

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Legacy Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2817 Kent Street Bryan, TX 77802	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (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
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident, for 3 out of 5 residents reviewed for pharmacy services, in that: The facility failed to administer medications within the required timeframe for 3 residents (Resident #1, Resident #2 and Resident #3) of 5 residents resulting in late medication administration. This failure could place residents at risk of not receiving the intended therapeutic benefit of the medications and supplements, could result in worsening or exacerbation of chronic medical conditions, and hospitalization. Findings included: Resident #1 Review of Resident #1's face sheet dated 9/25/2025 reflected an [AGE] year-old male admitted on [DATE] with diagnoses that included: Parkinson's disease (chronic, progressive brain disorder that affects movement), Hemiplegia (paralysis on one side of the body), Dysphagia (difficulty swallowing), Chronic Obstructive Pulmonary Disease (COPD) (progressive lung disease that causes breathing problems), and Dementia (disease process with underlying conditions affect brain function). Review of Resident #1's quarterly MDS assessment dated [DATE] reflected he had a BIMS score of 6 suggesting severe cognitive impairment. Review of Resident #1's orders reflected an order dated 9/27/2022: Carbidopa-Levodopa ER Tablet Extended Release 50-200 MG Give 1 tablet by mouth four times a day related to PARKINSON'S DISEASE WITH DYSKINESIA, WITH FLUCTUATIONS. Review of Resident #1's August 2025 MAR reflected med administrations times for Carbidopa-Levodopa to be 0700, 1100, 1500 and 1900. [7:00 am, 11:00 am, 3:00 pm, 7:00 pm] Review of Resident #1's care plan dated 9/25/2025 reflected the focus: I have Parkinson's Disease with interventions: Administer my Parkinson's medications as ordered. Review of the facility Medication Admin Report dated 9/24/2025 at 2:31 pm, reflected Resident #1 had Carbidopa-Levodopa due:- on 8/20/2025 at 7:00 am with an administration time of 9:31 am- on 8/21/2025 at 7:00 am with an administration time of 8:51 am Review of Resident #1's progress notes revealed there were no notes supporting the late administration of medications on 8/20/2025 and 8/21/2025. Resident #2 Review of Resident #2's face sheet dated 9/25/2025 reflected an [AGE] year-old female admitted on [DATE] with diagnoses that included: Parkinson's disease (chronic, progressive brain disorder that affects movement), urinary tract infection (infection of the urinary tract) Hypertension (high blood pressure) and malignant neoplasm of connective and soft tissue of left upper limb, including shoulder (soft tissue cancer). Review of Resident #2's admission MDS assessment dated 9/8/2025 reflected she had a BIMS score of 15 suggesting no cognitive impairment. Review of Resident #2's orders reflected an order dated 9/27/2022: Carbidopa-Levodopa Tablet 25-100 MG Give 2 tablets by mouth three times a day related to PARKINSON'S DISEASE WITH DYSKINESIA, WITH FLUCTUATIONS. With administration times: 7:00 - 8:00 am, 11:30 - 11:30 am, 3:00 pm - 4:00 pm. Review of Resident #2's care plan dated 8/26/2025 with revision on 9/2/2025 reflected the focus: I have Parkinson's Disease with interventions: Administer my Parkinson's medications as ordered. Review of the facility Medication Admin Report dated 9/24/2025 at 2:31 pm, reflected Resident #2 had Carbidopa-Levodopa due: on 8/28/2025 between 7:00 and 8:00 am with an administration time of 9:16 am. Review of Resident #2's progress notes revealed there were no notes supporting the late administration of medications on 8/28/2025. Resident #3 Review of Resident #3's face sheet dated 9/24/2025 reflected an [AGE] year-old female admitted on [DATE] with diagnoses that included: Parkinson's disease (chronic, progressive brain disorder that affects movement), anxiety disorder, Hypothyroidism (disorder of the thyroid gland) depression and chronic pain syndrome. Face sheet reflected resident was discharge on [DATE]. Review of Resident #3's uncategorized MDS assessment dated [DATE] reflected a BIMS assessment had not been completed yet. Review of Resident #3's orders reflected an order dated 8/19/2025: Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG (Carbidopa-Levodopa) Give 2 tablet by mouth three times a day related to PARKINSONISM, UNSPECIFIED, with administration times of 10:00 am, 2:00 pm, and 6:00 pm. Review of Resident #3's care plan reflected it was blank. Resident admitted [DATE] and discharged [DATE]. Review of the facility Medication Admin Report dated 9/24/2025 at 2:31 pm, reflected Resident #3 had Carbidopa-Levodopa due:- on 8/20/2025 at 2:00 pm, with an administration time of 3:06 pm. - on 8/20/2025 at 6:00 pm, with an administration time of 10:18 pm. Review of Resident #3's progress notes revealed there were no notes supporting the late administration of medications on 8/20/2025. During an interview on 9/24/2025 at 2:37 pm MA-A stated the 400 hall was her regular hall and she typically works the</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe environment and to help prevent the development and transmission of communicable diseases and infections for 1 (Resident #5) out of 5 residents reviewed for infection control. The facility failed to clean up blood splatters on the floor of Resident #5's room after IV therapy. These failures placed residents at risk of transmission and/or spread of blood borne pathogens including infections or contagious diseases which could lead to infections and hospitalization. Findings included: Review of Resident #5's face sheet dated 9/25/2025 reflected resident was an [AGE] year-old female admitted on [DATE] with diagnoses: metabolic encephalopathy, hypertension (high blood pressure), atrial fibrillation (heart rhythm disorder), hypothyroidism (thyroid disorder), vitamin deficiency. Review of Resident #5's progress notes dated 9/22/2025 reflected .MD informed who ordered Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML q6hr x5 days, Mucinex Oral Tablet Extended Release 12 Hour 600 MG (Guaifenesin) x5 days, Sodium Chloride Intravenous Solution 0.9 % (Sodium Chloride) 100ml @ 75ml/hr and Cefepime HCl Solution 1 GM/50ML x7 days, IV inserted into L forearm x1 attempt w/ 22g cath. Review of Resident #5's orders reflected an order dated 9/23/2025: IV to left arm Monitoring: Observe and record signs and symptoms of infection every 8 hours: 0- dressing dry and intact. No signs of redness, swelling or tenderness. 1 - redness 2 - swelling 3- tenderness 4 - Other: document findings in notes and notify MD/NP if signs or symptoms of infection occur. During an observation on 9/24/2025 at 12:55 pm, Resident #5 was in her room with a FM present, and several areas of dark red/brown fluid splatters were noted on the floor about resident's bed area. During an interview on 9/24/2025 at 12:57 pm Resident #5 stated the spots on the floor were blood from the day before when they gave her an IV. She stated she had to be careful when moving around her room in her wheelchair, so she didn't track the blood everywhere. During an interview on 9/24/2025 at 1:00 pm, the FM stated she noticed the blood splatters on the floor when she came in to visit Resident #5 and asked resident about them. Resident informed her they came from her IV the day before. The FM stated she had concerns about the cleaning of Resident #5's room and the possibility of something being spread around with the blood on the floor. During an interview on 9/25/2025 at 2:14 pm, the Housekeeping Supervisor stated resident rooms were cleaned daily. She was never notified of the dried blood on Resident # 5's floor. She stated she would have concerns about blood borne pathogens and the resident falling or slipping on the liquid and it getting tracked around into other places. She said if it was not cleaned up, it would be an infection control issue and potential for the spread of germs. She stated her expectations about blood spills were: 1) clean it up right away and 2) let her or housekeeping staff know so they can go clean and disinfect the area. She stated they got an in-service on blood spills yesterday that everyone was responsible for cleaning up spills and notifying housekeeping. During an interview on 9/25/2025 at 2:42 pm, the DON stated it was her expectation that blood spills be cleaned up immediately at the time of the incident, or the second someone sees it, they clean it up and notify housekeeping. She stated her concerns would be the fluid could cause a slip, trip or fall hazard as well as an infection control concern with exposure to blood borne pathogens. She stated they completed in services yesterday with staff and informed them to clean it up immediately, report to the charge nurse so the nurse could notify housekeeping immediately. During an interview on 9/25/2025 at 3:00 pm, the ADM stated his expectations on blood spills was that it has to be cleaned up right away, it's a biohazard. He stated the clinical staff has been trained on how to clean up biohazards and this should have been cleaned up. The ADM stated his concerns were that someone could have been infected by it, a resident, family or staff and it's a dignity issue and a blood pathogen. Review of the undated facility policy Blood/Body Fluids-cleaning up spills/splashes Policy and Procedure revealed: Purpose:All spills or splashes of blood or other body fluids will be cleaned up and the spill or splash area will be decontaminated as soon as practical. Procedure:1. Surfaces and equipment contaminated with spills or splashes of blood or body fluids must be cleaned up and disinfected as soon as practical.2. All employees must wear gloves when cleaning up spills or splashes of blood or body fluids. (Note:Other protective equipment (e.g., gowns, masks, and goggles) may be necessary if splashing of blood or body fluids into the eyes, nose, or mouth, or soiling of clothing is likely. Shoe coverings will be necessary if there are large amounts of blood on the floor.)3. After cleaning up spills or splashes of blood or body fluids, the contaminated area must be disinfected with one of the following:4. Chemical germicides that are approved for</p>		