STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366085	A. Building B. Wing	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legends Care Rehabilitation and Nursing Center	2311 Nave Road SE Massillon, OH 44646

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 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents have reasonable access to and privacy in their use of communication methods. Based on medical record review, observation, and staff interview, the facility failed to ensure there was a phone available for residents to use. This affected one (Resident #55) out of three residents reviewed for telephone communication. The facility census was 52 residents. Findings include:Review of the medical record for Resident #55 revealed an admission date of 03/08/26 with diagnoses including kidney stones, quadriplegia, and depression and a discharge date of 03/12/26. Review of the Minimum Data Set (MDS) assessment for Resident #55 dated 03/12/26 revealed the resident had intact cognition and was dependent on staff for all activities of daily living (ADLs.) Observation on 05/04/26 at 11:58 A.M. revealed there were no phones which were accessible for Resident #55. Interview on 05/04/26 at 12:00 P.M. with the Administrator confirmed Resident #55 did not tolerate getting out of bed due to his medical condition and the phones the facility provided for resident use were not accessible to the resident. Interview on 05/04/26 at 12:02 P.M. with the Regional Director of Operations (RDO) confirmed the facility did not have an accessible phone for Resident #55's use. The RDO stated staff had been using their personal cell phones to help Resident #55 when he needed to make a call. The RDO confirmed the facility had accessible phones available for all residents and staff should not have to use their personal cell phones for residents to make calls. This deficiency represents noncompliance investigated under Complaint Number 2802574 and Complaint Number 2802583.

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
	366085	A. Building B. Wing	05/04/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on medical record review and staff interview, the facility failed to ensure care conferences were held timely. This affected one (Resident #55) out of three residents reviewed for care conferences. The facility census was 52 residents.Findings include:Review of the medical record for Resident #55 revealed an admission date of 03/08/26 with diagnoses including kidney stones, quadriplegia, and depression and a discharge date of 03/12/26. Review of the Minimum Data Set (MDS) assessment for Resident #55 dated 03/12/26 revealed the resident had intact cognition and was dependent on staff for all activities of daily living (ADLs.) Review of the progress notes for Resident #55 dated 03/28/26 through 03/12/26 revealed there was no documentation of an initial care conference meeting. Interview on 05/04/26 at 12:02 P.M. with the Regional Director of Operations (RDO) confirmed care conference meetings are to be held within the first 72 hours after admission. Interview on 05/04/26 at 12:04 P.M. with Social Service Designee (SSD) #803 verfied she did not hold a care conference within the first 72 hours after admission for Resident #55. This deficiency represents non-compliance investigated under Complaint Number 2996725.