

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 06/25/2025
NAME OF PROVIDER OR SUPPLIER Legacy Nursing 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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident received reasonable accommodation of needs for 2 (#3 and #4) of 4 (#1, #2, #3, and #4) sampled residents. The facility failed to ensure Resident #3 and Resident #4 had an appropriate call light and that it was within reach to call for assistance.</p> <p>Findings:</p> <p>Review of the Facility's undated policy titled Call light, Use of Policy and Procedure read in part . Policy: To respond promptly to residents call for assistance. Procedure: 13. Have the resident demonstrate the use of the call light to be sure he/she understands your instructions. 15. Be sure the call lights are placed on the bed at all times, never on the floor or bedside stand.</p> <p>Resident #3</p> <p>Review of Resident #3 's medical record revealed an admit date of 03/28/2025 with diagnoses that included in part: Spondylolisthesis, Neuromuscular Dysfunction of Bladder, Pseudoarthrosis after Fusion, Major Depressive Disorder, Hemiplegia, and Personal History of Urinary Tract Infection.</p> <p>Review of Resident #3's Minimum Data Set (MDS) with an ARD of 04/08/2025 revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. Resident #3 was totally dependent upon staff and required physical assistance for all activities of daily living.</p> <p>Observation and interview on 06/23/2025 at 11:44 a.m. revealed Resident #3 lying in bed with the call bell out of reach, on the bedside table away from the bed. Resident #3 stated she was paralyzed after a neck surgery and was unable to reach the call bell. Resident #3 stated she had very little use of her fingers and was unable to lift her arms. Resident #3 stated that if the call bell is not placed near her fingers she is unable to call for help. Resident #3 stated she has to yell for help or ask for her roommate to notify staff if her call bell is not within reach.</p> <p>Telephone interview on 06/23/2025 at 1:41 p.m. with Resident #3's Responsible Party revealed that during visits the call bell was not consistently within reach and was typically on the other side of the room.</p> <p>Interview on 06/24/2025 at 8:15 a.m. with Resident #3 stated that the call bell was not within reach for most of the night and she had to yell for help.</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 8

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 06/24/2025 at 08:40 a.m. with S1 DON revealed that after many attempts of moving the call bell to different places on the bed, Resident #3 was physically incapable of using the call bell.</p> <p>Interview on 06/24/2025 at 8:50 a.m. with S1 DON confirmed that Resident #3 was physically incapable of using the call bell.</p> <p>Resident #4</p> <p>Review of Resident #4 's medical record revealed an admit date of 04/28/2020 and a re-entry date of 06/05/2025 with diagnoses that included in part: Paroxysmal Atrial Fibrillation; Acute and Chronic Respiratory Failure with Hypoxia; Hypertensive Heart Disease with Heart Failure; Mild Protein-Calorie Malnutrition; Schizoaffective Disorder; Bipolar Type; Major Depressive Disorder; Generalized Anxiety Disorder; and Peripheral Vascular Disease.</p> <p>Review of Resident #4's Minimum Data Set (MDS) with an ARD of 06/08/2025 revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired cognition. Resident #4 was dependent or required substantial/ maximum assistance with activities of daily living.</p> <p>Observation and interview on 06/23/2025 at 11:50 a.m. revealed Resident #4 lying in bed with call bell attached to the light over Resident #4's bed, out of reach. Resident #4 stated he hollers for assistance due to call light not being accessible.</p> <p>Observation on 06/23/2025 at 12:55 p.m. Resident #4 observed sitting up in bed, receiving feeding assistance from staff. Call bell remains inaccessible, clipped to the light over Resident #4's bed.</p> <p>Interview on 06/24/2025 at 8:12 a.m. S3 LPN confirmed Resident #4's call light was not within reach. S3 LPN also confirmed Resident #4 was unable to utilize the call bell due to physical inability.</p> <p>Interview on 06/24/2025 at 8:50 a.m. with S1 DON confirmed Resident #4 was unable to use call bell to call for assistance due to physical inability. S1 DON stated she would order resident an adaptive call light he would be able to utilize.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on observation, record review, and interview the facility failed to provide care and services that meet professional standards of quality, by failing to:</p> <ol style="list-style-type: none"> Perform weights as ordered for 3 (#3, #4, and #R1) of 6 (#1, #2, #3, #4, #R1, and #R2) residents reviewed for weights; and Input orders for wound care for 1 (#4) of 3 (#2, #3, and #4) residents reviewed for wound care. <p>Findings:</p> <ol style="list-style-type: none"> Resident #3 <p>Review of the Facility's undated policy titled Weight Evaluation Policy and Procedure read in part .Purpose: To review, monitor, and maintain the resident weight. Procedure: 1. Weights are to be completed and documented in PCC chart for resident. 3. The following residents will be weighed weekly for 4 weeks until stable unless otherwise prescribed by the physician. D. 5% loss or gain in less than 31 days.</p> <p>Review of Resident #3 's medical record revealed an admit date of 03/28/2025 with diagnoses that included in part: Spondylolisthesis, Neuromuscular Dysfunction of Bladder, Pseudoarthrosis after Fusion, Major Depressive Disorder, Hemiplegia, and Personal History of Urinary Tract Infection.</p> <p>Review of Resident #3's weights revealed the following:</p> <p>05/12/2025-109.2 lbs</p> <p>04/28/2025-111.3 lbs</p> <p>04/14/2025- 109.3 lbs</p> <p>04/07/2025-114.9 lbs</p> <p>04/01/2025-119.0 lbs</p> <p>03/31/2025-119.6 lbs</p> <p>Review of Resident #3's Registered Dietician note dated 05/16/2025 read in part . Significant weight loss noted: -5.0% change over 30 days. Recommend: Continue weekly weights.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 06/24/2025 at 12:49 p.m. with S1 DON revealed Resident #3's weight, as of 06/24/2025 was 113 lbs. S1 DON stated Resident #3 was weighed on 05/12/2025 and was not weighed again until 06/24/2025. S1 DON confirmed Resident #3 should have been weighed weekly due to 5% weight loss over 30 days, but had not been.</p> <p>Resident #R1</p> <p>Review of Resident #R1's medical record revealed an admit date of 02/06/2024 with diagnoses that included: Hemiplegia and Hemiparesis following Cerebral Infarction affecting left non dominant side, Post Traumatic Seizures, Schizoaffective Disorder, Major Depressive Disorder, Dysphagia following Cerebral Infarction, and Unspecified Protein Calorie Malnutrition.</p> <p>Review of Resident #R1's care plan with a target date of 07/19/2025 read in part .</p> <p>I have lost weight recently. 05/17/2024 I revoke hospice. I will start weekly weights. Interventions: weigh me as appropriate.</p> <p>Review of Resident #3's weights revealed the following:</p> <p>06/24/2025 145.8 lbs</p> <p>05/05/2025 158.2 lbs</p> <p>03/25/2025 152.6 lbs</p> <p>01/28/2025 159.4 lbs</p> <p>11/5/2024 161.8 lbs</p> <p>Interview on 06/25/2025 at 3:00 p.m. with S1 DON revealed Resident #R1 was not weighed during the month of 04/2025 and was not weighed weekly as care-planned, but should had been.</p> <p>Resident # 4</p> <p>Review of Resident #4 's medical record revealed an original admit date of 04/28/2020 and a re-entry date of 06/05/2025 with diagnoses that included in part: Paroxysmal Atrial Fibrillation; Acute and Chronic Respiratory Failure with Hypoxia; Hypertensive Heart Disease with Heart Failure; Mild Protein-Calorie Malnutrition; Schizoaffective Disorder; Bipolar Type; Major Depressive Disorder; Generalized Anxiety Disorder; and Peripheral Vascular Disease.</p> <p>Review of Resident #4's medical records revealed the following weights:</p> <p>06/24/2025- 124.0 lbs</p> <p>05/06/2025- 128.6 lbs</p> <p>04/29/2025- 129.8 lbs</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>04/01/2025- 130.6 lbs</p> <p>02/24/2025- 144.0 lbs</p> <p>01/07/2025- 155.2 lbs</p> <p>Review of Resident #4's Registered Dietician notes dated 03/03/2025 read in part . Significant weight loss noted: -11.2 lbs weight loss noted x 30 days (-7.2 %). Recommend: Monitor weight weekly due to significant weight loss noted.</p> <p>Review of Resident #4's Registered Dietician notes dated 04/22/2025 read in part . Significant weight loss noted: -14.3 % x 6 months. Recommend: Monitor weight weekly due to significant weight loss noted.</p> <p>Interview on 06/24/2025 at 12:49 p.m. with S1 DON revealed that Resident #4 has a weight today of 124 lbs. S1 DON stated that Resident #4 has not had weights obtained since 5/06/2025 prior to today. S1 DON confirmed that Resident #4 should have been weighed weekly due to significant weight loss, but had not been.</p> <p>Observation on 06/23/2025 at 11:50 a.m. revealed bandages to Resident #4's right and left forearm. Review of Physician Orders revealed no active treatment for wounds to bilateral arms.</p> <p>Interview on 06/23/2025 at 01:00 p.m. with S2 Treatment Nurse revealed Resident #4 had a skin tear to his left forearm that occurred on 06/05/2025. S2 Treatment nurse was unsure when skin tear to right forearm occurred. S2 Treatment Nurse confirmed Resident #4 should have a Physician Order for all active wounds and did not.</p> <p>Interview on 06/23/2025 at 01:10 p.m. with S1 DON confirmed Resident #4 should have a Physician Order for all active wounds and did not.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observation, record review and interview, the facility failed to ensure 1 (Resident #3) of 2 (Resident #3 and Resident #4) sampled residents received the necessary treatment and services to prevent and promote the healing of pressure ulcers by failing to perform hand hygiene during treatment of a pressure ulcer.</p> <p>Findings:</p> <p>Review of Resident #3 's medical record revealed an admit date of 03/28/2025 with diagnoses that included in part: Spondylolisthesis, Neuromuscular Dysfunction of Bladder, Major Depressive Disorder, Hemiplegia, and Personal History of Urinary Tract Infection.</p> <p>Review of Resident #3's Minimum Data Set (MDS) with an ARD of 04/08/2025 revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. Resident #3 was totally dependent on staff and required physical assistance for all activities of daily living.</p> <p>Review of Resident #3's 06/2025 Physician Orders read in part .</p> <p>Treatment #1- Unstageable Pressure Ulcer to left buttocks. Cleanse with wound cleanser, pat dry, apply medihoney to wound bed, followed by calcium alginate with silver, and cover with a dry dressing.</p> <p>Treatment #2- Unstageable Pressure Ulcer to right buttocks Cleanse with wound cleanser, pat dry, apply medihoney to wound bed, followed by calcium alginate with silver, and cover with a dry dressing</p> <p>Treatment #3 Deep Tissue Injury to right heel. Cleanse with wound cleanser, pat dry, cover with betadine soaked gauze, and cover with a dry dressing.</p> <p>Treatment #4 Deep Tissue Injury to left heel. Cleanse with wound cleanser, pat dry, cover with betadine soaked gauze, and cover with a dry dressing.</p> <p>Treatment #5- Unstageable Pressure Ulcer to sacrum. Cleanse with wound cleanser, pat dry, apply medihoney to wound bed, followed by calcium alginate with silver, and cover with a dry dressing.</p> <p>Observation of Resident #3's wound care on 06/24/25 at 10:15 a.m. with S2 Treatment Nurse revealed hand hygiene with alcohol based hand rub or washing of hands was not performed when gloves were changed, or between performance of wound care for each of Resident #3's (5) pressure ulcers.</p> <p>Interview on 06/24/2025 at 10:38 a.m. with S2 Treatment Nurse confirmed she did not perform hand hygiene during wound care of Resident #3's 5 pressure ulcers. S2 Treatment Nurse stated that it was her understanding that you should only sanitize hands between residents, or if hands were visibly soiled.</p> <p>Interview on 06/25/2025 at 1:29 p.m. with S1 DON confirmed S2 Treatment Nurse should have performed hand hygiene when changing gloves, and between wound care of each wound, but did not.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure each resident was free of medication errors for 1 (#4) of 4 residents reviewed. The facility failed to ensure medications were administered to Resident #4 as ordered by the physician.</p> <p>Findings:</p> <p>Review of Resident #4 's medical record revealed an admit date of 04/28/2020 and a re-entry date of 06/05/2025 with diagnoses that included in part: Paroxysmal Atrial Fibrillation; Acute and Chronic Respiratory Failure with Hypoxia; Hypertensive Heart Disease with Heart Failure; Mild Protein-Calorie Malnutrition; Schizoaffective Disorder; Bipolar Type; Major Depressive Disorder; Generalized Anxiety Disorder; and Peripheral Vascular Disease.</p> <p>Review of Resident #4's Minimum Data Set (MDS) with an ARD of 06/08/2025 revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired cognition. Resident #4 was dependent or required substantial/ maximum assistance with activities of daily living.</p> <p>Review of Resident #4's hospital discharge paperwork dated for 06/05/2025 revealed in part .This is the list of medications for you to take upon discharge. Be sure to follow this list and do not take any meds not on this list.</p> <p>Updated medication list included:</p> <ol style="list-style-type: none"> 1. Amiodarone HCL 400mg oral every morning 2. Bisacodyl 5mg oral every morning 3. Divalproex DR 500mg oral every morning 4. Divalproex DR 1000mg oral at bedtime 5. Ipratropium/Albuterol Sulfate 3ml nebulization three times a day 6. Invega ER 6mg oral at bedtime 7. [NAME] 1% topical one application every morning <p>Review of Resident #4's Physician Orders and Medication Administration Record (MAR) for June 2025 revealed in part . Medication Amiodarone HCL 400mg was not initiated on return from hospitalization.</p> <p>On 06/25/2025 at 11:49 a.m. Interview with S4 Nurse Practitioner confirmed Resident #4 is not currently taking medication Amiodarone as listed on hospital discharge paperwork and should be. S4 Nurse Practitioner confirmed medication was overlooked when Resident #4 returned from the hospital. S4 Nurse Practitioner stated Resident #4 has not had any adverse reactions related to the medication error.</p> <p>(continued on next page)</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/25/2025 at 12:10 p.m. Interview with S1 DON confirmed Resident #4 is not currently taking medication Amiodarone as listed on the hospital discharge paperwork and should be.</p>