

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675998	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Legacy at Town Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 2212 W Reagan St Palestine, TX 75801	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46273</p> <p>Based on observations, interviews, and record review, the facility failed to maintain an effective pest control program and ensure it was free of pests for 2 of 4 halls ([NAME] Lane and [NAME] Center) reviewed for incidents and accidents related to pests.</p> <p>The facility failed to ensure ants were kept out of the rooms and beds for Resident #31 and Resident #75.</p> <p>This failure could place residents at risk for injury due to an ineffective pest control program at the facility.</p> <p>Findings included:</p> <p>1. Record review of a facility face sheet dated 7/29/24 for Resident #31 indicated that she was a [AGE] year-old female admitted to the facility on [DATE] and subsequently readmitted on [DATE] with diagnoses including: chronic obstructive pulmonary disease (a common, preventable and treatable disease that is characterized by persistent respiratory symptoms like progressive breathlessness and cough), convulsions, and history of pulmonary embolism (blood clot located in the lung).</p> <p>Record review of a Quarterly MDS assessment dated [DATE] for Resident #31 indicated that she had a BIMS score of 9, which indicated that she had moderately impaired cognition. She required extensive assistance with bed mobility, dressing, toilet use, and personal hygiene. She required supervision with eating.</p> <p>Record review of a comprehensive care plan dated 7/22/24 for Resident #31 indicated she had impairment to skin integrity of the right upper extremity (RUE) related to ant bites. Interventions included to Identify/document potential causative factors and eliminate/resolve where possible.</p> <p>2. Record review of a facility face sheet dated 7/31/24 for Resident #75 indicated that she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including: Sarcopenia (the age-related loss of muscle mass and strength that affects older adults), anxiety disorder, and dementia.</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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a Quarterly MDS assessment dated [DATE] for Resident #75 indicated that she had a BIMS score of 4, which indicated that she had severely impaired cognition. She required moderate to maximum assistance with bed mobility, dressing, toilet use, and personal hygiene. She required set up help with eating.</p> <p>Record review of a comprehensive care plan for Resident #75 indicated that it did not address ant bites or ants in her room.</p> <p>During an observation and interview on 7/30/24 at 3:30 pm Resident #31 said the bites never itched or bothered her. No bites seen at this time. Bed linen appeared clean. No food was observed in room. No ants were observed in room. Resident #31 had no complaints with facility's handling of the incident.</p> <p>During an observation and interview on 7/31/24 at 10:00 am Resident #75 was observed in bed asleep. No ant bites were observed. Resident #75 had been moved from her original room while the original room was being treated for ants. LVN M said when she came to work the resident was out of the room and there were some ants by the wall with the window and air conditioner. She said Maintenance had sprayed the room and was told pest control was coming in as well.</p> <p>Record review of an incident report dated 7/16/24 for Resident # 31 read .The resident was noted with several ants in her bed, was noted with 3-4 small bites to her right upper extremity . and .Resident removed from bed, skin assessment, ants removed by maintenance, bed linen changed, and room inspected for ants. Resident was eating in her bed. Area treated .</p> <p>During an interview on 07/30/24 at 3:45 PM the Administrator said no other residents had been bitten. She said that residents could be at risk of an allergic reaction, skin eruption, and itching if they were bitten by ants. She said the maintenance man was responsible for pest control in the facility.</p> <p>During an interview on 7/31/24 at 11:06 AM the Maintenance Man said he treated for ants weekly on the grounds and treated rooms when identified. He said Pest Control also treated when they came once a month. He said he had come today and treated the entire premises along with the room on secured unit that had been identified. He said residents could be at risk if bitten and they were allergic to ants.</p> <p>During an interview on 7/31/24 at 1:57 PM the Administrator said she now has a PIP in place for pest control and they have added a full treatment for fire ants monthly along with their regular treatment. She said the Maintenance Man walks the perimeter twice weekly looking for ants and treats as needed. She said she would also be doing twice monthly rounds with the Maintenance Man looking specifically for ants. She said residents could be at risk of ant bites and allergic reactions if ants were to get inside the facility.</p> <p>Record review of a pest control log form for Pest Control in a binder for [NAME] Lane indicated that staff had seen ants in 3 different rooms on 7/23/24.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a pest control invoice dated 6/19/24 from Pest Control indicated they treated the facility for ants and used a product called FastCap (Esfenvalerate) 6.4% and Delta Dust (Deltamethrin) 0.05%. Invoice indicated that he treated/inspected the exterior perimeter of the facility, the kitchen, landscaped areas, offices, and dishwashing room.</p> <p>Record review of a pest control invoice dated 7/18/24 from Pest Control indicated they treated the facility for ants and used a product called Extinguish (Hydramethylon) 0.365%, Shockwave 1 (Pyrethrins) 0.50%, and Talstar P (Bifenthrin) 7.9%. Invoice indicated that he treated/inspected the dining/break rooms, kitchen, landscaped areas, public areas, and warming area.</p> <p>Record review of a facility policy titled Pest Control Program dated 4/14/24 read .It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents . and .Effective pest control program is defined as measures to eradicate and contain common household pests (e.g., bed bugs, lice, roaches, ants, mosquitos, flies, mice, and rats) .</p>		