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| 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 08/20/2025 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on record review and interview, the facility failed to ensure services were provided to meet professional standards of practice by failing to ensure a residents received a prescribed antibiotic in a timely manner for 1 (#2) of 3 (#1, #2, and #3) sampled residents. Findings:Review of Resident #2's medical record revealed an admit date of 03/10/2025 with diagnoses that included: Other Chronic Osteomyelitis, Left ankle and foot, Cerebral Infarction, Unspecified Hemiplegia and Hemiparesis, Persona; History of Urinary Tract Infection, Unspecified Mood Affective Disorder, Epilepsy, Paranoid Schizophrenia, and Major Depressive Disorder. Review of Resident #2's medical record revealed a progress notes dated 06/23/2025 by the facility Nurse Practitioner read in part. New order noted for urinalysis with culture and sensitivity for dysuria and altered mental status. Review of Resident #2's medical records revealed an unloaded urinalysis dated 06/26/2025 with a hand written note at the bottom that read Cefdinir 300 mg BID. Review of Resident #2's 06/2025 Physician Orders read in part.Order input on 06/27/2025 with a start date of 06/28/2025 at 8:00 a.m. Cefdinir Oral Capsule Give 300 mg by mouth two times a day for UTI for 7 Days. Discontinue date of 06/28/2025. Order input on 06/28/2025 with a start date of 06/28/2025 at 4:00 p.m. Macrobid Oral Capsule 100 MG Give 100 mg by mouth two times a day related to Personal history of UTI for 7 Days. Completed on 07/05/2025. Review of Resident #2's progress noted date 06/28/2025 at 11:22 a.m. read in part. Resident states she is allergic to Cefdinir, it makes me itch. MD notified. No new orders at this time. Review of Resident #2's progress noted date 06/28/2025 at 11:34 a.m. 6/28/2025 11:34 a.m. read in part.New order for Macrobid 100mg by mouth , twice daily for 7 days. Discontinue Cefdinir. This surveyor was unable to reach the nurse that put in the order on for Cefdinir 300mg by mouth twice a day for 7 days on 06/27/2025 during the survey via telephone. An interview on 08/18/2025 at 2:50 p.m., with S1 ADON stated that once a preliminary lab result comes back, the Nurse practitioner is notified for further guidance. S1 ADON stated the lab sends the results to the facility through there Electronic Medical Record (EMR) system immediately after they are resulted. S1 ADON stated the Urinalysis with culture and sensitivity that was collected on 06/26/2025 sent the preliminary report to their EMR on 06/26/2025 at 2:25 p.m. S1 ADON stated an order was put in by staff on 06/27/2025 with a start date of 06/28/2025 at 8:00 a.m. for Cefdinir 300mg, twice daily for 7 days. S1 ADON confirmed Resident #2 should have received the antibiotic medication on 06/26/2025 from the facility emergency kit on the day it was ordered, but had not.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER Legacy Nursing at St. Christina | | STREET ADDRESS, CITY, STATE, ZIP CODE 122 Hillside 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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>Based on observations, interviews, and record review, the facility failed to ensure a resident received enteral feedings as ordered by the physician for 1 (#3) of 3 (#1, #2, and #3) sampled residents. Findings: Review of the Facility's undated policy titled Enteral Feeding Therapy (Tube Feeding) Policy and Procedure read in part. Purpose: to provide liquid nourishment through a tube, inserted into the stomach. Policy: All enteral tube feedings shall have care according to physician orders. Review of Resident #3's medical record revealed and admit date of 09/28/2021 with a readmission date of 07/10/2024 with diagnoses that included: Cerebral Palsy, Aphasia, Mild Protein Calorie Malnutrition, Gastrostomy Status, Dysphagia, Type 2 Diabetes Mellitus, and Bipolar Disorder. Review of Resident #3's admission MDS with an ARD of 07/22/2025 revealed a BIMS of 2, which indicated severely impaired cognition. Review of Resident #3's Care Plan with a review date of 11/02/2025 read in part. I require a PEG tube for adequate nutritional intake related to my dysphagia. Administer my tube feeding as ordered by my physician. Review of Resident #3's current Physician Orders revealed the following, in part: 07/10/2024 -Glucerna 1.5 at 60ml/hr via pump from 7:00 p.m. to 7:00 a.m. 02/28/2025- H2O Flush at 250ml/Q4h via pump from 7:00 p.m. to 7:00 a.m. 09/13/2024-Glucerna 1.5 give carton bolus daily at 12:00 p.m. and at 4:00 p.m.; then flush with 100ml of water. 07/10/2024- Flush with 100ml of water after bolus feeding. 04/28/2025- PRN-Glucerna 1.5 carton bolus every 24 hours if asks for extra feeding. Observation and interview on 08/18/2025 at 9:38 a.m., accompanied with S2 LPN revealed a bag of peg tube feeding Glucerna dated 08/18/2025 and timed 12:00 a.m. with 1000ml of feeding in the bag and 1000ml of H2O hanging on a feeding pole in Resident #3's bedroom. The peg tube feeding was not connected to Resident #3 and the feeding pump was turned off. S2 LPN stated that she came on shift at 6:00 a.m. today and had not been in Resident #3's room. S2 LPN stated that during her shift Resident #3 gets 2 bolus feedings and receives continuous tube feedings overnight. An interview on 08/18/2025 at 9:53 a.m. with S3 LPN stated she worked on Resident #3's hall last night. S3 LPN stated she went into Resident #3's room between 7:15 p.m. -7:30 p.m. last night but cannot recall if a peg feeding was hanging at the time. S3 LPN stated she gave Resident #3 a bolus feeding at 3:00 a.m. and stated she hung the Glucerna and H2O with tubing on the pole at around 3:00 a.m. S3 LPN confirmed she read the physician orders but may have missed the order for continuous feeding to be administered overnight for Resident #3. S3 LPN denied Resident #3 had refused any feedings. An interview on 08/18/2025 at 3:10 p.m. with S4 DON revealed that Resident #3 should have received the ordered continuous feeding of Glucerna the night of 08/17/2025, but had not.</p> | | |