STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455351	A. Building B. Wing	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to develop and implement a comprehensive care plan that describes the services that are to be furnished to maintain the resident's highest practicable physical, mental, and psychosocial well-being for one resident (Resident #1) of 9 reviewed, in that: The facility failed to ensure Resident #1's Comprehensive Care Plan reflected a plan of care for all of her fall interventions. Resident #1 was ordered to have a Geri-chair or tilt back wheelchair on 04/17/2026 after she experienced a fall on 04/16/2026 her care plan was not updated to include the intervention of the Geri-chair. This failure could place residents with falls at risk for injury.Findings included: Review of Resident #1's face sheet dated 07/01/2026 reflected a [AGE] year old female admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses dementia (A group of symptoms that affects memory, thinking and interferes with daily life.), osteoarthritis (A condition when bone strength weakens and is susceptible to fracture. It usually affects hip, wrist, or spine.), and diabetes mellitus (A condition results from insufficient production of insulin, causing high blood sugar.). Review of Resident #1's quarterly MDS dated [DATE] reflected she was assessed to have a BIMS score of three indicating she has severe cognitive impairment. Resident #1 was assessed to have falls and was assessed to have one fall without injury. Observation and interview on 07/01/2026 at 11:30 am Resident #1 was observed in a Geri-chair in the TV area. She answered questions appropriately. She stated she liked the Geri-chair and she was comfortable in it. Review of Resident #1's physician orders reflected an order dated 04/17/2026 monitor safety devices: low bed; Fall Matt; Geri-chair or tilt back w/c (wheelchair). Review of Resident #1's fall incident report dated 04/16/2026 reflected Resident #1 experienced a witnessed fall from her wheelchair in the TV area. Review of Resident #1's comprehensive care plan reflected I am at risk for falls r/t debility, advanced age, behaviors Date Initiated: 11/29/2025. Interventions included: 1/17/26 Low bed with fall mat, Date Initiated: 01/17/2026; 1/19/26 tilt back WC, Date Initiated: 01/19/2026; 1/31/26 Educate staff on not leaving the resident in a wheelchair unattended in the Room; 4/7/26 ensure correct positioning in chair, Date Initiated: 04/07/2026; 5/17/26 add nonskid tape under fall mat to prevent sliding of mat, Date Initiated: 05/17/2026; Educate me on use of my call light, Date Initiated: 12/01/2025: Monitor for changes in my condition that may warrant increased supervision/assistance and notify the physician) pommel cushion (a cushion to prevent sliding) added to chair 4/16/26, Date Initiated: 04/16/2026. The care plan did not include the intervention of her Geri-Chair. In an interview on 07/01/2026 at 12:02 pm the MDS Coordinator stated after looking at Resident #1's care plan she stated in regard to updating interventions for falls that they look at the root cause of the fall and develop a plan based on the individual's needs. She state the facility has a PIP (performance improvement plan) in place that they have identified that the care plans are generic and need to be updated. She stated she has seen Resident #1 in the Geri-chair but has not yet updated her care plan She stated the facility keeps switching the MDS coordinators back and forth as to who is doing MCR and long term care plans. She stated she has only had Resident #1 for about a week. She stated the facility has identified that the (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
	455351	A. Building B. Wing	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	care plans need to be updated but we can't do them all in one day stated she can only work through as they come due. In an interview on 07/01/2026 at 2:21 pm the DON stated they were trying to even out the workload with the Medicare and long term care, but whoever had her should have seen the order for the Geri-chair and update Resident #1's care plan Review of the facility's policy Care planning policy and procedures (not dated) reflected To provide a comprehensive plan of care addressing resident's needs, strengths, goals, and approaches. Each resident's care plan will remain current and inform staff of resident's needs, strengths, goals, and approaches. A Comprehensive Care plan will be completed according to the RAI manual upon admission, annual, significant change and as needed. These Policies and Procedures are intended only as a guide to our staff and should not be applied blindly across the board. These policies and procedures should be considered along with the experiences of staff and sound reasoning. Our Policies and Procedures must be flexible to the extent that the care provided to our residents meets the individualized needs of each resident. Regardless of the Policies and Procedures, care provided by staff must be specific to the individual needs of each resident so as toachieve the most desirable results for the resident.