

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 12/10/2025
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 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>Based on record review and interview, the facility failed to ensure that an allegation of verbal abuse was reported immediately, but no later than 2 hours after the allegation was made, to the State Survey Agency for 1 (Resident #1) of 3 sampled residents reviewed for abuse. Review of the facility's undated policy titled, Abuse Reporting and Investigation Policy and Procedure, read in part. 2. An Alleged violation of abuse, neglect, exploitation, or mistreatment will be reported immediately, but no later than: a. Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury. Verbal Abuse is defined as the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance or sight, regardless of age, ability to comprehend, or disability. Examples: Name-calling, cursing, yelling at a patient in anger. Review of Resident #1's medical record revealed an admission date of 10/06/2022, with diagnoses that included, in part. Chronic Obstructive Pulmonary Disease, Type II Diabetes, Benign Prostatic Hyperplasia with lower urinary tract symptoms, Obstructive and Reflux Uropathy. In an interview on 12/08/2025 at 12:07 p.m., S1Administrator revealed that Resident #1 receives counseling services from a third-party company. A staff member from the third-party company visits and provides services to Resident #1 in the facility. In October, S1Administrator revealed he was notified by a supervisor from the third-party company that one of their staff members witnessed an incident between Resident #1 and a facility staff member. S1Administrator requested that the company staff member go to the facility to speak with him about what was witnessed. S1Administrator revealed the situation was investigated, S2SocialWorker made notes on the investigation, and nothing came of the situation. S1Administrator denied being aware of any physical or verbal abuse allegations being involved in the incident. A review of S2SocialWorker facility investigation notes dated 10/17/2025 revealed in part. on 10/17/2025, a staff member from a third-party company went and spoke with 3 facility staff members, including S1Administrator and S2SocialServices, about Resident #1. Third-party staff member said that when she was in the facility Thursday, 10/9/2025, she heard a staff member curse at Resident #1 because he urinated on the floor in front of other residents. In an interview on 12/08/2025 at 12:55 p.m., S1Administrator revealed he did not feel it was warranted to report based off his findings during the investigation such as the incident not being brought to him for 1 week after the alleged incident and Resident #1 not having any recollection of the incident. S1Administrator confirmed after becoming aware of the incident, he did not report the allegations of verbal abuse in the form of SIMS (Statewide Incident Management System) to the Department of Health.</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
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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	
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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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>A review of the facility's undated policy titled, Quality of Care Policy and Procedure, read in part. It is the policy of our company that each resident receives the necessary care to attain or maintain the highest practicable physical, mental, and psychological well-being, in accordance with the resident's comprehensive assessment and plan of care. Resident #1 Review of Resident #1's medical record revealed an admission date of 10/06/2022, with diagnoses that included, in part. Chronic Obstructive Pulmonary Disease, Type II Diabetes, and Benign Prostatic Hyperplasia with lower urinary tract symptoms, Obstructive and Reflux Uropathy. Review of Resident #1's Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 09/30/2025 revealed Resident #1 had a BIMS score of 14, which indicated intact cognition. Resident #1 required moderate assistance with showering and bathing. Review of Resident #1's electronic health record's facility task titled, Bathing/Shower Scheduled (Three times weekly) Specify days:(Monday, Wednesday, Friday OR Tuesday, Thursday, Saturday) with a lookback period of 30 days, revealed Resident #1 had 1 documented bath in the past 30 days. Review of handwritten bathing documentation for November 2025 revealed Resident #1 received a bath on 11/15/2025, 11/16/2025, and 11/20/2025. In an interview on 12/08/2025 at 09:00 a.m., Resident #1 revealed he has not had a bath in one week and would like one. Resident #2 Review of Resident #2's medical record revealed an admit date of 04/16/2025 with the following diagnoses in part. Chronic Obstructive Pulmonary Disease, Type II Diabetes without complications, and Morbid (Severe) Obesity due to excess calories. Review of Resident #2's Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 10/28/2025 revealed Resident #2 was dependent for showering and bathing, and for all transfers. Review of Resident #2's electronic health record's facility task titled, Bathing/Shower Scheduled (Three times weekly) Specify days:(Monday, Wednesday, Friday OR Tuesday, Thursday, Saturday) with a lookback period of 30 days, revealed Resident #2 had 2 documented bed baths in the past 30 days. Resident #3 Review of Resident #3's medical record revealed an admit date of 05/06/2025 with the following diagnoses in part. Cerebral Palsy, Bipolar Disorder Severe with Psychotic Features, Severe Intellectual Disabilities, and Binge Eating Disorder. Review of Resident #3's Significant Change Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/04/2025 revealed Resident #3 did not have a BIMS score documented. Resident #3's ability to make daily decisions was severely impaired. Resident #3 was dependent on showering/bathing and for all transfers. Review of Resident #3's electronic health record's facility task titled, Bathing/Shower Scheduled (Three times weekly) Specify days:(Monday, Wednesday, Friday OR Tuesday, Thursday, Saturday) with a lookback period of 30 days, revealed Resident #3 had 2 documented baths in the past 30 days. Review of facility handwritten bathing documentation for November 2025 revealed Resident #3 received a bath on 11/17/2025 and 11/21/2025. In an interview on 12/09/2025 at 2:09 p.m., S3DON stated that all bathing charting should be completed in the facility's electronic charting system. Review of facility electronic bathing documentation (last 30 days) for Resident #1, Resident #2, and Resident #3 with the S3DON at this time. S3DON confirmed that there was insufficient documentation to support that the residents were bathed in accordance with their care plans. S3DON confirmed that baths were not provided for Resident #1, #2, and #3 routinely, but should have been. On 12/10/2025 at 08:25 a.m., review of electronic and handwritten bathing documentation for the last 30 days for Residents #1, #2, and #3 with S4CNASupervisor at this time. S4CNASupervisor confirmed that there was insufficient documentation to support that the above residents were bathed in accordance with their care plans. S4CNASupervisor confirmed that the baths were not provided routinely for Resident #1, #2, and #3, but should have been.</p>		