STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465171	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Village Rehabilitation	3251 West 5400 South Taylorsville, UT 84129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (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
	465171	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Village Rehabilitation	3251 West 5400 South Taylorsville, UT 84129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined, for 1 out of 5 sampled residents, that the facility did not immediately consult with the resident's physician when there was a significant change in the resident's physical status or a need to alter treatment. Specifically, a resident experienced a change in condition after a fall and the medical provider was not notified of the change timely. This resulted in a finding of harm to the resident. Resident identifier: 2.Findings included: Resident 2 was admitted to the facility on [DATE] with diagnoses which included, traumatic subarachnoid hemorrhage, nontraumatic acute subdural hemorrhage, difficulty in walking, epileptic seizures, and obstructive hydrocephalus.Resident 2's medical record was reviewed on 12/1/25. A review of resident 2's medical record revealed the following: a. On 10/13/25 at 3:44 AM, a note documented, Event Fall: Pt [patient] had an unwitnessed fall at 0230 [2:30 AM] in her bathroom and was found on the floor sitting upright by her husband who was sleeping in the bedside bed. Pt states that she needed to use the restroom and took herself. When she was through using the toilet she attempted to pull up her pants and lost her balance and fell towards her right side. Upon assessment pt was alert and reporting having no pain, had strong facial expressions, clear speech, equal bilateral grips, and reported having no pain. Pt was then stood up, walked to her bed, vitals were taken: BP [blood pressure]: 120/62. Temp [temperature]: 96.1. HR [heart rate]:77. R [respirations]:16. O2 [oxygen]: 90%. Neuro [neurological] checks were initiated. Pt is currently in bed resting with her husband awake at the bedside. Pt is still reporting no pain, stable, and with call light and water within reach. MD [Medical Doctor], DON [Director of Nursing], and family notified. Observation complete, unusual occurrence report done. b. On 10/13/25 at 9:42 AM, a physician note documented as a late entry on 10/19/25 at 9:43 AM documented, HISTORY Room: [number redacted] Chief Complaint / Nature of Presenting Problem: Unwitnessed fall History Of Present Illness: [Resident 2] is a [AGE] year female with recent Subarachnoid hemorrhage/IVH [intraventricular hemorrhage] caysed [sic] by left P [posterior communicating] aneursym [sic]. She is s/p [status post] craniotomy with clipping fof [sic] the aneursym [sic]. She also had a VP [ventriculoperitoneal] shunt and developed UE [upper extremity] DVT's [deep vein thromboses]. On blood thinner. Suffered an unwitnessed fall today. She was trying to get herself up and ambulate to the bathroom. Was found on the bathroom floor. She has had episodes of emesis today and seems to have a change of LOC [level of consciousness] more diffcult [sic] to arouse. No new neuro deficits noted on exam per Nurse.Follow-up Plan:This is a patient with history of subarachnoid and intraventricular hemorrhage due to left posterior communicating artery aneurysm, status post surgical clipping, now with residual neurological deficits undergoing comprehensive rehabilitation that suffered unwitnessed fall with change in condition. Will send out stat [immediately] imaging of the brain given h ER [sic] history and change of condition. Especially since she is on blood thinners. Husband at bedside. He agrees to POC [plan of care]. Nurse notified and pt transported to local hospital for further evaluation. c. On 10/13/25 at 1:19 PM, a note documented, Patient sent out Via [local ambulance company] @1220 [12:20 PM] to [local hospital] per recommendation from NP [Nurse Practitioner]. assessment completed by NP, patient unable to answer questions and open eyes when told to do so. pt had vomited 2 times during AM shift, having a decrease in LOC [level of consciousness]. family at bedside agreed to have patient sent out.It should be noted that a neurological assessment for the fall on 10/13/25 could not be located by the facility and resident 2 was sent to the emergency room via non-emergent ambulance transport. A review of the Medication Administration Record (MAR) revealed that on 10/13/25 at 8:34 AM, resident 2 was administered an ondansetron disintegrating tablet 4 milligrams for nausea and vomiting. A review of the Treatment Administration Record (TAR) revealed that on 10/13/25 at 10:20 AM an order for Hypnotic/Sedative/Tranquilizer monitoring showed a side effect of morning hangover. On 12/1/25 at 11:26 AM, an interview was conducted with the MD. The MD stated that she was notified of the fall via a text from the night nurse around 3:00 AM on 10/13/25. The MD stated that the Nurse Practitioner saw resident 2 the next day and sent her to the hospital because she was vomiting. The MD stated that resident 2 seemed fine after the fall and then experienced a change in condition. On 12/1/25 at 11:38 AM, an interview was conducted with the DON. The DON stated that she was not sure what the morning hangover on the TAR meant. The DON stated resident 2 was more tired than usual. The DON stated that after a fall if a resident had a decrease in level of consciousness or vomiting then she expected staff to contact the doctor or send the resident to the hospital. On 12/1/25 at 12:32 PM, an interview was conducted with the NP. The NP stated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465171	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Village Rehabilitation	3251 West 5400 South Taylorsville, UT 84129

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465171	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Village Rehabilitation	3251 West 5400 South Taylorsville, UT 84129

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 0684 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined, for 1 out of 5 sampled residents, that the facility did not ensure residents received treatment and care in accordance with professional standards of practice. Specifically, a resident sustained a fall, experienced a change in condition and the physician was not notified. Additionally, when the physician assessed the resident the resident was sent to the emergency room where she was diagnosed with a brain bleed and passed away four days later. This resulted in a finding of harm for the resident. Resident identifier: 2.Findings included: Resident 2 was admitted to the facility on [DATE] with diagnoses which included, traumatic subarachnoid hemorrhage, nontraumatic acute subdural hemorrhage, difficulty in walking, epileptic seizures, and obstructive hydrocephalus.Resident 2's medical record was reviewed on 12/1/25. A review of resident 2's medical record revealed the following: a. On 10/13/25 at 3:44 AM, a note documented, Event Fall: Pt [patient] had an unwitnessed fall at 0230 [2:30 AM] in her bathroom and was found on the floor sitting upright by her husband who was sleeping in the bedside bed. Pt states that she needed to use the restroom and took herself. When she was through using the toilet she attempted to pull up her pants and lost her balance and fell towards her right side. Upon assessment pt was alert and reporting having no pain, had strong facial expressions, clear speech, equal bilateral grips, and reported having no pain. Pt was then stood up, walked to her bed, vitals were taken: BP [blood pressure]: 120/62. Temp [temperature]: 96.1. HR [heart rate]:77. R [respirations]:16. O2 [oxygen]: 90%. Neuro [neurological] checks were initiated. Pt is currently in bed resting with her husband awake at the bedside. Pt is still reporting no pain, stable, and with call light and water within reach. MD [Medical Doctor], DON [Director of Nursing], and family notified. Observation complete, unusual occurrence report done. b. On 10/13/25 at 9:42 AM, a physician note documented as a late entry on 10/19/25 at 9:43 AM documented, HISTORY Room: [number redacted] Chief Complaint / Nature of Presenting Problem: Unwitnessed fall History Of Present Illness: [Resident 2] is a [AGE] year female with recent Subarachnoid hemorrhage/IVH [intraventricular hemorrhage] caysed [sic] by left P [posterior communicating] aneursym [sic]. She is s/p [status post] craniotomy with clipping fof [sic] the aneursym [sic]. She also had a VP [ventriculoperitoneal] shunt and developed UE [upper extremity] DVT's [deep vein thromboses]. On blood thinner. Suffered an unwitnessed fall today. She was trying to get herself up and ambulate to the bathroom. Was found on the bathroom floor. She has had episodes of emesis today and seems to have a change of LOC [level of consciousness] more diffcult [sic] to arouse. No new neuro deficits noted on exam per Nurse.Follow-up Plan: This is a patient with history of subarachnoid and intraventricular hemorrhage due to left posterior communicating artery aneurysm, status post surgical clipping, now with residual neurological deficits undergoing comprehensive rehabilitation that suffered unwitnessed fall with change in condition. Will send out stat [immediately] imaging of the brain given h ER [sic] history and change of condition. Especially since she is on blood thinners. Husband at bedside. He agrees to POC [plan of care]. Nurse notified and pt transported to local hospital for further evaluation. c. On 10/13/25 at 1:19 PM, a note documented, Patient sent out Via [local ambulance company] @ [at] 1220 [12:20 PM] to [local hospital] per recommendation from NP [nurse practitioner]. assessment completed by NP, patient unable to answer questions and open eyes when told to do so. pt had vomited 2 times during AM [morning] shift, having a decrease in LOC. family at bedside agreed to have patient sent out.It should be noted that resident 2 was sent out to the Emergency Department by a non-emergent ambulance company, a neurological assessment for the fall on 10/13/25 could not be located by the facility and that resident 2 fell six times between 9/14/25 through 10/13/25. A review of the Medication Administration Record (MAR) revealed that on 10/13/25 at 8:34 AM, resident 2 was administered an ondansetron disintegrating tablet 4 milligrams for nausea and vomiting. A review of the Treatment Administration Record (TAR) revealed that on 10/13/25 at 10:20 AM an order for Hypnotic/Sedative/Tranquilizer monitoring showed a side effect of morning hangover. On 12/1/25 at 10:19 AM, an interview was conducted with Certified Nursing Assistant (CNA) 1. CNA 1 stated that neurological checks were conducted on unwitnessed falls and if a resident hit their head when they fell. CNA 1 stated that there was a neuro check form that was kept in a binder on the medication cart. The CNA stated that she was not sure what happened with the form once neurological checks were completed. On 12/1/25 at 10:28 AM, an interview was conducted with the Director of Therapy (DOT). The DOT stated that resident 2 was impulsive and required cues for safety. The DOT stated that resident 2 had a history of not using her call light