and Extrapryamidal And Movement Disorder. Further review revealed, in part, he was classified as High Risk for Falls. Review of Resident #5's Quarterly MDS, with an ARD of 11/13/2025, indicated, in part, a BIMS of 03, which indicated he was not cognitively intact. Review of the facility's Incident Reports involving Resident #5, dated 08/31/2025 through 12/15/2025, as of 12/15/2025 at 2:45 p.m., revealed, in part, the following: 08/31/2025 at 9:30 p.m. - Unwitnessed Fall; and09/02/2025 at 4:45 p.m. - Unwitnessed Fall. Review of Resident #5's Nurses Notes, dated 08/31/2025 through 12/15/2025, as of 12/15/2025 at 3:18 p.m., revealed, in part, the following: 08/31/2025 at 9:30 p.m. - Resident #5 found on the floor by his bed; and09/02/2025 at 4:45 p.m. - Resident #5 found on the floor in his bathroom. Review of Resident #5's Care Plan for Problem: At High Risk for Falls, last revised 12/04/2025, as of 12/15/2025 at 3:40 p.m., revealed, in part, no documented evidence to indicate Resident #5 sustained a fall on 08/31/2025 at 9:30 p.m. and/or 09/02/2025 at 4:40 p.m.An interview was conducted on 12/16/2025 at 3:20 p.m. with S3ADON. S3ADON confirmed she was responsible for the facility's Fall Prevention Program. S3ADON confirmed following a resident fall, the facility's Fall Prevention Program required a resident's Care Plan to be updated to reflect the date and situation of their fall. S3ADON reviewed Resident #5's Care Plan and confirmed it did not reflect his falls on 08/31/2025 at 9:30 p.m. and/or 09/02/2025 at 4:40 p.m., and should. An interview was conducted on 12/16/2025 at 3:40 p.m. with S2DON. S2DON confirmed following a resident fall, he expected the resident's Care Plan to be updated to reflect the date and situation of their fall. S2DON reviewed Resident #5's Care Plan and confirmed it did not reflect his falls on 08/31/2025 at 9:30 p.m. and/or 09/02/2025 at 4:40 p.m., and should. 2. Review of Resident #5's Care Plan Interventions for Problem: At High Risk for Falls (last revised 12/04/2025), as of 12/15/2025 at 3:40 p.m., revealed, in part, no documented evidence of the identification and implementation of a new fall prevention intervention in response to Resident #5's fall on 08/31/2025 at 9:30 p.m. and/or 09/02/2025 at 4:40 p.m.Review of Resident #5's Physician's Order History, dated 08/31/2025 through 12/16/2025, as of 12/16/2025 at 12:52 p.m., revealed, in part, no documented evidence of an order for a new fall prevention intervention in response to Resident #5's fall on 08/31/2025 at 9:30 p.m. and/or 09/02/2025 at 4:40 p.m.Review of Resident #5's Progress Notes, dated 08/31/2025 through 12/16/2025, as of 12/16/2025 at 12:52 p.m., revealed, in part, no documented evidence to indicate a new fall prevention intervention was identified or implemented in response to his fall</p>		