STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195599	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Port Allen	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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observations, interviews, and record reviews, the facility failed to provide services with reasonable accommodation of needs by failing to ensure call lights were in reach for 2 (#82 and #109) of 33 residents reviewed for accommodation of needs in the initial pool.Findings: Review of the facility's undated policy titled, Call Light, Use of Policy and Procedure revealed the following, in part:Policy:2. To assure call system is in proper working order.Procedure:10. When providing care to residents be sure to position the call light conveniently for the resident to use.15. Be sure all call lights are placed on the bed at all times, never on the floor or bedside stand. Resident #82Review of Resident #82's Clinical Record revealed an admission date of 08/09/2024 and diagnoses, which included Hemiplegia and Hemiparesis following Cerebral Infarction. Review of Resident #82's Quarterly MDS with an ARD of 07/08/2025 revealed a BIMS of 13, which indicated intact cognition. Further review revealed she required staff assistance with transfers. Review of Resident #82's current Care Plan revealed she had Hemiplegia and Hemiparesis following a Cerebrovascular Accident. Further review revealed an intervention to place her call light in reach. An observation was made of Resident #82 on 08/25/2025 at 12:50 p.m. She was lying in bed. Her call light was lying on the floor at the foot of her bed and not in reach. An observation was made of Resident #82 on 08/26/2025 at 11:30 a.m. She was lying in bed. Her call light was lying on the floor at the foot of her bed and not in reach. An interview was conducted with Resident #82 at that time. Resident #82 confirmed she was unable to reach her call light. An observation was made of Resident #82 on 08/26/2025 at 1:51 p.m. She was seated on the edge of her bed near the head of the bed. Her call light was lying on the floor at the foot of her bed and not in reach. An interview was conducted with Resident #82 at that time. Resident #82 confirmed she was unable to reach her call light. An observation was made of Resident #82 with S11CNA on 08/26/2025 at 1:54 p.m. An interview was conducted with S11CNA at that time. S11CNA confirmed Resident #82's call light was lying on the floor and not in reach. S11CNA stated Resident #82's call light should have been clipped to her bed linens and in reach. S11CNA confirmed Resident #82 utilized her call light for assistance. Resident #109Review of Resident #109's Clinical Record revealed an admission date of 07/17/2024 and diagnoses, which included Hemiplegia. Review of Resident #109's Quarterly MDS with an ARD of 07/04/2025 revealed a BIMS of 15, which indicated intact cognition. Further review revealed Resident #109 required staff assistance with activities of daily living and transfers. An observation was made of Resident #109 on 08/25/2025 at 1:16 p.m. She was lying in bed. Her call light was lying on the floor and not in reach. An interview was conducted with Resident #109 at that time. Resident #109 confirmed her call light was not in reach. An observation was made of Resident #109 on 08/26/2025 at 8:10 a.m. She was lying in bed. Her call light was lying on the floor under her bed. An interview was conducted with Resident #109 at that time. Resident #109 confirmed her call light was not in reach. An observation was made of Resident #109 with S10CNA on 08/26/2025 at 8:12 a.m. An interview was conducted with S10CNA at that time. S10CNA confirmed Resident #109's call light was lying under her bed and not in reach. S10CNA confirmed Resident #109's call light should have been in reach. S10CNA confirmed Resident #109 utilized her call light for assistance. An interview was conducted with S2DON on 08/26/2025 at 3:50 p.m. He stated each resident's call light should be in reach while they are in their room.

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
	195599	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Port Allen	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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observations, interviews, and record review, the facility failed to protect each residents' right to personal privacy for 2 (#4 and #6) of 9 (#1, #4, #6, #52, #62, #74, #88, #116, and #130) residents observed during personal care and treatment procedures. The facility failed to ensure:1. Resident #6 was provided privacy during incontinence care; and2. Resident #4 was provided privacy during medication administration. Findings:Review of the facility's undated policy titled, Quality of Life-Dignity Policy and Procedure revealed the following, in part: Purpose: To ensure each resident shall be cared for in a manner that promotes quality of life, dignity, respect, and individuality. Procedure: 2. Treated with dignity means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth including safeguarding their personal privacy and confidentiality. 11. Staff shall promote, maintain, and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures. a. Ensure privacy curtains or doors are closed during personal care. 1. Review of Resident #6's Clinical Record revealed an admission date of 06/09/2025 and diagnoses, which included Cerebral Infarction, Anxiety Disorder, Bipolar Disorder, and Major Depressive Disorder. Review of Resident #6's Significant Change MDS with an ARD of 07/08/2025 revealed a BIMS of 15, which indicated she was cognitively intact. Further review revealed Resident #6 was always incontinent of bladder and bowel. An observation was made of S8CNA and S9CNA providing incontinence care for Resident #6 on 08/26/2025 at 2:10 p.m. During incontinence care, S8CNA stated she needed to obtain more gloves. Resident #6 was lying on her bed with her dress pulled up to her abdomen and her perineal area fully exposed. S8CNA exited the room and left the door fully open. Resident #6's body was visible from the hallway. A male resident passed by the room in the hallway while Resident #6 was exposed. An interview was conducted with S9CNA on 08/26/2025 at 2:40 p.m. She confirmed when S8CNA exited Resident #6's room during incontinence care, her perineal area was fully exposed and could have been visualized by anyone in the hallway. She stated Resident #6 should have been fully covered prior to opening Resident #6's room door. She confirmed S8CNA should have closed Resident #6's room door upon exiting. An interview was conducted with S8CNA on 08/26/2025 at 3:33 p.m. She stated Resident #6 always requested privacy. She stated residents should have privacy during care. An interview was conducted with Resident #6 on 08/26/2025 at 3:28 p.m. She stated she always (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195599	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Port Allen	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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	wanted to be provided privacy during incontinence care. She stated she would be embarrassed for someone to see her perineal area. An interview was conducted with S2DON on 08/26/2025 at 3:50 p.m. He stated he expected CNAs to close a resident's door behind them if having to exit the room to obtain supplies during incontinence care. He stated residents should always have privacy during incontinence care. 2. Review of Resident #4's Clinical Record revealed an admission date of 07/10/2020 and diagnoses, which included Cerebral Infarction, Dysphagia, Gastronomy Status, and Depression. An observation was made of S5LPN administering Resident #4's medications through his feeding tube on 08/25/2025 at 9:14 a.m. During treatment, S5LPN left the hallway door fully open and did not pull the privacy curtain. An interview was conducted with S5LPN on 08/25/2025 at 9:18 a.m. She confirmed she did not close the hallway door or pull the privacy curtain prior to administering Resident #4's medications and should have. An interview was conducted with S2DON on 08/26/2025 at 2:42 p.m. He stated he expected all CNAs to close a resident's door and/or pull the privacy curtain prior to the provision of treatment. He stated residents should always have privacy during medication administration.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195599	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Port Allen	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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record review and interviews, the facility failed to ensure an accurate Minimum Data Set assessment for 1 (#19) of 2 (#6 and #19) residents reviewed for falls. The facility failed to ensure falls were accurately coded for Resident #19.Review of Resident #19's Clinical Record revealed an admission date of 12/26/2023. Review of Resident #19's Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/27/2025 revealed the following, in part:Section J: Health ConditionsJ1800-Any falls since admission/entry or reentry or prior assessment. Marked 0. No. J1900-Number of falls since admission/entry or reentry or prior assessment. Marked blank. Review of the facility's incident log dated 02/25/2025 to 08/25/2025 revealed Resident #19 had an unwitnessed fall on 06/26/2025 and 06/27/2025. On 08/27/2025 at 12:45 p.m., an interview was conducted with S15LPN. She stated she was responsible for completing MDS assessments for Resident #19. She reviewed Resident #19's Discharge MDS with an ARD of 06/27/2025. S15LPN confirmed Resident #19 had a fall since his previous MDS assessment. S15LPN confirmed Resident #19's Discharge MDS with an ARD of 06/27/205, section J1800 was coded no and was not correctly coded for falls and should have been. S15LPN confirmed section J1800 and J1900 of Resident #19's discharge MDS was not accurately coded for falls and should have been. On 08/27/2025 at 2:02 p.m., an interview was conducted with S2DON. S2DON reviewed Resident #19's Discharge MDS with an ARD of 06/27/2025 and confirmed it was not accurately coded for his falls on 06/26/2025 and 06/27/2025 and should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195599	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Port Allen	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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure a resident with a newly evident or possible serious mental disorder was referred for a Preadmission Screening and Resident Review (PASRR) Level II evaluation as required for 1 (#71) of 5 (#2, #7, #38, #71, and #89) sampled residents reviewed for PASRR Level II.Review of the facility's undated policy, titled, Preadmission Screening, PASARR (Resident Review) revealed in part, the following: Procedure: Coordination shall include:2. Referring.all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. Review of the Resident #71's Clinical Record revealed he was admitted to the facility on [DATE]. Further review revealed he was diagnosed with Schizoaffective Disorder on 02/10/2025. On 08/26/2025 at 1:15 p.m., an interview was completed with S14SW. She stated she was responsible for submitting Resident Review Forms for residents. She stated she was aware Resident #71 was newly diagnosed with Schizoaffective Disorder on 02/10/2025, but was unable to provide documentation indicating a PASRR Level II evaluation was submitted to the appropriate authorities. On 08/26/2025 at 1:35 p.m., an interview was conducted with S2DON. He stated if a resident received a new, mental health diagnosis, he expected a PASRR Level II evaluation to be submitted to the appropriate authorities by S14SW. On 08/26/2025 at 2:25 p.m., an interview was conducted with S3CA. She confirmed a PASRR Level II evaluation had not been submitted to the appropriate authorities since Resident #71's diagnosis of Schizoaffective Disorder on 02/10/2025 and should have.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195599	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Port Allen	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure interventions for Aphasia were implemented as identified on the care plan for 1 of 1 (#84) residents reviewed for communication difficulty. Review of Resident #84's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Cerebral Infarction, Aphasia, and Major Depressive Disorder. Review of Resident #84's Quarterly MDS with an ARD of 07/01/2025 revealed a BIMS of 10, which indicated his cognition was moderately impaired. Further review of Section B: Speech, Hearing, and Vision, revealed Resident #84 had unclear speech and was sometimes understood by others. Review of Resident #84's current Care Plan revealed the following:Focus: Resident is aphasic related to CVA. Uses a communication board to assist with communicating. Intervention: Resident needs to be provided with a communication tool. On 08/25/2025 at 11:00 a.m., an observation was made of Resident #84's room. No communication tools were observed in his room. On 08/26/2025 at 10:55 a.m., an interview was conducted with S13CNA. She stated she was familiar with Resident #84's care. She stated Resident #84 had difficulty communicating his wants and needs to staff. She stated when he is misunderstood he would yell, curse, and occasionally demonstrate physically aggressive outbursts. She stated he primarily communicated via yes/no responses. She stated he understood others and could follow commands. She stated she had not used the communication board with him recently. She stated she had not seen the communication board in his room. On 08/26/2025 at 11:47 a.m., an interview was conducted with Resident #84. Simple, close-ended questions were presented that required either a yes or no response. Resident #84's responses revealed the following, in part: When staff does not understand you, does that make you mad? YesHave they used a communication board with you before? YesDo you want them to continue using the communication board? YesHave you seen it in your room? No On 08/26/2025 at 11:49 a.m., an observation was made of Resident #84. He opened the top drawer of his night stand, no communication board was observed inside the drawer. On 08/26/2025 at 3:30 p.m., an interview was conducted with S15MDS. She stated she was responsible for implementing Resident #84's interventions as identified on his care plan. She confirmed staff should have attempted to utilize the communication board with him during communication breakdowns. She stated a communication board should have always been available in his room. On 08/26/ 2025 at 3:32 p.m., an observation was made of S15MDS and S16MDS inspecting Resident #84's room for his communication board. S15MDS confirmed the communication board was not in Resident #84's room and should have been. On 08/26/2025 at 3:40 p.m., an interview was conducted with S2DON. He stated he expected all staff to implement interventions as identified on the care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195599	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Port Allen	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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure services were provided by the facility to meet quality professional standards. The facility failed to ensure nursing staff followed manufacturer instructions for use of an inhaler to prevent side effects of the medication for 1 (#88) of 4 (#52, #74, #88, and #130) residents reviewed for medication administration.Findings:Review of the facility's undated policy, titled Medication Administration Policy And Procedure revealed the following, in part:Purpose: The purpose of this procedure is to provide guidelines for the safe administration of medications.Procedure:8. The individual administering a medication shall be aware of the following information concerning each medication before administration:b. Untoward.side effectsReview of the facility's medication insert for Fluticasone Propionate/Salmeterol Diskus inhalation powder revealed the following, in part:Step 1: Open your Fluticasone Propionate/Salmeterol Diskus.Step 2: Slide the lever until you hear it click.Step 3: Inhale your medicine.Step 4: Close the Diskus.Step 5: Rinse your mouth. Rinse your mouth with water after breathing in the medicine. Spit out water. Do not swallow it.Further review of the step-by-step instructions revealed the following:Rinse your mouth with water without swallowing after each use of Fluticasone Propionate/Salmeterol Diskus. This will help lessen the chance of getting a yeast infection (thrush) in your mouth and throat.Review of Resident #88's Clinical Record revealed she was admitted to the facility on [DATE] with a diagnosis, which included Chronic Obstructive Pulmonary Disease.Review of Resident #88's current Physician Orders revealed the following:Revision Date: 08/21/2025 Advair Diskus Inhalation Aerosol 100-50 mcg take one puff inhale every 12 hours.On 08/26/2025 at 7:50 a.m., an observation was made of S5LPN administering Resident #88's medications. She administered one inhalation of Advair 100-50 mcg to Resident #88. S5LPN exited the room and did not offer or instruct Resident #88 to rinse her mouth out after the inhaler was administered. On 08/26/2025 at 8:05 a.m., an interview was conducted with S5LPN. She confirmed she did not have Resident #88 rinse her mouth out with water after administration of the Advair inhaler and was not aware she should have. She reviewed the Advair medication insert and confirmed she should have had Resident #88 rinse her mouth out after administration of the inhaler and did not. On 08/26/2025 at 11:40 a.m., an interview was conducted with S2DON. He was notified of the above observations during medication administration. He confirmed after a resident was administered an inhaler the nurse should have the resident rinse their mouth out with water.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195599	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Port Allen	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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure a resident who was unable to carry out ADLs received the necessary services to maintain good grooming and personal hygiene for 1 (#107) of 5 (#6, #38, #71, #93, and #107) residents reviewed for ADL's. The facility failed to trim and clean fingernails for Resident #107.Review of the facility's undated policy titled, Nail Care Policy and Procedure, revealed the following, in part:5. To promote cleanliness.Procedure: 1. Care of fingernails and toenails is part of the bath.2. Be certain nails are clean.4. Nails are to be clipped and filed smoothly. Review of the Medical Record for Resident #107 revealed the resident was admitted to the facility on [DATE] with diagnoses which included Hemiplegia and Hemiparesis Affecting Right Dominant Side and Neuroleptic Induced Parkinsonism. Review of the most recent MDS (Minimum Data Set) for Resident #107 with an ARD (Assessment Reference Date) of 07/16/2025 revealed Resident #107 had a BIMS (Brief Interview for Mental Status) of 15, which indicated the resident was cognitively intact. Review of the current Care Plan for Resident #107 revealed, in part, the following:Problem - The resident has an ADL self-care performance deficit related to Confusion and Diagnosis of Neuroleptic Induced Parkinson's. Interventions - Staff to perform fingernail and toenail care as appropriate.On 08/25/2025 at 9:45 a.m., an observation was made of Resident #107's fingernails. Resident #107's fingernails were observed to be long and had a black and red substance underneath all fingernails. Resident #107's fingernails were observed to be approximately 0.5 cm past the tip of all 10 fingers. On 08/25/2025 at 10:15 a.m., an interview was conducted with Resident #107. Resident #107 stated he had asked staff to cut his fingernails for him. Resident #107 stated he would like his nails to be cleaned and trimmed. On 08/25/2025 at 10:20 a.m., an interview was conducted with S12CNA. S12CNA stated restorative staff and/or CNAs were responsible for cleaning and trimming resident's nails. S12CNA observed and confirmed Resident #107's fingernails were very long and dirty. She further confirmed his nails should be kept clean and trimmed and were not. 08/27/2025 at 12:31 p.m., an interview was conducted with S19LPN. S19LPN stated CNAs were responsible for nail care and should perform with baths or showers or at resident's request. She confirmed staff should keep resident's fingernails clean and trimmed. On 08/26/2025 at 2:18 p.m., an interview was conducted with S2DON. S2DON confirmed staff should keep resident's fingernails clean and trimmed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195599	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Port Allen	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide necessary care and services for the provision of respiratory care in accordance with professional standards. The facility failed to ensure oxygen tubing was properly labeled for 1 (#89) of 1 (#89) residents reviewed for oxygen therapy.Review of Resident #89's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Chronic Respiratory Failure, Chronic Obstructive Pulmonary Disease, Emphysema, and Chronic Diastolic (Congestive) Heart Failure. Review of Resident #89's current Physician's Orders revealed the following, in part:Start date: 05/27/2025: Administer oxygen at 2 Liters per minute via nasal cannula, every shift for Chronic Obstructive Pulmonary Disease, Emphysema, Congestive Heart Failure, and Shortness of Breath. On 08/25/2025 at 10:15 a.m., an observation was made of Resident #89's oxygen tubing, which was not labeled with the date. On 08/25/2025 at 10:20 a.m., an observation and interview was conducted with S7LPN. S7LPN observed Resident #89's oxygen tubing and confirmed the oxygen tubing was not labeled with the date last changed and stated it should have been. She stated the tubing should have been changed and labeled weekly, and it was the nurse's responsibility to do so. On 08/27/2025 at 2:00 p.m., an interview was conducted with S2DON. He was made aware of the observation of Resident #89's oxygen tubing not being labeled with a date. S2DON confirmed all oxygen tubing should be labeled with the date it was changed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195599	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Port Allen	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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observations and interviews, the facility failed to ensure garbage and waste were properly contained in the outdoor trash dumpster.Findings: On 08/25/2025 at 9:00 a.m., an observation was made of the facility's two outdoor trash dumpsters with S4DM. One of the dumpsters was observed with the lid open, half full of bagged trash with flies swarming around the dumpster. On 08/25/2025 at 9:02 a.m., an interview was conducted with S4DM. She observed and confirmed the above mentioned observations of the dumpster area. She stated S6HSK was responsible for the dumpster area. She confirmed the dumpster lid was open and should not be.On 08/25/2025 at 9:05 a.m., an interview was conducted with S6HSK. He stated he was responsible for the dumpster area. He stated he had opened the dumpster lid this morning to take out the trash and would close the lid on the dumpster when he was done. He confirmed the dumpster lid should be closed when not in use.On 08/25/2025 at 9:20 a.m., an interview was conducted with S1ADM. She was notified of the observation of the dumpster lid being open. She confirmed the dumpster lid should be kept closed when not in use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195599	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Port Allen	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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure a resident's MAR (Medication Administration Record) was accurately documented for 1 (#21) of 31 residents included in the final sample. Review of the facility's undated policy titled Documentation and Charting Guidelines, revealed the following, in part:Purpose: The purpose of Charting and Documentation is to provide the following: a complete account to the resident's care.Review of Resident #21's clinical record revealed she was admitted on [DATE] with diagnoses which included Dementia with other Behavioral Disturbance. Review of Resident #21's admission MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 08/19/2025 revealed BIMS of 13, which indicated she was cognitively intact. Review of Resident #21's current Physician's Orders revealed the following:-Contact Precautions - every shift for infection Start date: 08/17/2025-Vancomycin HCl Oral Capsule 125 MG - Give 1 capsule by mouth four times a day for C. Diff (Clostridium Difficile) Start date: 08/17/2025 Review of Resident #21's current Care Plan revealed the following:-Focus: I have an infection C. Diff and I am on contact isolation precautions. Date initiated: 08/17/2025.-Interventions: Provide me treatment as ordered by my physician. Review of Resident #21's current MAR (Medication Administration Record) revealed the following: -Contact Precautions every shift for infection. Start date 08/17/2025. Further review revealed no documentation contact precautions were in place for 08/17/2025 - 08/21/2025. On 08/27/2025 at 9:10 a.m., an interview was conducted with S5LPN. S5LPN stated once Resident #21 received a confirmed diagnosis of C. Diff, she was immediately placed on TBP (Transmission Based Precautions). She stated Resident #21's TBP was ordered to start on 08/17/2025. She reviewed Resident #21's MAR and confirmed there was no documentation isolation precautions were in place from 08/17/2025 - 08/21/2025. She further confirmed Resident #21 was on TBP but the documentation did not reflect this and should have. On 08/27/2025 at 9:53 a.m., an interview was conducted with S17ADON. S17ADON confirmed Resident #21 was placed on TBP on 08/17/2025 after receiving a call from the hospital informing facility staff that resident tested positive for C. Diff. S17ADON reviewed Resident #21's MAR and confirmed there was no documentation to reflect contact precautions were in place from 08/17/2025 - 08/21/2025 and there should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195599	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Port Allen	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to implement and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The facility failed to ensure staff:1. Performed hand hygiene during medication administration for 1 (#88) of 5 (#52, #62, #74, #88 and #130) residents observed during medication administration; and2. Donned the appropriate Personal Protective Equipment (PPE) during medication administration for 1 of 1 (#4) residents reviewed for feeding tube.Findings: Review of the facility's undated policy, titled, Hand Washing/Hand Hygiene Policy and Procedure revealed the following, in part: Policy: All personnel shall perform hand washing/hand hygiene when working with residents. Procedure: Use an alcohol-based hand rub. for the following situations: b. Before and after direct contact with residents; c. Before preparing or handling medications; m. After removing gloves. 1. Review of Resident #62's Clinical Record revealed she was admitted to the facility on [DATE]. Review of Resident #88's Clinical Record revealed she was admitted to the facility on [DATE]. On 08/26/2025 at 7:50 a.m., an observation was made of S5LPN entering Resident #62's room and administering her medications. S5LPN was observed in Resident #62's room placing the empty water cup and medication cup in the trashcan. Without performing hand hygiene, S5LPN was observed exiting Resident #62's room and went to the medication cart. Without performing hand hygiene, S5LPN prepared Resident #88's medication, knocked and entered Resident #88's room and administered her oral medications. Without performing hand hygiene, S5LPN applied gloves and administered Resident #88's inhaler. S5LPN removed her gloves, exited the room, returned to the medication cart and placed the inhaler in the drawer. S5LPN did not perform hand hygiene. On 08/26/2025 at 8:05 a.m., an interview was conducted with S5LPN. She confirmed the above observations of not performing hand hygiene with medication administration. She confirmed she should have performed hand hygiene before and after medication administration and in between residents and did not. On 08/26/2025 at 11:40 a.m., an interview was conducted with S2DON. He stated nurses should perform hand hygiene before and after medication administration and in between residents. 2. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195599	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Port Allen	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's undated policy, titled, Enhanced Barrier Precautions (EBP) revealed the following, in part: Procedure: 1. EBP are indicated for residents with any of the following: b. Wounds and/or indwelling medical devices ii. Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies. 4. For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities g. Device care or use (feeding tube) 5. PPE is to be applied prior to performing the high-contact resident activity. b. Put on gown and gloves Review of Resident #4's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Gastronomy status. Review of Resident #4's current, physician orders revealed the following, in part: Order date: 04/02/2024; Enhanced Barrier Precautions every shift for Feeding Tube. Order date: 09/19/2024; May give medications via Enteral Tube. On 08/25/2025 at 9:13 a.m., an observation was made of Resident #4's door, which revealed a PPE caddy with no EBP signage displayed. On 08/25/2025 at 9:14 a.m., an observation was made of S5LPN entering Resident #4's room, applying gloves, and administering his medications via feeding tube. On 08/25/2025 at 9:18 a.m., an interview was conducted with S5LPN. She confirmed she did not wear a gown while administering medications through Resident #4's feeding tube and should have. On 08/25/2025 at 2:42 p.m., an interview was conducted with S2DON. He stated he expected all staff to utilize PPE while providing care to residents with a feeding tube. On 08/26/2025 at 2:46 p.m., an interview was conducted with S15ADON. She stated she was responsible for the facility's infection prevention program. She confirmed all care staff should wear a gown and gloves while administering medications via feeding tube to be in compliance with EBP.