

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675774	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Legend Healthcare and Rehabilitation - Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 Jack Finney Blvd Greenville, TX 75402	

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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44637</p> <p>Based on interview and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights for 1 of 5 (Resident #1) residents reviewed for care plans,</p> <p>The facility failed to ensure Resident #1's code status was properly care planned.</p> <p>This failure could place the residents at increased risk of not having their individual needs met and a decreased quality of life.</p> <p>1. Record review of the face sheet dated 1/30/25 indicated Resident #1 was a [AGE] year-old male readmitted to the facility on [DATE] with diagnoses including dementia, Alzheimer's, heart failure, and hypertension (elevated blood pressure).</p> <p>Record review of the physician orders dated 1/30/25 for physician orders active as of 1/3/25 indicated Resident #1 had an order for Code Status: DNR starting 6/4/24.</p> <p>Record review of an Out-Of-Hospital Do-Not-Resuscitate Order dated 6/4/24 indicated Resident #1 DNR was effective 6/4/24.</p> <p>Record review of the MDS dated [DATE] indicated Resident #1 Resident #1 was understood by others and understood others. The MDS indicated Resident #1 had a BIMS score of 05 and was severely cognitively impaired.</p> <p>Record review of the care plan last revised on 11/20/24 indicated Resident #1 wished to be a full code.</p> <p>During an interview on 1/30/25 at 1:12 p.m. the DON said the facility uses the RAI Manual for care plans. The DON said the facility did not have a care plan policy.</p> <p>During an interview on 1/30/25 at 2:29 p.m. LVN A said the way she would look up a resident's code status was to go into the EMR in the resident's profile and under the resident's picture code status can be seen. LVN A said she did not know if the physician orders or care plan prompted the code status in the EMR.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/30/25 at 2: 39 p.m. MDS Coordinator B said the MDS Coordinators handled the care plans and ensured they were correct. MDS Coordinator B said the MDS Coordinators were responsible for ensuring the care plan was correct and was checked 7 days after completing an MDS. MDS Coordinator B said the computer system populated a care plan review. MDS Coordinator B said the MDS, and care plan code status should be the same. MDS Coordinator B said the orders populate the code status on the resident's profile under their picture. MDS Coordinator B said the importance of the orders and care plan code status matching was because the care plan represented the kind of care the facility was giving.</p> <p>During an interview on 1/30/25 at 2:46 p.m. the DON said the MDS Coordinators were responsible for ensuring the care plans were accurate. The DON said she expected the orders and the care plan to match including a resident's code status. The DON said the importance of ensuring the code status on the care plan and orders matched was for accuracy.</p>