

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 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on record review and interview, the facility failed to ensure an effective Quality Assurance and Performance Improvement (QAPI) program was developed, implemented, and/or maintained in an effective and comprehensive manner. The facility failed to maintain documentation of its ongoing QAPI program. This deficient practice has the potential to affect 131 residents residing in the facility. Review of facility undated policy titled QAPI Policy and Procedure revealed in part, the facility shall develop, implement, and maintain ongoing, facility wide Quality Assurance and Performance (QAPI) program that builds on the Quality Assessment and Assurance Program to actively pursue quality of care and quality of life goals. Procedure: Develop, Implement, and maintain an ongoing facility wide QAPI plan designed to monitor and evaluate the quality and safety of resident care, pursue methods to improve care quality, and resolve identified concerns. 7. Establish systems and process to maintain documentation relative to the QAPI program, as a basis for demonstrating that there is an effective ongoing program. On 02/24/2026 at 2:45 p.m., the surveyor requested QAPI program information from S1 DON. On 02/24/2026 at 4:00 p.m., a review of the binder provided to the surveyor by S1 DON and S17 Regional revealed a lack of documentation for the facility's QAPI program. In an interview on 02/24/2026 at 4:30 p.m. with S1 DON, S2 ADM, and S17 Regional, it was revealed that the facility was unable to locate its QAPI binder, which contained the facility's documentation and evidence of its ongoing QAPI program. On 02/24/2026 at 5:26 p.m., S17 Regional stated that the facility could not provide evidence of the facility's QAPI program due to the inability to locate the QAPI binder.</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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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>Based on record review and interview, the facility failed to provide documentation of the Quality Assurance and Performance Improvement (QAPI) program that addresses the facility's performance improvement activities and projects. The facility failed to provide evidence of the number and frequency of improvement projects conducted. This deficient practice had the potential to affect 131 residents residing in the facility. The facility was unable to present any documented evidence of activities, projects, or the frequency of improvement projects addressing services for the Quality Assurance and Performance Improvement (QAPI) program during the survey. In an interview on 02/24/2026 at 4:30 p.m. with S1 DON, S2 ADM, and S17 Regional, it was revealed that the facility is unable to locate its QAPI binder, which contains the facility's documentation and evidence of its ongoing QAPI program. The facility was unable to provide documentation of its systems and reports on the facility's reporting, investigations, tracking, trending, and monitoring of issues identified in the facility and the QAPI programs' ongoing performance improvement plans.</p>

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<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>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observation, record review, and interview, the facility failed to develop and implement a comprehensive person-centered plan of care for each resident and ensure that care and services were furnished to attain the resident's highest practicable physical, mental, and psychosocial needs that were identified in the comprehensive assessment for 4 (Resident #10, #32, #80, and #90) of 56 sampled residents by the facility failing to: 1. Provide a fall mat as care planned for Resident #90, 2. Develop and implement a plan of care related to the activity of daily living (ADL) needs for Resident #32, 3. Provide a splint for a left hand contracture for Resident #80 as care planned. 4. Develop and implement a care plan related to Resident #10's nebulizer treatments. Review of facility undated policy titled, Care Planning Policy and Procedure, revealed in part. Purpose: To provide a comprehensive plan of care addressing the resident's needs, strengths, goals, and approaches. Policy: Each resident's care plan will remain current and inform staff of resident's needs, strengths, goals, and approaches.</p> <p>Resident #90</p> <p>Review of Resident #90's health record revealed an admission date of 04/07/2025 with diagnoses that included, in part, Chronic Obstructive Pulmonary Disease, Seizures, Severe Major Depressive Disorder, Schizophrenia, and Drug-Induced Subacute Dyskinesia.</p> <p>Review of Resident #90's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/13/2026, revealed Resident #90 had a Brief Interview for Mental Status (BIMS) score of 12, indicating moderate cognitive impairment.</p> <p>Review of Resident #90's care plan revealed the resident was at risk for falls with interventions that included, in part, a fall mat on the floor next to the bed.</p> <p>Review of facility incident/accident log dated 11/22/2025-2/22/2026 revealed Resident #90 had a witnessed fall 02/20/26 and unwitnessed falls 01/21/2026 and 02/08/2026.</p> <p>On 02/23/2026 at 09:36 a.m., observation revealed Resident #90 sitting on the floor of his room in front of his wheelchair. No fall mat was observed in Resident #90's room at this time.</p> <p>On 02/23/2026 at 11:39 a.m., observation revealed that Resident #90 was on the floor of his room, positioned on his right side. The resident's right arm was positioned under him and observed to have purple discoloration. The resident was observed with one shoe off and pants around his ankles. No fall mat was observed in Resident #90's room at this time.</p> <p>On 02/23/2026 at 1:24 p.m., observation revealed Resident #90 on the floor in his room, positioned on his back next to his bed. No fall mat was observed in Resident #90's room at this time.</p> <p>In an interview on 02/23/2026 at 1:26 p.m. at Resident #90's bedside, S2 ADM confirmed Resident #90 did not have a fall mat in his room as care planned, and should have.</p> <p>Resident #32</p> <p>Review of Resident #32's health record revealed an admission date of 05/15/2025 with diagnoses (continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>that included, in part, Chronic Obstructive Pulmonary Disease, Asthma, Schizoaffective Disorder, Major Depressive Disorder, Impulse Disorder, and Extrapryramidal and Movement Disorder.</p> <p>Review of Resident #32's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/25/2025, revealed Resident #32 had a Brief Interview for Mental Status (BIMS) score of 7, indicating moderate cognitive impairment. Resident #32 required partial to moderate assistance with bathing/showering, upper-body dressing, lower-body dressing, and transfers. Resident required substantial/maximal assistance with Personal hygiene and putting on and taking off footwear.</p> <p>Review of Resident #32's care plan, with an initiation date of 05/16/2025 and next review date of 02/28/2026, revealed no information related to Resident #32's ADL needs.</p> <p>In an interview on 02/24/2026 at 1:30 p.m., S1 DON stated that all residents' ADL needs should be care-planned. Review of Resident #32's care plan at this time with S1 DON. S1 DON confirmed Resident #32's ADL needs were not care planned, and should have been.</p> <p>Resident #80</p> <p>Review of Resident #80's EMR (Electronic Medical Record) revealed an initial admission date of 01/29/2025 and diagnoses that included in part, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Dominant Side, Dysphagia following Cerebral Infarction, Unspecified Mood (Affective) Disorder, Epilepsy, Anxiety, Post Traumatic Stress Disorder, and History of Falling.</p> <p>Review of Resident #80's Annual MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 02/03/2026 indicated Resident #80 was dependent on staff for assistance with eating, mobility, transfers, and personal hygiene. Resident #80 had a BIMS (Brief Interview for Mental Status) score of 13, which indicated intact cognition.</p> <p>Review of Resident #80's Care Plan with an initial date of 02/11/2025 included but is not limited to, Impaired ROM (Range of Motion) requiring splint/brace as evidenced by having difficulty with left hand of active motion and preventing contractures.Wear splint 3 hours a day.</p> <p>Observation on 02/22/2026 at 9:50 a.m. revealed Resident #80 in bed after breakfast. Resident #80 had a left-hand contracture with no splint/brace visible. A brief visual search of resident's furniture and storage shelf did not reveal a splint/brace available for the resident to use.</p> <p>Interview on 02/22/2026 at 9:55 a.m. with Resident #80 revealed that he had not worn a splint/brace on his left hand for a long time and did not know where it was.</p> <p>Interview on 02/23/2026 at 2:45 p.m. with S12 CNA, revealed that she was not aware of a splint/brace available for Resident #80.</p> <p>Observation on 02/23/2026 at 2:47 p.m. of Resident #80's left hand opened by S12 CNA, revealed the inside of his palm was darkened pink with skin that appeared to be peeling and have some surface damage.</p> <p>Interview on 02/24/2026 at 1:30 p.m. with S1 DON confirmed that Resident #80 should have had a splint/brace for his contracted left hand as care-planned but did not. (continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #10</p> <p>Review of Resident #10's medical record revealed an admit date of 01/24/2025 with diagnoses that included in part. Anemia, Hypertension, Other Specified symptoms and signs involving the Circulatory and Respiratory Systems, and Parkinson's Disease.</p> <p>Review of Resident #10's 02/2026 Physician's Orders revealed in part. Other specified symptoms and signs involving the Circulatory and Respiratory Systems and Personal History of Pneumonia.</p> <p>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.</p> <p>Review of Resident #10's current Care Plan revealed no documented evidence of a care plan related to Resident #10's nebulizer treatments.</p> <p>Interview on 02/23/2026 with S13 LPN/MDS Nurse confirmed Resident #10 did not have a care plan related to his nebulizer treatments, but he should have.</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 met professional standards of quality by failing: 1. To accurately assess and document the presence of skin tears for Resident #682. To ensure Physician's Orders were implemented for Resident #100.</p> <p>Review of a facility policy titled, Skin/Wound Documentation Policy and Procedure with no review date, read in part.Policy: Skin and wounds will be documented upon admission, readmission, weekly and as needed.</p> <p>Review of Resident #68's medical record revealed an admit date of 12/23/2025 with diagnoses that included in part. 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.</p> <p>Review of Resident #68's admission MDS with an ARD of 12/29/2025 revealed a BIMS sore of 3, which indicated severe cognitive impairment. The MDS revealed Resident #68 needed partial/moderate assistance with toileting and oral hygiene; substantial/maximal assistance with bathing and supervision or touching assistance with eating.</p> <p>Review of Resident #68's Care Plan revealed in part.I have impaired skin integrity with interventions that included in part.watch for changes in my skin status that may indicate worsening of my wound and notify the physician. Watch my skin when providing routine care.</p> <p>Observation on 02/22/2026 at 9:50 a.m. revealed Resident #68 lying in bed with blood on his forehead. Resident #68 observed to have a large band-aid on top of his left hand and uncovered skin tears to bilateral arms. Resident #68 was not verbal at this time.</p> <p>Review of Resident #68's 02/2026 Physician's Orders read in part. Order dated 02/16/2025 by Treatmentm#1: Skin tear: L Hand: Cleanse with wound cleanser, pat dry, apply Triple Antibiotic Ointment, and cover with dry dressing until healed. Treatment #2: Skin tear Left Arm cleanse with wound cleanser, pat dry, apply Triple Antibiotic Ointment and cover with dry dressing until healed. Treatment #3 Left above the eye abrasion, cleanse with wound cleanser, pat dry, apply Triple Antibiotic Ointment and leave open to air daily until healed. Treatment #4 Skin tear; Right Elbow, cleanse with wound cleanser, pat dry, apply Triple Antibiotic Ointment, and cover with dry dressing until healed. Skin tear #5 Left Elbow, cleanse with wound cleanser, pat dry, apply Triple Antibiotic Ointment, and cover with dry dressing until healed.</p> <p>Review of Resident #68's nursing progress notes revealed no documentation of an initial assessment or documentation of skin tears.</p> <p>Interview on 02/23/2026 at 10:08 a.m. with S1 DON revealed she did not know how Resident #68 had gotten skin tears or an abrasion to the forehead. S1 DON stated there was no assessment in the nurse's notes and no incident reports documented on Resident #68.</p> <p>Interview on 02/23/2026 at 10:30 a.m. with S18 LPN/Treatment Nurse revealed she did not know how Resident #68 had gotten skin tears to his arms or an abrasion to the forehead. S18 LPN/Treatment nurse revealed she had did a revision to Resident #68's treatment orders for skin tears and abrasion, (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>but had no knowledge of how he acquired them.</p> <p>Telephone interview on 02/24/2026 at 1:26 p.m. with S14 RN/Weekend Supervisor revealed she had worked on 02/21/2026 and 02/22/2026. S14 RN/Weekend Supervisor stated S19 CNA had reported to her that Resident #68 had walked into a wall, and had a scratch above his eyebrow. S14 RN/Weekend Supervisor stated she had not completed an incident report or documented the incident in Resident #68's medical record. S14 RN/Weekend Supervisor stated about two weeks ago resident had acquired skin tears to his left arm, and she had not documented the incident but should have.</p> <p>Telephone interview on 02/24/2026 at 1:30 p.m. with S19 CNA revealed on 02/22/2026 she had notified S14 RN/Weekend Supervisor that Resident #68 had walked into a wall and had a skin tear to his forehead.</p> <p>Interview on 02/24/2026 at 2:15 p.m. with S1 DON confirmed the following (regarding Resident #68's skin issues): upon any injury the physician and family should be notified, an incident report should be completed and documented in the resident's medical record.</p> <p>Resident #100</p> <p>Review 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.</p> <p>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 and required set-up assistance with ADLs.</p> <p>On 02/22/2026 at 9:21 a.m., an interview with Resident #100 revealed he had not received several scheduled doses of his prescribed nighttime insulin.</p> <p>Review of Resident #100's Physician Order dated 09/11/2025 read in part. Tresiba FlexTouch Subcutaneous Pen-Injector 100 units/ml &ndash; Inject 32 units subcutaneously at bedtime related to Type 2 Diabetes.</p> <p>Review of Resident #100's Medication Administration Record (MAR) for January 2026 through February 2026 revealed Resident #100 did not receive Tresiba on the following dates:</p> <p>01/12/2026</p> <p>01/14/2026</p> <p>01/15/2026</p> <p>01/19/2026</p> <p>01/27/2026</p> <p>01/31/2026</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation and interview, the facility failed to ensure menus were followed in order to meet the nutritional needs of residents who required a puree diet. The facility failed to follow the menu to ensure the nutritional adequacy of the meal for all 6 residents who received a puree diet. Findings: In an interview during the second kitchen visit on 02/22/2026 at 10:30 a.m., S11 Kitchen Staff revealed the facility had 6 residents being served a puree diet. In an observation on 02/22/2026 at 10:45 a.m., S11 Kitchen Staff failed to puree the roll which was included on the lunch menu. In an interview on 02/23/2026 at 12:15 p.m., S11 Kitchen Staff confirmed that she had not pureed the roll that was included on the menu on 02/22/2026. S11 Kitchen Staff also confirmed she had not been pureeing any bread items when listed on the menu for an unspecified amount of time for all 6 residents who received a puree diet. In an interview on 02/23/2026 at 12:20 p.m., S6 Dietary Manager confirmed S11 Kitchen Staff did not follow the menu on 02/22/2026 by not pureeing the roll but should have.</p>

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<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	

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<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>

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NAME OF PROVIDER OR SUPPLIER Legacy Nursing at St. Christina		STREET ADDRESS, CITY, STATE, ZIP CODE 122 Hillsdale Drive Pineville, LA 71360	

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<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>

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NAME OF PROVIDER OR SUPPLIER Legacy Nursing at St. Christina		STREET ADDRESS, CITY, STATE, ZIP CODE 122 Hillsdale Drive Pineville, LA 71360	
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<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>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview, the facility failed to maintain a clean and sanitary kitchen to prevent the likelihood of foodborne illnesses and failed to store, prepare, and serve food in accordance with professional standards for food service safety. The facility failed to ensure that kitchen staff were wearing hair restraints including beard restraints to prevent hair from contacting food. The deficient practice had the potential to affect all of the residents who received meals from the kitchen. There were 131 residents who resided in the facility. Findings: Observation on 02/23/2026 at 12:15 p.m. of the facility's kitchen revealed three male kitchen workers with beards not wearing beard restraints while preparing food, serving food, and washing dishes. Interview on 02/23/2026 at 12:17 p.m. with S6 Dietary Manager revealed that beard restraints are easily available to the male workers with beards. She confirmed that the male kitchen workers with beards should have had beard restraints on but did not.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on record review and interview, the facility failed to ensure the Quality Assessment and Assurance committee met at least quarterly to identify facility issues and coordinate and evaluate performance improvement projects. A review of the facility's Quality Assurance binder revealed that the last documented Quality Assurance (QA) meeting was held on 10/15/2025 for the 2025 3rd quarter (July-September). In an interview on 02/24/2026 at 4:33 p.m., S2 ADM stated that the QAA committee did have a meeting for the 2025 4th quarter, and the documented meeting minutes were located in the QAPI (Quality Assurance and Performance Improvement Program) binder, which the facility cannot locate. S2 ADM stated he had no documented evidence of the QAA committee meeting for the 2025 4th quarter.</p>		

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<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>		