STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E173	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Square	1621 Front Street Henderson, NE 68371

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Licensure Reference Number 175 NAC 12-006.11EBased on observations, record reviews and interviews, the facility failed to ensure hand hygiene was completed and hair was restrained during meal service. This failure had the potential to affect all 32 residents receiving meals from the kitchen. The facility census was 33 at the time of survey. Findings are:Record review of 2022 Food Code revealed the following:-2-301.12 FOOD EMPLOYEES shall clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands or arms for at least 20 seconds, using a cleaning compound in a HANDWASHING SINK that is equipped as specified under S 5-202.12 and Subpart 6-301. P-2-301.14 FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES -(E) After handling soiled EQUIPMENT -(F) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; P -(G) When switching between working with raw FOOD and working with READY-TO-EAT FOOD;- (H) Before donning gloves to initiate a task that involves working with FOOD; and -(I) After engaging in other activities that contaminate the hands.-2-402.11 FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES.-3-301.11 Preventing Contamination from Hands. FOOD EMPLOYEES shall wash their hands as specified under S 2-301.12.-Multiuse gloves, especially when used repeatedly and soiled, can become breeding grounds for pathogens that could be transferred to food. Soiled gloves can directly contaminate food if stored with ready-to-eat food or may indirectly contaminate food if stored with articles that will be used in contact with food. Multiuse gloves must be washed, rinsed, and sanitized between activities that contaminate the gloves. Hands must be washed before donning gloves. Gloves must be discarded when soiled or other contaminants enter the inside of the glove.Record review of the undated facility policy titled Hand Hygiene, revealed proper and frequent hand washing is the healthcare worker's first line of defense against becoming infected or spreading infection to someone else, and that all staff shall use the hand-hygiene guidelines per the CDC guidelines with the indication for using an alcohol based hand rub, antimicrobial soap or soap and water revealed use after removing gloves.Review of CDC Guidelines revealed the CDC emphasize washing hands thoroughly before putting on gloves, between glove changes (especially when switching tasks or touching contaminants), and after removing them, as germs can transfer and to change gloves immediately if dirty.Review of CDC Glove use guidelines revealed: Think of gloves as an extension of your hands, not a replacement for washing.Review of Key CDC Guidelines for Handwashing & Gloves in LTC Kitchens:-Before Gloves: Wash hands with soap and water or use alcohol-based sanitizer before donning gloves.-After Gloves: Wash hands with soap and water immediately after removing gloves.-Change Gloves Often: Change gloves between tasks (e.g., raw food to cooked food) and after touching contaminated items or surfaces.Record review of the undated (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E173	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Square	1621 Front Street Henderson, NE 68371

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	facility policy titled Hair Restraints, revealed if food is on the service line or being served, hair restraints must be worn at all times in the kitchenette.During an observation on 01/13/2026 at 8:31 AM in the Slate kitchenette revealed Dietary Aide (DA) - B applied gloves with no hand hygiene performed, cracked and fried an egg in a skillet on the stove, put it (the fried egg) on a plate, removed gloves with no hand hygiene performed and then served the tray in the dining room.During an observation on 01/13/2026 at 8:47 AM DA-B returned to the kitchenette and applied gloves with no hand hygiene. DA - B then reached for a waffle with gloved hands and put the waffle in the microwave, grabbed a sausage patty with gloved hand and put it on a plate and cut it into bite sized pieces using a knife and gloved hand. DA-B covered the plate with a metal plate cover and removed gloves with no hand hygiene performed.During an observation on 01/13/2026 at 8:52 AM DA- B put on gloves with no hand hygiene performed, scooped and picked up scrambled eggs out of the steamer table with gloved hands and put the eggs on a plate, reached for a waffle out of the steamer table and put the waffle in the microwave, then took the waffle out of microwave and put it on plate. DA-B with gloved hand then cut the waffle using a knife.During an interview on 01/13/25 at 8:56 AM DA - B confirmed that (gender) is supposed to wash their hands and sing the ABC's every time they remove gloves and before putting on new gloves.During an observation on 01/14/25 at 8:08 AM in the Sun kitchenette DA - B applied gloves, cracked and fried an egg in a skillet on the stove, reached in a bag of prunes and grabbed a few prunes, grabbed strawberries from the cold side of the serving table, gathered a piece of French toast out the steamer table and put it on a plate and cut the French toast using a gloved hand and a knife, and then obtained a handful of grapes, peeled and cut a banana and put everything on a plate and covered it with a metal lid. DA-B reached for cup of ice tea and put the cup on the tray. DA - B went back to the stove and covered the egg with a lid, then grabbed bread out of bread bag, put the bread in the toaster, and grabbed a cup of prune juice. DA- B then put (gender) hands on the counter and touched the computer tablet screen. DA - B grabbed the handle of frying pan and put the fried egg on the plate with a spatula, grabbed toast out of the toaster and buttered the toast with a knife. DA-B performed these tasks without changing gloves or performing hand hygiene.During an observation on 01/14/25 at 8:15 AM DA - B removed (gender) gloves, did not perform hand hygiene and took the tray out to the dining room.During an interview on 01/14/25 at 8:18 AM DA - B revealed (gender) normally grabs and touches the food with (gender) gloved hands but confirms (gender) should use the utensils or the tongs.Observation on 01/14/2026 at 8:31 AM in the Slate Kitchen revealed DA - C with hair restraint not covering all of (gender) hair and food was in the steam table and on the counter in the kitchenette.During an interview on 01/14/26 at 8:32 AM DA - C confirmed that (gender) hair restraint should cover all of (gender) hair. During an interview on 01/14/2026 at 10:32 AM the Director of Nutrition (DN) confirmed that kitchen staff should not grab food with gloved hands and should use tongs and hair restraints should cover hair. DN revealed that the kitchen staff shouldn't need to wash their hands after removing gloves if they are not going to touch food.During an interview on 01/14/2026 at 11:23 AM the DN confirmed that (gender) monitors and supervises both kitchenettes in the long term care area.During an interview on 01/14/25 at 10:50 AM the Quality Assurance Coordinator (QAC) confirmed that all staff should perform hand hygiene before putting on gloves and after removing gloves.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E173	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Square	1621 Front Street Henderson, NE 68371

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Licensure Reference Number 175 NAC 12-006.18(B)Based on observations, interviews, and record reviews, the facility failed to prevent cross-contamination of COVID-19 (an infectious disease that is highly contagious) between 10 residents (Resident 2, 3, 8, 12,14, 15, 18, 22, 24, and Resident 30) out of 22 sampled residents. The facility census was 33 at the time of the survey. Findings are: A record review of the Facility Assessment with a Quality Assessment Committee review date of June 2025, under part two revealed: Offers care based on the resident's needs Offers infection prevention and control by identifying, containing, and preventing infections Offers management of medical conditions by assessment and early identification of medical symptoms, including infections A record review of the facility's undated COVID Tracking for Residents log revealed: Resident 15 tested positive for COVID on 12.21.2025 Resident 22 tested positive for COVID on 12.22.2025 Resident 14 tested positive for COVID on 12.22.2025 Resident 30 tested positive for COVID on 12.24.2025 Resident 2 tested positive for COVID on 12.24.2025 Resident 18 tested positive for COVID on 12.24.2025 Resident 24 tested positive for COVID on 12.29.2025 Resident 3 tested positive for COVID on 1.2.2026 Resident 12 tested positive for COVID on 1.5.2026 Resident 8 tested positive for COVID on 1.14.2026 A record review of the CDC's Recommendations for COVID-19 in Nursing Homes (2026) guidance revealed emphasis on universal masking (wearing a mask at all times), surgical or procedural masks can be worn as source control (to protect others) or as personal protective equipment (to protect the wearer), active surveillance, and testing to prevent the spread of infection. These guidelines aim to contain outbreaks through a multi-layered approach focusing on universal masking as a key tool. A record review of the Facility Infection Control Meeting minutes dated 12.29.2025 under New Business revealed to increase Flu (influenza), Norovirus (a highly contagious virus), and COVID monitoring, especially in long term care since long term care had a current outbreak (a sudden or violent start of something) of COVID. No other mention of COVID related measures implemented to prevent the spread. A record review of the undated facility Floor Plan revealed COVID positive residents were located throughout the facility. During an interview on 1.14.2026 at 9:00 AM with the Infection Control Coordinator (ICC) confirmed: Positive COVID cases in the facility beginning December 2025 with the latest resident testing positive on 1.14.2026 Denied knowledge of the actual number of COVID cases Could not provide tracking or trending of resident COVID cases Encouraged staff to wear masks after the first COVID case in December (2025) Reviews recommendations and follows the guidelines from the Centers for Disease Control and Prevention (CDC) regarding infections, including COVID Other duties included Lab Supervisor, ICC, and Safety Committee for the hospital, including long term care Tried to devote at least five hours per week to the IPP role but does not come to long term care often due to other duties Could not provide a timeline during the COVID outbreak Did not have access to resident records to audit or monitor documentation for signs or symptoms of infection During an interview on 1.15.2026 at 9:40 AM with the Housekeeper (HSK) confirmed staff were not required to wear a mask while the COVID outbreak occurred and masking was a choice. During an interview on 1.15.2026 at 9:45AM with the Nurse Aide (NA-A) confirmed masking was optional during the COVID outbreak per the Assistant Administrator (AA), and Director of Nursing (DON). During an interview on 1.15.2026 at 9:50 AM with the Activity Coordinator (AC) confirmed if there were three or more COVID cases, masking was recommended, some staff did but some did not wear a mask. During an interview on 1.15.2026 at 10:00 AM with the AA confirmed: Currently there are 10 cases of residents with COVID Responsible for keeping a log of the COVID cases but did not indicate room number or location Initiated COVID testing two times per week following three positive COVID cases First COVID case was 12.21.2025 COVID positive cases spread to 10 residents currently, then stated which is concerning Agreed that masks should be utilized to prevent the spread of COVID, and the staff should be wearing the masks Observations throughout the facility survey on 1.13.2026 through 1.15.2026 revealed staff not wearing masks in the public hallways, dining areas, kitchen, and resident rooms (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E173	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Square	1621 Front Street Henderson, NE 68371

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	[except for the positive COVID resident rooms {Resident 8 and Resident 12}]. During an interview on 1.15.2026 at 2:30 PM with the Administrator (ADM) confirmed the facility could and should have done more to prevent the spread of COVID infection in the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E173	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Square	1621 Front Street Henderson, NE 68371

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)
F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC Chapter 1-005.06(H)Based on interviews and record reviews, the facility failed to designate a dedicated staff member as the infection preventionist who is responsible for the facility's infection prevention and control program that works at least part-time. This had the potential to affect 33 residents that resided in the facility at the time of the survey. The facility census was 33.Findings are: A record review of the Laboratory Supervisor/Infection Preventionist Job Description (JD) dated 8.21.2025 revealed responsibilities to include the identification, investigation, reporting, prevention and control of infections, and communicable diseases within the organization. The JD was signed by the Infection Control Coordinator (ICC) and reports to the Chief Nursing Officer (CNO) and Quality Assurance Coordinator (QAC). During an interview on 1.14.2026 at 9:00AM with the Infection Control Coordinator (ICC) confirmed: Takes recommendations and follows the guidelines from the Centers for Disease Control and Prevention (CDC) Other duties included Lab Supervisor, ICC, and Safety Committee for the hospital, including long term care Tried to devote at least five hours per week to the IPP (Infection preventionist) role but does not get over to long term care often due to other duties Denied having access to resident records to audit or monitor documentation for signs or symptoms of infection Unaware if the ICC hours were coded or dedicated to long term care in the payroll system. A record review of the Timecard dated 10.1.2025 through 1.15.2026 for the ICC revealed all hours coded to [NAME] Health Care Services, Inc. The Human Resource Director (HRD) confirmed on 1.14.2026 that all ICC hours were allocated to the Hospital and not long-term care. A record review of the undated note signed by the HRD confirmed the Hospital payroll system is not currently set to differentiate out the ICC hours and reflects only the primary position of Lab Manager. During an interview on 1.14.2026 at 10:50AM with the QAC confirmed supervising the ICC role and there was no allocation of ICC hours to long term care as required. The QAC further confirmed the ICC receives infection control communication from the Assistant Administrator (AA), Director of Nursing (DON), and the Administrator (ADM) for updates or new infections.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E173	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Square	1621 Front Street Henderson, NE 68371

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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.04(F)(i)(5)Based on record review and interview, the facility failed to notify the physician of a resident fall with the potential for requiring physician intervention. This affected 1 (Resident 17) out of 2 residents sampled for falls. The facility census was 33 at the time of survey.Findings are:Record review of the undated facility policy titled Fall Prevention and Investigation Policy and Procedure revealed to notify physician and family per facility notification policy. Injury is defined as physical harm.Record review of definitions from the Resident Assessment Instrument (RAI Manual instructs nursing homes on conducting standardized assessments) ([DATE] Updates) revealed: Injury (Except Major): Includes skin tears, abrasions, lacerations, superficial bruises, hematomas, sprains, or any fall-related complaint of pain.Record review of Resident 17's Quarterly Minimum Data Set (MDS - a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) dated 12/10/25 revealed the resident was admitted to the facility on [DATE], had a Brief Interview for Mental Status (BIMS - a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) score of 15, which indicated the patient is cognitively intact, no behaviors indicated, a diagnosis of heart failure, and no complaints of pain.Record review of Resident 17's Quarterly MDS dated [DATE] revealed that 1 fall with injury (except major) was marked and that included abrasions and fall related injury that caused the resident to complain of pain.Record review of Resident 17's Comprehensive Care Plan - (CCP- written instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care) revealed the resident had a history of falls with a revision date of 11/18/2025, with a goal of the resident wished to have falls free of minor injuries with a revision date of 3/31/2025.Record review of facility provided incident report summary revealed that Resident 17 fell in the bath house, staff and resident reported that the resident fell on (gender's) right elbow and right hip, the resident was alert and oriented, the resident received an abrasion to right elbow and Tylenol (medicine used as needed to control pain) was given for complaints of pain at a 6 out of 10 (pain scale) for right hip pain.Review of Resident 17's progress note late entry dated 11/26/2025 and time of 1400 revealed staff reported resident fell on their right elbow and right hip. An abrasion noted to right elbow. Pain noted to right hip and Tylenol given.Review of facility provided incident report revealed that Resident 17 was currently receiving physical therapy regarding gait concerns due to fall history.Review of undated facility form titled Legacy Square revealed that Resident 17's doctor did not want to be notified of occurrences requiring no first aide or of occurrences requiring first aide.During an interview 01/15/2026 at 1:06 PM the Director of Nursing (DON) confirmed that the facility incident report had been reported to the state agency.During an interview on 01/15/2026 at 1:40 PM the DON confirmed that the physician was not notified of the fall immediately because the resident was not injured but maybe should have been due to the resident's hip pain.During an interview on 01/15/2026 at 4:18 PM the Assistant Administrator (AA) confirmed there was no facility notification policy.