

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195613	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/18/2024
NAME OF PROVIDER OR SUPPLIER  Legacy at St Christina		STREET ADDRESS, CITY, STATE, ZIP CODE  122 Hillsdale Drive Pineville, LA 71360	

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>45213</p> <p>Based on interview and record review, the facility failed to ensure an allegation of staff to resident physical abuse was reported immediately, but not later than 2 hours after the allegation was made, to the State Survey Agency for 1 (Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents.</p> <p>Findings:</p> <p>Review of the facility's policy on 03/14/2024 at 4:20 p.m. titled Abuse Prevention and Prohibition revision 4.0 dated 01/27/2023 read in part .</p> <p>An alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than:</p> <p>Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury .</p> <p>The facility administrator or designee shall report or cause a report to be made to the mandated state agency per reporting criteria within guidelines of notification of an alleged abuse.</p> <p>Review of Resident #1's Quarterly MDS with an ARD of 01/16/2024 revealed a BIMS score of 13, indicating intact cognition.</p> <p>Interview on 03/13/2024 at 2:53 p.m. with Resident #1 revealed he was abused about 2 weeks ago (could not recall date) at approximately 7:00 p.m. Resident #1 reported a CNA hit him with a fan on his back and head, and then took him to a shower room and hit him with a plastic hanger on the buttocks, penis, head, and back. Resident #1 reported she called him white trash, white honkey and a mother f*****. Resident #1 stated he reported it to the nurse (could not recall name) on duty that evening, and to S1 ADM the following morning.</p> <p>Interview on 03/14/2024 at 3:15 p.m. with S1 ADM revealed she was notified of the allegation of staff to resident physical abuse reported by Resident #1 on 02/26/2024, by either S3 DON, or S4 SSD. S1 ADM stated she was told the alleged incident occurred on 02/25/2024 during the day shift. S1 ADM reported Resident #1 informed her during an interview that S5 CNA had hit him on the back of the head with a fan, and with a plastic coat hanger in his groin.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 195613	If continuation sheet Page 1 of 4

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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>Interview on 03/18/2024 at 2:49 p.m. with S1 ADM and S2 Regional ADM, confirmed the allegation of staff to resident physical abuse was not entered into the Statewide Incident Management System (SIMS), but should have been.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>45213</p> <p>Based on interview and record review, the facility failed to have evidence that an allegation of staff to resident physical abuse was thoroughly investigated for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) sampled residents.</p> <p>Findings:</p> <p>Review of the facility's policy on 03/14/2024 at 4:20 p.m. titled Abuse Prevention and Prohibition revision 4.0 dated 01/27/2023 read in part .</p> <p>Investigation: Administrator or designee will complete a thorough investigation. Interview employees who were working in resident's room during the time in question. Signed statements should be obtained from these employees.</p> <p>Interview the resident if they are cognitively able to answer questions. If the resident is not interviewable, interview the roommate. Resident family and friends may be questioned.</p> <p>A licensed professional nurse will examine the resident for signs of injury and notify the resident's physician of any injuries noted.</p> <p>Maintain a file in the administrator or designee office. This file must be kept private and confidential.</p> <p>Review of the facility's investigation documentation for Resident #1 on the allegation of staff to resident physical abuse revealed a body audit conducted on 02/26/2024, a statement from the nurse who conducted the body audit on 02/26/2024, safe surveys conducted on residents who resided on the same hall on 02/26/2024, and text message communication with S5 CNA on 02/26/2024.</p> <p>Review of Resident #1's Quarterly MDS with an ARD of 01/16/2024 revealed a BIMS score of 13, indicating intact cognition.</p> <p>Interview on 03/13/2024 at 2:53 p.m. with Resident #1 revealed he was abused about 2 weeks ago (could not recall date) at approximately 7:00 p.m. Resident #1 reported a CNA hit him with a fan on his back and head, and then took him to a shower room and hit him with a plastic hanger on the buttocks, penis, head, and back. Resident #1 reported she called him white trash, white honkey and a mother f****. Resident #1 stated he reported it to the nurse (could not recall name) on duty that evening, and to S1 ADM the following morning.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 03/14/2024 at 3:15 p.m. with S1 ADM revealed she was notified of the allegation of staff to resident physical abuse reported by Resident #1 on 02/26/2024, by either S3 DON, or S4 SSD at approximately 8:10 a.m. S1 ADM stated she was told the incident occurred on 02/25/2024 during the day shift. S1 ADM reported Resident #1 informed her during an interview that S5 CNA had hit him on the back of the head with a fan, and with a plastic coat hanger in his groin. S1 ADM reported Resident #1's roommate was interviewed, who was cognitively intact, but she did not obtain a written statement. S1 ADM stated S5 CNA and S6 CNA stated during an interview, that Resident #1 was being rude and cursing; however, she did not obtain written statements.</p> <p>Interview on 03/18/2024 at 2:49 p.m. with S1 ADM, with S2 Regional ADM present, confirmed she did not have documentation that a thorough investigation was conducted, which included a timeline of the investigation, or signed statements from staff.</p>		