

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  02/24/2026
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation and interview, the facility failed to ensure that each Resident was treated with respect and dignity in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life by failing to:1. Ensure all residents seated at the same table were served simultaneously during dining service.2. Ensure Resident #100 was served his meal tray in his room at the same time of his roommate.Total sample size: 56 Findings:1.On 02/22/2026 at 11:51 a.m., Observation of dining room revealed residents seated at the same table were not served at the same time. Three residents were observed seated together at one table. One resident at the table received her meal tray at that time. Following the delivery of that tray, staff were observed serving residents at other tables. On 02/22/2026 at 12:07 p.m., the remaining residents seated at the same table had not yet received their meal trays. On 2/22/2026 at 12:08 p.m., an interview with S14RN/Weekend Supervisor, confirmed that residents seated at the same table should be served meal trays at the same time, but were not. 2.Resident #100Review of Resident #100's medical record revealed an admit date of 04/02/2025 with diagnoses which included: Type 2 Diabetes without Complications, Bipolar Disorder, Hypertension, Hyperlipidemia, Mild Cognitive Impairment, and Muscle Weakness. Review of Resident# 100's quarterly MDS with an ARD of 01/13/2026 revealed Resident #100 had a BIMs score of 15, indicating intact cognition. Resident #100 was independent or required set-up assistance with ADLs. On 02/23/2026 at 8:27 a.m. Resident #100 expressed concerns that his roommate routinely received his breakfast tray approximately one hour before he did. Resident #100 stated he consumed all of his meals in his room. At the time of interview, Resident #100 has not received his breakfast tray. On 02/23/2026 at 8:29 a.m., Interview with S15CNA revealed that two meal carts are delivered to Resident #100's hallway. S15CNA stated the first meal cart arrives at approximately 7:30 a.m. with 12 trays. S15CNA revealed a second meal cart arrives after all residents in the dining room have been served. On 02/23/2026 at 9:15 a.m., Observation revealed Resident #100 still had not received his breakfast tray. Interview with S16CNA revealed that Resident #100's roommate received his breakfast tray with the first meal cart at approximately 7:30 a.m. S16CNA confirmed that Resident #100 had not received his breakfast tray at that time. On 02/23/2026 at 09:23 a.m., an interview with S6DM confirmed that when residents share a room and receive their meals in their room, they should receive their meal trays at the same time. S6DM acknowledged that Resident #100 did not receive his breakfast tray at the same time as his roommate, but should have.</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 6

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  02/24/2026
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>Number of residents sampled:</p> <p>Number of residents cited:</p> <p>Review of a facility policy titled Advance Directives Policy and Procedure, with no review date read in part.Procedure: 10. The plan of care for each resident will be consistent with his or her documented treatment preferences and/or advance directive.Review of Resident #68's medical record revealed an admission date of 12/23/2025 with diagnoses that included in part.Hypertension, Neuroleptic Induced Parkinsonism, Protein-Calorie Malnutrition, and Generalized Anxiety Disorder.Review of Resident #68's medical record on 02/22/2026 at 2:23 p.m. revealed Resident #68's 02/2026 Physician Orders read in part. order dated 01/16/2026-LaPOST-DNR (Do Not Resuscitate). Review of Resident #68's Care Plan with a Target Date of 04/11/2026 revealed in part . I have and advance directive-Full Code with interventions that included in part.I need the nursing staff to have knowledge of my advance directives. I need the social worker to review with me quarterly and as needed for changes in my advance directives.Interview on 02/23/2026 at 11:37 a.m. with S1 DON and S13 LPN/MDS Nurse revealed Resident #68 had a signed physician's order (LaPOST) for DNR and Resident #68's face sheet indicated he was a DNR. Review of Resident #68's care plan at this time with S1 DON and S13 LPN MDS revealed Resident #68 was care planned as a Full Code status. S1 DON and S13 LPN/MDS Nurse confirmed Resident #68's code status on his Care Plan should have been DNR, not Full Code.</p>		

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  02/24/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on interview and record review, the facility failed to ensure that a resident who was unable to carry out activities of daily living received the necessary services to maintain good personal hygiene by failing to provide assistance with bathing for 1 (Resident #113) of 5 residents reviewed for ADLs. Findings: Review of Resident #113's medical record revealed an admit date of 07/10/2025 with diagnoses which included: Chronic Obstructive Pulmonary Disease, Type 2 Diabetes Mellitus, Atrial Fibrillation, Paranoid Schizophrenia, Major Depressive Disorder, Heart Failure, and Lack of Coordination. Review of Resident #113's Quarterly MDS with an ARD of 01/05/2026 revealed Resident #113 had a BIMs score of 9, indicating moderate cognitive impairment. Resident #113 required partial/moderate assistance with bathing. Review of Resident #113's Care Plan revealed that Resident #113 required staff assistance with ADL care, including bathing. Review of Resident #113's bathing task documentation for the last 30 days revealed Resident #113 received a whirlpool bath on 02/06/2026, 02/17/2026, and 02/19/2026. Documentation reflects a 10-day gap between 02/07/2026 through 02/16/2026 without evidence that bathing services were provided or refused. On 02/22/2026 at 9:37 a.m., interview with Resident #113 revealed he was not consistently receiving his baths as scheduled. On 2/24/2026 at 10:14 a.m., interview with S4CNA revealed that completed baths and refusals are documented in the facility bath log and in the resident's electronic medical record. S4CNA confirmed there was no documentation in the facility bath log indicating Resident #113 received or refused a bath from 02/07/2026 through 02/16/2026 (10 days). On 02/24/2026 at 10:24 a.m., interview with S5CES confirmed there was no documentation in Resident #113's electronic medical record or in the facility bath log indicating Resident #113 received or refused a bath from 02/07/2026 through 02/16/2026. S5CES confirmed that Resident #113 should have received his baths as scheduled, but did not.</p>		

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  02/24/2026
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Number of residents sampled:</p> <p>Number of residents cited:</p> <p>Review of a facility policy titled Oxygen Concentrator Cleaning Policy and Procedure, with no review date read in part.Procedure:Store Oxygen tubing, cannula, and mask in plastic bag when not in use.Oxygen tubing, cannula and mask to be changed weekly and as needed.Review of Resident #10's medical record revealed an admit date of 01/02/2025 with diagnoses which included in part.Anemia, Parkinson's Disease without Dyskinesia, Other Specified symptoms and signs involving the Circulatory and Respiratory Systems and Personal History of Pneumonia.Review of Resident #10's Physician Orders dated 02/2026 revealed in part.Ipratropium-Albuterol Inhalation Solution (breathing treatment) 0.5-2.5 (3) MG/3ML. 1 application inhale orally every six hours related to Other Specified symptoms and signs involving the Circulatory and Respiratory Systems. Order date 11/24/2025.Observation on 02/22/2026 at 1:55 p.m. revealed a nebulizer machine on Resident #10 bedside table. Nebulizer mask was lying on top of the nebulizer machine, uncovered and undated.Interview on 02/22/2026 at 2:00 p.m. with S3 LPN stated Resident #10 received breathing treatments routinely. S3 LPN stated she had given Resident #10 a breathing treatment earlier that day. S3 LPN confirmed Resident #10's nebulizer mask and tubing should have been covered and dated but were not.</p>		

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  02/24/2026
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>Findings:Review of Resident #9's medical record revealed an admit date of 10/25/2025.with diagnoses that included in part.Paraplegia, Chronic Obstructive Pulmonary Disease (COPD), Essential Hypertension, and Neuromuscular Dysfunction of Bladder.Review of the Resident #9's Quarterly MDS with an ARD of 02/03/2026 revealed the following:Section K - Swallowing/Nutritional Status - The resident was on a therapeutic diet. Review of Resident #9's physician orders dated 10/25/2025 revealed an order for NAS (no added salt) diet, Regular texture, Regular-Thin consistency. Double meat, paper tray set up.Review of Resident #9's care plan revealed in part.Intervention: I need my diet served to me as ordered.1.On 02/23/2026 at 1:08 p.m., Interview and Observation of Resident #9's lunch meal ticket revealed diet of NAS, texture regular, fluid thin liquids, with no note for double meat. Observation of Resident #9's lunch tray when first served to the resident revealed he had one piece of fried chicken breast. Resident #9 stated he never gets double portion meat for meals.On 02/23/2026, Interview with S6 DM confirmed Resident #9's diet consisted of double meat, and it wasn't on the meal ticket to be served but should have been.2. Review of Resident #9's Registered Dietician's (RD) notes dated 12/23/2025 revealed recommendations for the following: 1. Add Boost/Ensure twice daily (BID) between meals to provide additional protein/calories for wound healing/weight maintenance. 2. Monitor weight weekly x 4 weeks.Review of Resident #9's RD's notes dated 01/23/2026 revealed a recommendation of the following: 1. Add Boost/Ensure BID between meals to provide additional protein/calories for wound healing/weight maintenance. 2. Monitor weight weekly x 4 weeks.On 02/24/2026, Telephone Interview with S7 RD revealed she provided the facility with her December 2025 and January 2026 recommendations on Resident #9.Review of progress notes revealed there was no documentation of the recommendation being charted as a physician order or being documented in the nurses' notes if not approved.On 02/24/2026 at 3:20 p.m., S1 DON confirmed Resident #9 did not have an order for Boost/Ensure twice a day (BID) but should have.</p>		

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  02/24/2026
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation and interview, the facility failed to maintain an effective pest control environment by failing to ensure the facility was free from insects. The deficient practice had the potential to affect all 131 residents who resided in the facility. Findings: Review of the facility's undated policy titled, Pest Control Policy and Procedure read in part. Policy: The facility shall maintain an effective pest control program. Procedure: 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. During an observation of Resident #8's room on 02/23/2026 at 7:51 a.m., 8:50 a.m., and 9:20 a.m. revealed multiple gnats on a basket of soiled clothes and multiple gnats flying around on top of the basket of clothes. In an interview on 02/23/2026 at 2:05 p.m., S8 NS Adm acknowledged multiple gnats were observed in Resident #8's room in the basket and on top of the soiled clothes and should not have been. In an interview on 02/24/2026 at 6:20 p.m., S5 CES confirmed the above findings.</p>