

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/09/2026
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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week for 10 of 89 days reviewed for RN coverage. The facility failed to ensure they had an RN on duty on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. This failure placed residents at risk of missed nursing assessments, interventions, care, and treatment. Findings included: Review of the Nursing Master Schedule for the months of January, February, and [DATE] revealed zero hours worked by an RN on the week-end days of [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. In an interview conducted on [DATE] at 4:05 PM, the HR Director reviewed the time sheets for the days that were in question. The HR Director stated that no RN clocked in on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. The HR Director stated the facility is expected to have an RN on all days. She explained that the absence of RN coverage could delay or prevent the performance of duties that are within the RN scope of practice only, such as pronouncing a resident deceased and other clinical responsibilities that cannot be performed by an LVN. In an interview conducted on [DATE] at 4:17 PM, the Administrator stated that the facility is required to have RN coverage for eight consecutive hours per day, seven days per week. He stated he could not speak on the facility's staffing from [DATE] through [DATE], as he had only been at the facility since [DATE]. The Administrator stated that since his employment began, the facility has maintained daily RN coverage, which has been verified. He further stated that failure to maintain the required RN coverage could negatively affect Payroll-Based Journal (PBJ) reporting, quality measures, and resident care due to the absence of an RN in the building. In an interview conducted on [DATE] at 4:26 PM, the DON stated the facility was required to have RN coverage for eight hours each day. She stated that if she became aware there was no RN coverage, she would typically come to the facility and provide coverage, or the facility utilized agency nursing staff. She stated the Staffer is over the scheduling, but she does not work on weekends. The DON stated the floor staff are expected to notify her when scheduled staff do not report to work. She further stated the facility's procedure is for the floor nurses to notify supervisory staff if RN coverage is unavailable; however, she acknowledged that notifications may sometimes be missed. The DON stated the potential for harm associated with the lack of RN coverage is that an emergency could occur without RN supervision available to assess the situation and provide nursing oversight. RN Hours Coverage Policy was requested on [DATE] at 3:56 PM from DON and Administrator, was told, the facility did not have a policy specific to RN hours. Review of facility policy titled Quality of Care and Procedure undated reflected: . 14. The facility will have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each (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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 residents' highest practicable physical, mental, and psychosocial well-being for 3 of 9 residents reviewed for care plans (Resident #9, Resident #53 and Resident #99). 1. The facility failed to ensure Resident #9's comprehensive care plan reflected a plan for her indwelling urinary catheter that included her physician ordered interventions dated 07/02/2026 Urethral catheter (20 Fr) with (30 cc) bulb. every shift Urinary catheter and catheter bag: Tubing secure; Check for placement of dignity cover; Ensure bag is below the level of the bladder; Ensure bag is not touching or dragging the floor/ground. 2. The facility failed to ensure Resident #53's Comprehensive Care Plan reflected a plan for indwelling foley catheter and BPH indwelling catheter interventions. Resident #53 preferred for his catheter to be up on the wheelchair arm, above his bladder, as evidenced by 3 observations. 3. The facility failed to ensure Resident #99's Comprehensive Care Plan reflected a plan for resident to be allowed adequate time to urinate. Resident is incontinent of urine and wears a brief, so can urinate at any time. Care Plan was not updated correctly with focus and interventions that is individualized to the resident. These failures could place residents at risk for not having care needs identified and a plan to address Findings included: 1. Review of Resident #9's face sheet dated 07/09/2026 reflected a [AGE] year-old female admitted to the facility on [DATE] with the following diagnoses chronic obstructive pulmonary disease (a common, preventable and treatable disease that is characterized by persistent respiratory symptoms like progressive breathlessness and cough.) and retention of urine (inability to fully empty the bladder). Review of Resident #9's quarterly MDS dated [DATE] reflected she was assessed to have a BIMS score of 11 indicating she had moderate cognitive impairment. Resident #9 was assessed to require maximal assist with ADLs and was assessed to have an indwelling catheter. Review of Resident #9's consolidated physician orders reflected an order dated 07/02/2026 urethral catheter (20 Fr) with 30 cc bulb every shift assess for discomfort or pain related to urinary catheter. Further review reflected an order dated 07/02/2026 Urethral catheter (20 Fr) with (30 cc) bulb. every shift Urinary catheter and catheter bag: Tubing secure; Check for placement of dignity cover; Ensure bag is below the level of the bladder; Ensure bag is not touching or dragging the floor/ground. Review of Resident #9's comprehensive care plan reflected a focus are dated 05/11/2024 I use an indwelling urinary catheter. Interventions included Change my catheter tubing/bag as appropriate Date Initiated: 05/11/2024. Provide catheter care for me every shift Date Initiated: 05/11/2024. Further review of Resident #9's care plan reflected no plan of care for her catheter secure device, or her physician ordered interventions to check for placement of dignity cover; ensure bag is below the level of the bladder; or to ensure bag is not touching or dragging the floor/ground. In an interview on 07/09/2026 at 10:25 am MDS Coordinator A stated she was assigned to update Resident #9's care plan. She stated she had not reviewed Resident #9's care plan, but her care plan should include all her physician ordered interventions including her Cath secure device. In an interview on 07/09/2026 at 10:30 am MDS Coordinator B stated she updated Resident #9's care plan to include all the interventions that should have been on the care plan. Review of the updated care plan for Resident #9 dated 07/09/2026 reflected the added interventions of: ensure my catheter bag is below the bladder; tubing secure; check for placement of dignity cover; and ensure bag is not touching or dragging the floor/ground. In an interview on 07/09/2026 at 1:44 pm, the DON stated, regarding (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	care plans, that all physician orders and interventions for residents' care should be on the residents' care plans, and if they were not, the resident may not get the appropriate care. 2. Review of Resident #53's face sheet dated 07/07/2026 reflected a [AGE] year-old male admitted to the facility on [DATE] with the following diagnoses chronic kidney disease stage 2 (mild but permanent damage to kidneys where they work about 60%), diabetes mellitus (A condition results from insufficient production of insulin, causing high blood sugar.), venous insufficiency (Poor circulation of blood), benign prostatic hyperplasia without lower urinary symptoms (noncancerous enlargement of the prostate), neuromuscular dysfunction of bladder (communication break between brain and bladder), essential hypertension (chronic high blood pressure) and mild cognitive impairment of uncertain or unknown etiology (memory and decision making decline). Review of Resident #53's quarterly MDS dated [DATE] reflected that he was assessed to have a BIMS score of fifteen indicating he has intact cognitive status. MDS also shows resident requires assistance with setting up for all personal hygiene and activities of daily living. The MDS assessment indicated Resident #53 had an indwelling catheter (tube inserted into the bladder). Review of Resident #53's comprehensive care plan reflected I use a suprapubic catheter (18 FR 10cc) related to BPH, urine retention date initiated: 03/24/2025. Interventions included: assess me for symptoms of urinary tract infection as needed date initiated 6/29/2023; change my catheter tubing/bag as appropriate date initiated 6/29/2023; ongoing assessment of my urine date initiated 6/29/2023 with a revision on 6/20/2024; provide catheter care for me every shift date initiated 6/29/2023; watch me for acute behavioral changes that my indicate UTI date initiated 12/17/2024. Review of Resident #53's comprehensive care plan reflected I have BPH; I have an indwelling foley catheter (I refuse to allow staff to cover my drainage bag with a privacy/dignity cover- I like to see how much urine output I have and to read the numbers), date initiated 6/29/2023. Interventions included: notify my MD of retention initiated 6/29/2023; watch me for bladder distention and discomfort; change my catheter as ordered by the physician date initiated 6/29/2023; watch my intake and output date initiated 6/29/2023. Review of Resident #53's physician orders reflected an order dated 05/7/2026 Suprapubic Catheter=18 French with 10 cc bulb. Review of Resident #53's physician orders reflected an order dated 04/3/2026 Enhanced barrier precautions to every shift for catheter. Observation and interview on 07/07/2026 at 9:30 am Resident #53 was observed in bed with catheter above bladder level hanging on WC (wheelchair) arm beside the bed. He stated he tells them (staff) to put catheter there. Observation on 7/8/26 at 2:35pm Resident #53 sleeping in bed and catheter hanging on wheelchair arm rest and not below level of bladder, but above the level of the bed. Observation and Interview on 7/9/2026 at 9:40 am Resident #53 refused to have catheter care done, resident said he does not have time for questions now or for catheter care. Resident is lying in bed with catheter stabilizer/holder holding tubing against body and tubing running upward to the bag that is secured to the arm rest of his wheelchair above the level of the resident. 3. Review of Resident #99's face sheet dated 07/07/2026 reflected a [AGE] year-old male admitted to the facility on [DATE] with the following diagnoses unspecified intracranial injury with loss of consciousness of unspecified duration (head trauma causing brain disruption and lost consciousness), spastic hemiplegia affecting right dominate side (paralysis or weakness with muscle stiffness that affects the side the person prefers to use), hemiplegia affecting right dominate side (severe or complete paralysis of the side the person prefers to use), unspecified injury of head (head injury or bump to the head), benign prostatic hyperplasia without lower urinary symptoms (noncancerous enlargement of the prostate) , dysphasia oropharyngeal phase (difficult swallowing and moving food), essential hypertension (high blood pressure). Review of Resident #99's quarterly MDS dated [DATE] reflected that he was assessed to have a BIMS score of eight indicating he had moderate cognitive (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	impairment. MDS also shows resident requires assistance with all personal hygiene, daily living care, and transfers. Review of Resident #99's comprehensive care plan reflected I have BPH Date initiated on 7-11-2023. Interventions included allow me adequate time to urinate date initiated on 7-11-2023; notify MD of retention date initiated on 7-11-2023; watch me for bladder distention and discomfort date initiated on 7-11-2023. Another focus reflected I am incontinent of urine date initiated on 7-11-2023. Interventions included assist me with perineal cleaning as needed date initiated on 7-11-2023; Observe my skin daily for irritation and redness date initiated on 7-11-2023; watch me for behavioral changes that indicate a UTI date initiated on 7-11-2023. Observation and interview on 07/07/2026 at 12:17 pm revealed Resident #99 was observed in his geriatric chair, after lunch, drinking from his cup with a straw. He was wearing a brief and pants over brief. Resident has difficulty answering questions related to dysphasia. In an interview on 07/09/2026 at 09:34 pm, Admin RN C stated, about Resident #99, We added about hanging his catheter above his bladder to the care plan, we added it after seeing how he hangs it because he will not listen to us. We constantly tell him not to hang it above his bladder. In interview on 7/9/2026 at 12:02 pm after looking at Resident #99's care plan she stated I guess we added the dignity bag and not the hanging of the catheter on the side of the chair above the bladder regarding updating interventions. She stated Resident #99 was non-compliant, when they find it high the staff move it and Resident #99 is argumentative and moves it back. She also stated Resident #99's care plan is just not individualized like it should, and they are working on that. The facility has an improvement plan where they have identified that the care plans are generic and need to be updated. The plan is to revise the whole building, and they have divided all the residents out to get them all done. In an interview on 7/9/2026 at 11:47 am, MDS Coordinator A stated she will oversee care plans but is new and just getting started. She stated she is going to update care plans as the MDS is due or as they are admitted . She states that resident #53 is not hers yet and stated they need to update that, and they know he is non-compliant. After looking at care plan for resident # 99, she states she sees that it is wrong, but they just need updating. States she sees that does not make sense. She states that it could cause urinary infections or skin breakdown issues if the care plan is incorrect. They are trying to correct as they come due for anything they will update care plans. They have a performance improvement plan they are working on from now on. In an interview on 7/9/2026 at 1:33 pm, the Director of Nurses stated care plans are on their Quality Assurance and Performance Improvement Plans; the facility has identified the problem. When looking at care plan for resident #53, she states that they know he keeps his catheter above his bladder and they have repeatedly told him not to do that. When looking at care plan on resident #99, she states that it is just a general plan and does not seem to be individualized. She states his care plan should be updated and the plan is to re-do the whole building's care plans. We will break the residents into groups and do the whole building, so they are individualized. Director of Nurses states that the problem with the catheter being up to high can cause backflow thus causing infection or urinary issues. She states the problem with not updating #99s plan can also cause urinary tract issues because it is general and does not fit him. She stated the facility has identified that the care plans need to be updated and we just had issues last week. Review of the facility's undated Care planning policy and procedures 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 (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 to achieve the most desirable results for the residents.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for two of eight residents (Resident # 7, Resident #12 and Resident # 68) reviewed for ADL care. The facility failed to ensure Resident #7, Resident #12 and Resident #68's nails were clean on 07/07/2026. This failure could place residents at risk for poor hygiene, dignity issues, and decreased quality of life. Findings include: Findings include: 1. Record review of Resident #7's face sheet, dated 07/08/2026, reflected an [AGE] year-old-female who was admitted to the facility on [DATE] and readmitted on [DATE]. Resident #7 had diagnoses which included, Parkinson's disease without dyskinesia, with fluctuations (a movement disorder of the nervous system that causes unintended, dance-like, or writhing movements of the face, arms, legs, or trunk), and anxiety disorder (a mental health condition characterized by excessive, persistent, and uncontrollable fear or worry. Record review of Resident #7's admission MDS Assessment, dated 06/09/2026, reflected Resident #7 had a BIMS score of 12, which indicated her cognition was moderately impaired. Resident #7 required partial/moderate assistance (helper does less than half the effort) with personal hygiene and upper body dressing. Resident #7 was totally dependent on staff for lower body dressing. She required substantial/maximal assistance (helper does more than half the effort) with putting on/ taking off footwear, showers, and toileting hygiene. Record review of Resident #7's Comprehensive Care Plan, completed on 06/12/2026 reflected Resident #7 had Parkinson's Disease. Interventions: Assist as needed. She required staff assistance with all ADLs. Interventions: Resident #5 required assistance with hygiene and grooming. Observation and interview on 07/07/2026 at 9:55 a.m. revealed Resident #7 was in her room sitting in her wheelchair watching a talk show on television. Underneath Resident #7's fingernails on her right hand of her forefinger, middle and ring fingernails had a blackish/ brownish substance. She stated I don't know when asked about if staff cleaned her fingernails. Resident #7 stated she was unable to clean or trim her own fingernails. She stated she had Parkinson's diseases and needed assistance with cleaning her fingernails. Resident # 7 stated she did not remember if she reported to anyone her nails needed to be cleaned. She did not respond to any further questions about her ADL care of fingernails. 2. Record review of Resident #12's face sheet, dated 07/08/2026, reflected an [AGE] year-old female who was admitted to the facility on [DATE] and readmitted on [DATE]. Resident #12 had diagnoses which included type 2 diabetes mellitus with other diabetic kidney complication (a chronic condition where the body cannot use insulin properly or make enough insulin with kidney damage caused by long- term, uncontrolled high blood sugar and blood pressure), pain, unspecified (a person (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	experiences discomfort, but the doctor has not identified the exact cause, underlying condition, or specific bodily location), and unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (a person exhibits memory decline, but a doctor has not yet determined the exact underlying cause without any behaviors). Record review of Resident #12's Quarterly MDS Assessment, dated 05/26/2026, reflected Resident #12 had a BIMS score of 12, which indicated her cognition was moderately impaired. Resident #12 required substantial/maximal assistance (helper does more than half the effort) with personal hygiene. She required supervision or touching assistance (helper provides verbal cues and touching assistance as resident completes activity) with the following: showers upper and lower body dressing. Record review of Resident #12's Comprehensive Care Plan, dated 05/29/2026, reflected Resident #12 required staff assistance for ADLs. Intervention: Resident #1 required staff assistance with showers, hygiene, and grooming. Observation and interview on 07/07/2026 at 10:08 a.m., Resident #12 was in her room sitting in her wheelchair waiting to be assisted to dialysis. Underneath Resident #12's fingernails on her left and right hands of her middle and ring fingernails had a blackish/brownish substance. Resident #12 did not want to answer any questions. In an interview on 07/08/2026 at 9:40 a.m., CNA G stated if a CNA observed any problems with a resident's nails, the CNA was to report it to the nurse supervisor with any resident. CNA G stated the CNAs completed all nail care for residents without a diabetes diagnosis. She stated if there was a blackish substance on the residents' fingertips or underneath their nails, and the resident swallowed the blackish substance, there was a possibility a resident may become ill, such as nausea and diarrhea. CNA G stated she was in-serviced on cleaning, filing, and trimming residents' nails but she did not recall the date. CNA G stated anytime a resident refused any type of care she reported it to the charge nurse and the charge nurse would document it in the resident's medical record. CNA G stated she had given some care to Resident #7 and Resident #12, however, she stated they did not refuse nail care. She stated she was not aware of Resident #7 and Resident #12's shower schedules. CNA G stated she was not assigned to Resident #7 or Resident #12 on 07/07/2026. In an interview on 07/08/2026 at 9:15 a.m., ADON A stated the CNAs were responsible for Residents #7 and #12's nail care. She stated nail care was usually completed during showers, and as needed. ADON A stated if a resident had brownish/blackish substance underneath their nails, and if a resident swallowed the substance, there was a possibility a resident may become ill, such as an infection in the stomach. She stated there was a possibility a resident may have nausea and vomiting. ADON A stated if a resident refused showers, nail care, or any type of care, the nurses documented it in the nurse's progress notes. ADON A stated she was in-serviced on ADL care, and all staff were to report any nail issues with the resident to the nurse. She stated she was not aware of Resident #7 or Resident #12 refusing nail care. In an interview on 07/09/2026 at 10:20 a.m., the Director of Nurses stated the CNAs were responsible for cleaning and trimming all residents' nails, except for the residents with diabetes. She stated the (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	nurses were responsible for nail care of all residents with a diagnosis of diabetes. The Director of Nurses stated the residents' nails were usually cleaned during showers and as needed. She stated if a resident ingested the blackish/brownish substance underneath their nails, there was a potential the resident may experience vomiting or diarrhea. The Director of Nurses stated it depended on the type of bacteria if a resident needed to be assessed at the Emergency Room. She stated anytime there was an issue with nails the CNAs was to report it to the nurse supervisor. The Director of Nurses stated any refusal of care would be documented on the resident's care plan. In an interview on 07/09/2026 at 10:45 a.m., CNA H stated if a CNA observed any problems with a resident's nails the CNAs was to report it to the nurse supervisor with any resident. CNA H stated the CNAs completed all nail care for residents without a diabetes diagnosis. She stated if there was a blackish substance on the residents' fingertips or underneath their nails and the resident swallowed the blackish substance there was a possibility a resident may become ill, such as nausea and diarrhea. CNA H stated she was in-serviced on cleaning, filing, and trimming residents' nails but she did not recall the date. CNA H stated anytime a resident refused any type of care she reported it to the charge nurse and the charge nurse would document it in the resident's care plan. CNA H stated she had given some care to Resident #12 and Resident #7, however, she was not aware of these residents refusing nail care. She stated she was not aware of Resident #12 or Resident #7 shower schedules. CAN C stated she was not assigned to Resident #12 or Resident #7 on 07/07/2026. 3. Review of Resident #68's face sheet dated 07/09/2026 reflected a 78-yearold 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 #68's quarterly MDS dated [DATE] reflected Resident #68 was assessed to have a BIMS score of 3 indicating severe cognitive impairment. Resident #68 was assessed to have limitation of range of motion of her upper and lower extremities on both sides. Resident #68 was assessed to be dependent on staff for the ADLs of shower/bathe self and personal hygiene. Review of Resident #68's comprehensive care plan reflected a focus area reflected I require staff assistance for all ADL's date initiated 11/29/2025. Interventions included .assist me with bathing. Further review of Resident #68's care plan reflected nail care was not directly addressed. Observation on 07/07/2026 at 11:50 am revealed Resident #68 up in a Geri-chair in the dining room. Observation of her left hand revealed there was a thick brown substance on her hand and fingers, and there was a brown substance under her fingernails. Observation and interview on 07/07/2026 at 11:52 am, Admin RN C stated Resident #68 hands were dirty and it looked like the substance could be BM. She stated she would take Resident #68 to get her hands clean before lunch was served. (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 07/07/2026 at 12:30 pm, CNA J, who was working on Resident #68 hall, stated she did not see Resident #68's fingers dirty when she got the resident up at 8:00 am. CNA J stated she did her rounds at 9:40 am and did not see it. She stated Resident #68 had a bed bath this morning. She stated nail care should be done with baths and stated she did not get to it this morning; she was running late. In an interview on 07/09/2026 at 1:44 pm, the DON stated it was her expectation that staff made sure all residents' fingernails and hand are clean. She stated if a resident had feces under her fingernail she could put them in her mouth and could cause the resident to become ill. Record review of the facility's undated policy on Nail Care reflected Nail care Policy and Procedure:Policy: 1. To prevent infection; 2. To prevent irritation; 3. To prevent break in skin integrity;4. To promote cleanliness; 5. To relieve pain.Procedure:1. Care of fingernails and toenails is part of the bath. 2. Be certain nails are clean.3. If nails are difficult to cut, inform the charge nurse. 4. Nails are to be clipped and filed smoothly. 5. Cut straight across the nails.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record reviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in the 1 of 1 kitchen reviewed. The[KS33.1] facility failed to ensure food safety by not discarding expired food in the kitchen, not maintaining a sanitary kitchen, and not implementing infection control when taking food temperatures. These failures can place residents at risk for foodborne illness. An Observation on 7/7/2026 at 9:00 AM of the walk-in cooler revealed the following. A opened container of Grape Jelly , , had an open date of 7/5/2026 and no use-by date. Flour Tortillas with the production date of 11/07/2025 with no use-by date. Opened yogurt in a sealed bag with an open date of 6/13/2026 with no use-by date. Sheet Tray of Jell-O in the cooler, not labeled with a date of manufacture or a use-by date. An Observation on 7/7/2026 at 9:10 AM: The walk-in freezer revealed the following. Piecrust with an open date of 7/3/2026 with no use-by date. Fried Okra in the original bag, had no open or used by date on the bag[KS34.1]. Opened hamburger patties with no open date or use-by date on the bag. Taquitos in a resealable plastic bag with an open date of 5/7/2026 and no use-by date. Meatloaf In a resealable plastic bag with an open date of 7/04/2026 with no use-by date. An Observation on 7/7/2026 at 9:15 AM of the pantry revealed the following: Open bag of corn flakes with an open date of 7/1/2026 and no used by date. Open bag of powdered sugar with an open date of 6/24/2026[KS35.1] and no use-by date. Open bag of marshmallows with an open date of 6/24/2026[KS36.1] and no use-by date. [NAME] In a sealable container with no open date or use-by date. Flour In a resealable container with no open date or use-by date. Cornmeal in a sealable container with no open date, or used or use-by date. bread mix and a sealable container with no open or used by date.[KS37.1] Sugar in a sealable container with no open date, or used by date bananas in a box that were black with no use by date on the box. An Observation of the kitchen on 7/7/2026 at 9:25 AM revealed the following. [NAME] plastic bin containing kitchen utensils had food debris in the bottom of the bin. The ice machine had a white, grime-like substance on the inside and outside of the container. An Observation on 7/7/2026 of the kitchen food temperatures at 10:56 AM revealed the following: CK[KS38.1] M used her gloves for multiple different tasks, then took the French fries out of the fryer, and while putting them in a container, she touched the fries with her glove. CK M Took the temperature of the steak fingers with an infrared light gun and not with a thermometer. CK M [KS39.1]wiped the thermometer on a rag and not the alcohol wipes. CK M was stopped and she had to go ask how it was to be done. An Observation on 7/7/2026 at 10:56 AM during lunch service revealed the following; DA K was observed with no beard guard while in the kitchen. DA K was touching his clothes and nose while using gloves and did not change his gloves before handling drinks and food trays in the kitchen. An[KS40.1] interview on 7/9/2026 at 10:18 AM with DA K. He stated everyone in the kitchen is responsible for labeling and dating food products. He stated he is responsible for labeling and dating items such as juices, cheeses, drinks, and side items, and for putting them in the cooler. He stated that staff check for out-of-date items daily and throw them away if they are out of date. He stated he was not wearing a beard guard because he had forgotten to put one on. He stated that everyone in the kitchen with exposed hair should wear a hairnet or beard guard. He stated it is everybody's responsibility to clean the kitchen. He stated the cooks are responsible for cleaning the utensil drawers. He stated if out-of-date food was served or hair fell onto a food item, it could make the residents sick. He stated he has had training on labeling and dating food items in the kitchen. He stated the last time they talked about it was a couple of months ago. He stated that he is (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	not supposed to touch his face and not change his gloves. An interview on 7/9/2026 at 10:24 AM with DA L. She stated that labeling and dating depend on which side you were on[KS41.1]. She stated the cook will lable prepared foods and the aides will lable all other foods. She stated that she is responsible for labeling and dating items placed on residents' trays, such as desserts and juices. She stated the kitchen cook is responsible for labeling, dating, and everything else, and that everybody in the kitchen should be wearing a hair cover. She stated if she sees someone not wearing a hairnet or a beard cover, she will remind them to put one on. She stated that everybody is responsible for cleaning the kitchen. She stated the cooks are responsible for cleaning the utensil drawers. She stated there used to be a check-off list[KS42.1] for cleaning, but they no longer have it. She stated that if residents are served food that is outdated, or food with hair in it, they could get sick. She stated she has had in-service training on labeling and dating food items in the kitchen. She stated they are reminded daily about hairnets and beard covers. And interview on 7/9/2026 at 10:32 AM with CK M. She stated she was not trained on cleaning the thermometer with alcohol between taking temperatures of each food item. She stated that the person who trained her did not show her that she was not told to change her gloves in between each task in the kitchen. She stated that everybody is responsible for labeling and dating food items in the kitchen. She stated that all food items should have an opening date and a use-by date. She stated if there is any outdated food[KS43.1] in the kitchen, it should be thrown away. She stated that cooks and dietary aides have their own area to clean and are supposed to be clean as they work. She stated they used to have a check-off list for cleaning, but they no longer do. She stated that they are supposed to clean as they go. She stated all hair should be covered if someone is in the kitchen area handling food. She stated if she sees somebody not wearing a hairnet, then she will remind them. She stated that if a resident is served food out-of-date food date, or if there is hair and food[KS44.1], it could get the residents sick. She stated that if gloves are not changed and hands are not sanitized, residents could get sick. An interview on 7/9/2026 at 10:43 AM with DM. She stated she was not aware that CK M was not trained on taking food temperatures and hand cleanliness while handling food. She stated the thermometer should be cleaned with an alcohol pad between taking the temperature of each food item. She stated all staff should have hair covered while they were working in the kitchen. She stated that maintenance is the one that cleans the ice machine. She stated the ice machine is supposed to be cleaned monthly. She stated she does not know when maintenance last came to clean the ice machine. An interview on 7/9/2026 at 3:05 PM with MD. He stated the ice machine was cleaned once a month. He stated when they cleaned the ice machine they empty the ice machine and clean it thoroughly. He stated there is supposed to be a check off list that shows when the ice machine has been cleaned. He stated there is no check off list right now, but there should be. He stated if the ice machine is not cleaned regularly then mold could grow in the ice machine. He stated if the ice machine is not clean residents could get sick. An interview on 7/9/2026 at 3:05 PM with the ADM. He stated all staff are expected to label all [KS45.1] food items in the kitchen. He stated all food items should be used by day. He stated he did not know the process on how the temperatures should be taken and the thermometer be cleaned. He stated all kitchen staff should be cleaning the kitchen. He stated he was not aware that there was no cleaning checklist, and there should be. He stated staff should be changing their gloves between each task in the kitchen before going back to certain food items. He stated he was unaware who was responsible for cleaning the ice machine in the kitchen. He stated all staff in the kitchen should have hair nets and a beard guard if they have facial hair. He stated if residents were served out of date, food, or food with the hair in it the residents could get sick. He stated touching food with unclean gloves could get residents sick. He stated if the ice (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	machine is not clean residents could get sick.Record review of the Food Safety And Sanitation Policy And Procedure that was not dated revealed the following. 1.All staff will be in good health, will have clean personal habits and will handle all foods safely.4.Hair restraints are required and should cover all hair on the head.6.All staff will wash their hands just before they start to work in the kitchen and when they have used their hands in an unsanitary way such as smoking, sneezing, using the restroom, handling poisonous compounds, dirty dishes, touching face, hair, other people, etc.9.All time and temperature control for safety (TCS) leftovers are labeled, covered, and dated when stored.10.Foods with expiration dates are used prior to the use by date on the package.		

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure the residents received services with reasonable accommodation of resident's needs and preferences, except when to do so would endanger the health and safety of the resident or other residents, for 2 of 26 residents (Residents #20 and #80) reviewed for call light accessibility. The[KS46.1] facility failed to ensure the call light system was accessible to Residents #20, and #80. This failure could place residents at risk of not being able to call for staff assistance to meet care needs, This could put the residents at risk of injury or pain. Record review of Resident #20's Face sheet dated 07/09/2026 indicated that the resident was a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included: acute and chronic respiratory failure with hypoxia[KS47.1] (organs don't get enough oxygen to function properly), obesity (Excess body weight), and acute pulmonary edema (buildup of fluid in the air sacs of the lungs). Record review of Resident #20's Quarterly MDS dated [DATE] reflected a BIMS of 09, indicating moderate cognitive impairment. He was dependent on all tasks. Record[KS48.1] review of Resident #20's care Plan dated 5/08/2026 reflected that Resident #20 had impaired mobility. Interventions included: Assistance with some[KS49.1] of his ADLs, such as (Assist with bathing). There was no mention if the call lights in the care plan. Record review of Resident #80's Face sheet dated 07/09/2026 indicated that the resident was a female admitted to the facility on [DATE]. Her diagnoses included: sequelae of cerebral infarction[KS50.1] (prolonged lack of blood supply), hypertension (condition where the force of blood pushing against your artery walls is consistently too high), hyperlipidemia (plaque builds up inside the arteries), and muscle weakness. Record review of Resident #80's Quarterly MDS dated [DATE] reflected a BIMS of 00, indicating severe cognitive impairment. She was dependent on all tasks. Record review of Resident #80's care Plan dated 06/10/2025 reflected that Resident #80 had impaired mobility. Interventions included: Assistance with all her ADLs and placement of the call light within reach. During an observation and interview on 07/07/2026 at 2:20 PM with Resident #80 her call light was on the floor. She stated that she can sometimes get out of bed but needs help at other times. She stated that she did not know that the call light was on the floor. She stated that she has not been hurt because she cannot reach the call lights. During an observation and interview on 07/07/2026 at 2:31 PM with Resident #20 the call light was on the floor. He stated that he cannot reach it on the floor. He stated that he needs assistance with all his ADLs and getting out of bed. He stated that he has not been injured from falling when he cannot use the call light. He stated that he feels safe at the facility. During an interview on 7/9/2026 at 2:01 PM with CNA I she stated that call lights should be close to the resident's hand or within an easy reach. She stated that there are some residents that will move the call light. She stated that they make frequent rounds to the residents' rooms to make sure call lights are close to the residents. She stated that she tries to look in the rooms when she goes up and down the hall every 15 minutes. She stated that if call lights are not close to residents, they could miss out on care, or have a fall. She stated that she has received in service training on call lights, and the last time was one or two weeks ago. During an interview on 7/9/2026 at 2:15 PM with CNA J she stated that call lights should be within reach of the residents all the time. She stated that she checks residents' rooms often to make sure that call lights are close. She stated that they are required to make rounds at least every two hours. She stated that she does it more frequently. If residents are known to move the call lights she stated that she often reminds the residents to use the call light for help. She stated that if a resident's call light is not close to them there was a risk of falling and not (continued on next page)		

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	getting help. She stated that she had in-service training on call lights frequently. She said that the last time she had in-service training on call lights was a couple days ago. During[KS51.1] an interview on 7/9/2026 at 3:05 PM with ADON B he stated that rounds are made with residents every two hours to make sure that all call lights are within range. He stated that they do verbal reminders for the residents to let them know to use the call lights. He stated they talk about call lights regularly throughout the week. He stated that if the call light is not within range then a resident could fall and get hurt because they are not able to reach the call light for help. He stated he is responsible for the hall that Resident #20 and #80 are on. He stated that staff should be checking on the call lights to make sure they are close to the residents. An interview on 7/9/2026 at 3:15 PM with ADM. He stated that call lights should be close to residents when they are in the room. He stated that residents are reminded to use their call light when they need something. He stated that staff should be checking on residents at least every two hours to make sure the call light was within reach. He stated that it depends on the resident and what could happen to them if the call light is not close to them. He stated that he has had in-service training with call lights, and the last time was two weeks ago[KS52.1]. Record Review of the Call Lights, Use of Policy and Procedure, not dated, revealed the following, Be sure all call lights are placed on the bed at all times, never on the floor or bedside stand.		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record reviews, the facility failed to ensure all Pre-admission Screening and Resident Review (PASRR) Level I residents with a mental illness was completed correctly and were provided with a PASRR Level II assessment for one (Resident #62) of 4 residents reviewed for PASRR assessments. The facility failed to ensure the Social Worker entered Resident #62's PASRR Level I correctly into SimpleLTC portal (portal used by nursing facilities to manage resident's information). The PASRR entered did not indicate a diagnosis of mental illness, although diagnosis of major depressive disorder was present upon admission on [DATE]. This failure could place all residents who had a mental illness at risk for not receiving needed assessment (PASRR Evaluation), individualized care, and services to meet their needs. Findings included: Record review of Resident #62's MDS Assessment, dated 06/17/2026, reflected the resident was a [AGE] year-old female admitted to the facility on [DATE]. Her BIMS score was 14, indicating her cognitive skills were intact. Her diagnoses included chronic diastolic (congestive) heart failure, anxiety disorder (excessive, uncontrollable worry), and major depressive disorder, unspecified (feelings of sadness, loss of interest in daily activities). Record review of Resident #62's PASRR Level 1 screening, completed 03/17/2026 by the MDS Nurse of referring facility, reflected the resident had a mental illness. Record review of Resident #62's PASRR Level 1 screening entered by the facility's Social Worker on 3/19/2026 reflected the resident did not have a mental illness. In an interview conducted 7/09/2026 at 8:33 AM, the MDS Coordinator A stated the MDS department was not responsible for entering PASRR I information into the system. She stated the Social Worker was responsible for entering the PASRR I information and if a resident was positive for mental illness or intellectual disability, it would generate a PASRR Evaluation. The MDS Coordinator stated their department becomes involved if a resident is PASRR positive and admits to PASRR services. In an interview conducted 07/09/2026 at 12:20 PM, the Social Worker stated she was designated in February 2026 to complete and input the PASRR I into the SimpleLTC portal system. She stated the first PASRR Level 1 screening prepared by Resident #62's referring nursing facility was yes for a mental health diagnosis, but she completed a new one and marked it no. She stated she had been told depression did not qualify so she updated the information to no. The Social Worker further stated her PASRR training was quick, and she was still new at completing the PASRR. She stated it was all her fault that the mental health diagnosis was negative on the second copy of the PASRR Level 1 that she inputted into SimpleLTC. She stated she would complete a new PASRR I for Resident #62 on that day. The Social Worker stated a negative PASRR Level 1 screening could cause residents to miss PASRR services they were possibly eligible to have. In an interview conducted 07/09/2026 at 1:26 PM, The DON stated they initially identified residents with possible serious MI or intellectual disability from the PASRR sent from the previous facility. She stated that the Social Worker was responsible for completing the PASRR Level 1 screenings into the SimpleLTC system. She stated if a resident was positive, the system would send an alert to the state for further review. The DON stated she was not aware that Resident #62 had a diagnosis that would have triggered a PASRR review and indicated she would need to review resident's chart to see if she had an accurate diagnosis. The DON stated if the diagnosis was accurate and Resident #62 screened positive, she should have received a PASRR Evaluation. The DON further stated if a resident with a qualifying mental illness is not properly identified through the PASRR process, the resident could be prevented from receiving mental health services. Review of the facility's policy titled, Preadmission Screening, PASARR (Resident Review) Policy and Procedure (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	undated reflected: Policy:This facility shall coordinate assessments with the pre-admission screening and resident review (PASARR) programunder Medicaid to the maximum extent practicable to avoid duplicative testing and effort.Purpose:Preadmission Screening and Resident Review (PASARR) is a federal requirement to help ensure that individuals whohave a mental disorder or intellectual disabilities are not inappropriately placed in nursing homes for long term care.PASARR requires that:1. All applicants to a Medicaid-certified nursing facility be evaluated for a serious mental disorder and/or intellectualdisability;2. Be offered the most appropriate setting for their needs (in the community, a nursing facility, or acute care setting);and3. Receive the services they need in those settings.		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the resident environment remained free of accidents hazards as was possible for one of three housekeeping carts (Housekeeping Cart #1) reviewed for hazards. The facility failed to ensure Housekeeping Cart #1, with chemicals inside the compartments, was locked when unsupervised on 07/07/2026 This failure could place residents at risk for injuries, illness, and hospitalization. Findings included: During an observation on 07/07/2026 at 1:15 p.m., Housekeeping Cart #1 was located on 400 hall in front of room [ROOM NUMBER] Observation reflected the compartment where chemicals were stored was not locked, and contained micro-kill bleach, disinfectant cleaner, and two bottles filled with chemicals without a label on the bottles. Observation reflected Housekeeper A was not standing near the housekeeping cart. She exited room [ROOM NUMBER] at 1:20 p.m., walked to the housekeeping cart, and was standing beside the cart. There were no residents or staff in the hallway when the observation was made of Housekeeping Cart #1 unlocked. During an interview on 07/07/2026 at 1:19 p.m., Housekeeper N stated Housekeeping Cart #1 was expected to be locked anytime the housekeeper walked away from the cart. Housekeeper N stated she could not see Housekeeping Cart #1 from inside room [ROOM NUMBER] with the door partially closed. She stated there was a possibility that if a resident drank some of the chemicals, the resident may become sick with stomach issues or have an allergic reaction. She stated it was possible a resident may need to be evaluated at the hospital. Housekeeper N stated she did have a key to the housekeeping cart. She stated she forgot to ensure the chemicals were in a secured place in her housekeeping cart. During an interview on 07/07/2026 at 1:30 p.m., the Housekeeping Supervisor stated all housekeeping carts were expected to be locked anytime the housekeeper was not standing in front of the cart. The Housekeeping Supervisor stated if a resident ingested some chemicals, there was a potential for an allergic reaction, such as burning their throat, stomach and they may need to be assessed at the hospital. She stated all housekeeping staff were in-serviced on locking housekeeping carts. The Housekeeping Supervisor stated there was a possibility that if a resident spilled a chemical on their skin, it may cause irritation to the skin. During an interview on 07/07/2026 at 3:00 p.m., the Administrator stated he expected the housekeeping cart to be locked at all times when the housekeeper was not obtaining an item from the housekeeping cart. The Administrator stated all housekeeping staff had been in-serviced on locking the housekeeping carts. He did not answer any further questions on housekeeping carts or chemicals. Record review of the in-service of locking chemicals in housekeeping carts, dated 03/10/2026, reflected All chemicals needed to be locked in the cart at all times. Housekeeping carts were to be locked and always next to the housekeeper. Housekeeper N signed the in-service on 03/10/2026. The in-service was given by the Housekeeping Supervisor. Record review of the facility's in-service of storing chemicals in housekeeping cart, dated 04/14/2026, reflected all chemicals were to be locked in your housekeeping cart. Housekeeping carts are to be locked at all times. Housekeeper N signed the in-service given by the Housekeeping Supervisor. Record review of the facility's undated policy on Storage of Hazardous Chemicals reflected: The facility shall ensure that hazardous materials and waste are stored in a safe manner to prevent injury to residents, visitors, and staff.		

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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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a resident who was incontinent of bladder received appropriate treatment and services to prevent urinary tract infections for two of three residents reviewed for quality of care (Resident #9 and Resident #53). 1. The facility failed to ensure Resident #9's foley catheter was secured on 07/7/2026.2. The facility failed to ensure Resident #53's foley catheter collection bag was not at or below the level of the bladder o at 3 observed times on 7/7/2026, 7/8/2026 and 7/9/2026. These failures to place residents with urinary catheters at risk for traumatic removal and catheter acquired infections.Findings included: 1. Review of Resident #9's face sheet dated 07/09/2026 reflected a [AGE] year-old female admitted to the facility on [DATE] with the following diagnoses chronic obstructive pulmonary disease (a common, preventable and treatable disease that is characterized by persistent respiratory symptoms like progressive breathlessness and cough.) and retention of urine (inability to fully empty the bladder). Review of Resident #9's quarterly MDS assessment dated [DATE] reflected she was assessed to have a BIMS score of 11 indicating she had moderate cognitive impairment. Resident #9 was assessed to require maximal assist with ADLs and was assessed to have an indwelling catheter. Review of Resident #9's consolidated physician orders reflected an order dated 07/02/2026 urethral catheter (20 Fr) with 30 cc bulb every shift assess for discomfort or pain related to urinary catheter. Further review reflected an order dated 07/02/2026 Urethral catheter (20 Fr) with (30 cc) bulb. every shift Urinary catheter and catheter bag: Tubing secure; Check for placement of dignity cover; Ensure bag is below the level of the bladder; Ensure bag is not touching or dragging the floor/ground. Review of Resident #9's comprehensive care plan reflected a focus are dated 05/11/2024 I use an indwelling urinary catheter. Interventions included Change my catheter tubing/bag as appropriate Date Initiated: 05/11/2024. Provide catheter care for me every shift Date Initiated: 05/11/2024. Observation and interview on 07/08/2026 at 11:22 am revealed the RN Treatment nurse was in Resident #9's room to perform wound care. She removed Resident #9's cover to reveal a foley catheter to bedside drainage. The catheter tubing was not secured to Resident #9's leg. The RN Treatment nurse stated that the floor nurses were responsible for monitoring urinary catheters. The RN Treatment nurse stated that Resident #9 should have her catheter secure device in place to prevent her catheter from pulling or becoming dislodged. In an interview on 07/08/2026 at 11:36 am, LVN F stated she was responsible for catheter care on her assigned residents. She stated she checked Resident #9's urinary catheter earlier; but did not check to see if the secure catheter device was in place. LVN F stated he would go to Resident #9's room to check and make sure a Cath secure device was in place. In an interview on 07/08/2026 at 11:45 am, Admin RN C stated any residents with urinary catheters should have Cath secure devices in place to ensure the Cath was not pulled out. The Admin RN C stated she would provide the facility policy on urinary catheters. In an interview on 07/09/2026 at 1:44 pm, the DON stated she expected all residents with indwelling urinary catheters to have their catheters secured to their body with a Cath secure device, and for it to be monitored every shift to ensure the catheter was not pulled which could lead to dislodgement and trauma. 2. Review of Resident #53's face sheet dated 07/07/2026 reflected a [AGE] year-old male admitted to the facility on [DATE] with the following diagnoses chronic kidney disease stage 2 (mild but permanent damage to kidneys where they work about 60%), diabetes mellitus (A condition results from insufficient production of insulin, causing high blood sugar.), venous insufficiency (Poor circulation of blood), benign prostatic hyperplasia without (continued on next page)		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	lower urinary symptoms (noncancerous enlargement of the prostate), neuromuscular dysfunction of bladder (communication break between brain and bladder), essential hypertension (chronic high blood pressure) and mild cognitive impairment of uncertain or unknown etiology (memory and decision making decline). Review of Resident #53's quarterly MDS dated [DATE] reflected that he was assessed to have a BIMS score of fifteen indicating he has an intact cognitive status. MDS also reflected the resident requires assistance with setting up for all personal hygiene and activities of daily living. The MDS assessment indicated Resident #53 had an indwelling catheter . Review of Resident #53's comprehensive care plan reflected I use a suprapubic catheter (18 FR 10cc) related to BPH, urine retention date initiated: 03/24/2025. Interventions included: assess me for symptoms of urinary tract infection as needed date initiated 6/29/2023; change my catheter tubing/bag as appropriate date initiated 6/29/2023; ongoing assessment of my urine date initiated 6/29/2023 with a revision on 6/20/2024; provide catheter care for me every shift date initiated 6/29/2023; watch me for acute behavioral changes that may indicate UTI date initiated 12/17/2024. Review of Resident #53's comprehensive care plan reflected I have BPH; I have an indwelling foley catheter (I refuse to allow staff to cover my drainage bag with a privacy/dignity cover- I like to see how much urine output I have and to read the numbers), date initiated 6/29/2023. Interventions included: notify my MD of retention initiated 6/29/2023; watch me for bladder distention and discomfort; change my catheter as ordered by the physician date initiated 6/29/2023; watch my intake and output date initiated 6/29/2023. Observation and interview on 07/07/2026 at 9:30 am, Resident #53 was observed in bed with his catheter positioned above his bladder level, hanging on his WC (wheelchair) arm beside the bed. He stated he told them (staff) to put catheter there. Observation on 7/8/26 at 2:35pm, Resident #53 was sleeping in bed, and his catheter was hanging on the wheelchair arm rest; not below level of bladder, but above the bed. Observation and interview on 7/9/2026 at 9:40 am, Resident #53 refused to have catheter care done. The resident said he did not have time for questions or for catheter care. Resident is lying in bed with no catheter stabilizer/holder holding tubing against body and tubing running upward to the bag that is secured to the arm rest of his wheelchair above the level of the resident. In an interview on 07/09/2026 at 09:34 pm, Admin RN C stated about Resident #53, we added about hanging his catheter above his bladder to the care plan. I think we added it after seeing how he hangs it because he will not listen to us. We constantly tell him not to hang it above his bladder. In an interview on 7/9/2026 at 12:02 pm, after looking at Resident #53's care plan, she stated she could have added the dignity bag and not the hanging of the catheter regarding updating interventions. She stated Resident # 53 is non-compliant. She stated when they find it high, the staff move it and Resident #53 is argumentative and moves it back. She states the problem with hanging it above the bladder is backflow and can cause resident to have constant UTIs. In an interview on 7/9/2026 at 11:47am, MDS Coordinator A stated Resident #53 was non-compliant. She states that hanging the catheter bag on the WC could cause urinary infections or skin breakdown issues. She stated they have a performance improvement plan they are working on. In an interview on 7/9/2026 at 1:33 pm, the Director of Nurses s, when looking at the care plan for Resident #53, she stated they know he keeps his catheter above his bladder, and they have repeatedly told him not to do that. Director of Nurses states that the problem with the catheter being up to high can cause backflow thus causing infection or urinary issues. Review of the facility's undated policy Catheter indwelling, insertion and removal policy and procedures reflected Purpose: 1. To provide continuous drainage of the urinary bladder. 14. AT NO TIME SHOULD THE TUBING BE PLACED ABOVE THE LEVEL OF THE BLADDER TO ALLOW BACK FLOW OF URINE INTO THE BLADDER.15. Secure urinary drainage bag below the level of the bladder AND KEEP OFF THE FLOOR AT ALL TIMES. Coil extra tubing and secure.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure, in accordance with State and Federal laws, all drugs and biologicals were stored in locked compartments under proper temperature controls and permitted only authorized personnel to have access to 1 of 4 medication carts (Medication Cart #1) reviewed for pharmacy services. The facility failed to ensure Medication Cart #1, was locked, medications secured, and not accessible to other staff, residents, or visitors on 07/07/2026. This failure could place residents at risk of having unauthorized access to medications, decreased effectiveness of medication, or missing medications. Findings included: During an observation of the 300 hall on 07/07/2026 at 11:20 a.m., Medication Cart #1 was facing toward the hall area near the DON office located on 300 hall. The lock was protruding outward on Medication Cart #1. Observation reflected there was no staff in the hall or located near the observed unlocked Medication Cart #1. LVN E exited a resident's room approximately 11:27 a.m. on 300 hall and walked toward the medication cart located near the Director of Nurses office. During an interview with LVN E on 07/07/2026 at 11:31 a.m., she stated she was trained on medication storage. She stated the Nurse or Medication Aide who was working on the cart was responsible for locking the medication cart. She stated if the staff left the medication cart unlocked and unattended, a resident could get into the medication cart and take medication that did not belong to them. LVN E stated everyone monitored to ensure the medication carts were locked. LVN E stated she was unable to view Medication Cart #1 from where she was standing in a resident's room. She stated she had been in-serviced on locking medication cart; however, she did not recall the date or time. LVN E did not respond to why she left the Medication Cart #1 unlocked. During an interview on 07/09/2026 at 10:20 a.m., the DON stated all medication carts were expected to be locked when the med-aide or nurse was not standing in front of the medication cart. She stated the nurse or the medication aide, who was on the medication cart, was responsible for ensuring the medication cart was locked. She stated if the medication cart was left unlocked and unattended a resident could get into the medication cart and take medications. The DON stated leadership monitored to ensure staff locked the medication cart. She stated nurse leadership were to monitor by doing observations and in-service training. She stated she did not know why LVN E left the medication carts unlocked. Record review of the facility's undated policy titled, Medication Administration Policy and Procedure, reflected, Medication carts shall be locked when left unattended.		

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F 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to survey were readily available to examine for 1 of 1 facility in that:1. The results of the most recent survey were not posted in a location readily accessible to all residents, their legal representatives, or family members as required.2. The facility failed to maintain the survey binder; the binder failed to include 3 previous years of required state visit results from 1/07/23, 3/29/24, 5/8/25 and recent visits 1/15/26 and 02/05/226.This failure placed residents of the facility at risk of not knowing past and present citations of the facility and potentially being negatively affected by an area of citation.Findings included:An observation and interview conducted through facility on 07/08/26 at 3:44 PM revealed the survey results were not posted readily available in the lobby or any common areas of the facility nor a sign indicating where the survey results were posted. The Receptionist was asked for location of the survey results binder, and she stated, let me find it. she led the way to a table [NAME]-cornered (diagonally opposite) on a wall behind receptionist desk, not visible to anyone entering the building nor easily accessible to residents. Observation revealed the survey book was sitting on the table. Record review of the survey binder reflected it included results of the May 2025 annual survey.During a confidential group interview conducted on an undisclosed date and time 9 of 10 residents revealed they did not know where or how to access the survey results in the facility. Several of the residents stated they would have liked access to that information. They had not understood or been aware that the survey book existed or that they were able to review the results. In an interview conducted 07/09/2026, at 2:51 PM, The Social Worker stated that the survey results binder was located on a table in the facility lobby. She stated that signage identifying the location of the survey results binder should be posted; however, she was unsure whether the signage was currently in place. The Social Worker stated that the Administrator was responsible for maintaining the survey results binder. She further stated that the binder should include the results of all complaint investigations and annual survey inspections. The Social Worker explained that maintaining those documents and making them available was important because families and individuals who considered placement in the facility could review the facility's survey history to determine whether there is a pattern of deficient care, neglect, or abuse. She stated the information allowed prospective residents and their families to make informed decisions regarding placement. In an interview conducted 07/09/2026, at 3:20 PM, the Receptionist stated she had only worked at the facility for a month. She stated she had not been trained on the survey binder. She stated she was scheduled for some training on the upcoming weekend. The receptionist stated she knew they were working on updating the binder for 2026.In an interview conducted 07/09/2026, at 3:24 PM, the Administrator stated that he had been employed by the facility since April 21, 2026, and officially assumed responsibility for the facility on May 1, 2026. He stated that he had been an administrator for five years. The Administrator stated that it was his responsibility to maintain the survey results binder. He stated that the binder should include the previous year's annual survey results and the plan of correction. The Administrator acknowledged that survey results were required to be accessible to everyone for review. The Administrator stated he was going to change the area where the survey binder was to be more accessible and he was going to place a sign indicating the survey results. He stated that the survey results binder was important because it allowed residents and their families to (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	know what is occurring in their home. The facility policy on Survey Results was requested from DON and Administrator on 7/09/2026 at 3:00 PM, no policy received at exit.		