STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676010	A. Building B. Wing	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Rehabilitation and Living	4033 W 51st Ave Amarillo, TX 79109

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident's drug regimen must be free from unnecessary drugs. (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure each resident's drug regimen was free from unnecessary drugs for 1 (Resident #1) of 8 residents reviewed for unnecessary drugs.The facility failed to discontinue 4 medications (mirtazapine, escitalopram, tizanidine, and tramadol) as documented in the physician orders in Resident #1's hospital discharge records dated 08/01/25.This failure could place residents at risk of harm due to medication side effects and/or medication interactions.Findings Included:Record review of Resident #1's admission record dated 09/09/25 revealed a [AGE] year-old female admitted to the facility on [DATE] from an acute care hospital. She had diagnoses that included, but were not limited to, metabolic encephalopathy (problems in the brain from chemicals in the blood), acute pancreatitis (sudden inflammation of the pancreas resulting in severe abdominal pain), acute kidney failure (sudden episode of kidney failure that happens in hours or days), and unspecified depression (a mood disorder that causes a persistent feeling of sadness and loss of interest).Record review of Resident #1's admission MDS completed on 08/14/25 revealed a BIMS score of 00 which indicated severely impaired cognition. Section N Medications of the MDS revealed Resident #1 was receiving antidepressant and opioid medication.Record review of Resident #1's care plan initiated on 08/02/25 revealed she had impaired cognitive function due to her diagnosis of metabolic encephalopathy and was at risk for depression. She was noted to be receiving escitalopram and mirtazapine to address this risk. One of the interventions was to Administer medications as ordered. Resident #1 was noted to have chronic pain. Tramadol and tizanidine were listed as the medications to address her pain.Record review of Resident #1's discontinued, struck out, and completed orders revealed mirtazapine, escitalopram, tizanidine, and tramadol were all discontinued on 08/25/25. Record review of Resident #1's active order summary revealed the following orders with corresponding start dates:08/25/25 Acetaminophen Oral Tablet 500 MG (Acetaminophen) Give 2 tablet by mouth every 8 hours as needed for Severe Pain .08/25/25 Sertraline HCl Oral Tablet 25 MG (Sertraline HCl) Give 1 tablet by mouth one time a day related to DEPRESSION, UNSPECIFIED .Record review of Resident #1's MAR for August 2025 revealed she had the following orders: . tiZANidine HCl Oral Tablet 2 MG (Tizanidine HCl) Give 2 mg by mouth every 8 hours as needed for pain related to OTHER CHRONIC PAIN (G89.29) -Order Date- 08/01/2025 1410 -D/C Date- 08/25/2025 0508 .Mirtazapine Tablet 45 MG Give 1 tablet by mouth at bedtime related to DEPRESSION, UNSPECIFIED (F32.A) -Order Date- 08/01/2025 1410 (02:10 PM) -D/C Date- 08/25/2025 0506 .Escitalopram Oxalate Tablet 10 MG Give 1 tablet by mouth one time a day for Depression related to DEPRESSION, UNSPECIFIED (F32.A) -Order Date- 08/01/2025 1410 -D/C Date-08/25/2025 0510 .traMADol HCl Oral Tablet 50 MG (Tramadol HCl) Give 50 mg by mouth every 8 hours as needed for pain related to OTHER CHRONIC PAIN (G89.29) -Order Date- 08/01/2025 1410 -D/C Date- 08/25/2025 0509 . The MAR for August 2025 further revealed Resident #1 did not receive tizanidine during the month of August 2025. She received mirtazapine 45 mg tablet every day from 08/01/25 to 08/24/25. Resident #1 received escitalopram 10 mg tablet every day from 08/03/25 to 08/24/25. She received tramadol 50 mg tablet 16 total times from 08/01/25 to 08/24/25. Resident #1 received tramadol on the following dates: 08/01/25, 08/02/25, 08/05/25, 08/07/25, 08/11/25 (Resident #1 received tramadol twice on this date), 08/13/25, 08/14/25, 08/15/25, 08/16/25, 08/18/25, 08/19/25, 08/21/25, 08/22/25, 08/23/25, and 08/24/25.Record review of Resident #1's hospital records in her EHR revealed an AFTER VISIT SUMMARY dated 08/01/25 with the following instructions: . Your medications have changed START taking: . sertraline ([brand name of sertraline]) Start taking on: August 2, 2025. STOP taking: escitalopram 10 mg tablet ([brand name of escitalopram]) mirtazapine 45 mg tablet ([brand name of mirtazapine]) tiZANidine 2 mg tablet ([brand name of tizanidine]) tramadol 50 mg tablet ([brand name of tramadol]) .Record review of a progress note with date of service of 08/21/25 and signed by NP A on 08/24/25 revealed under the Admit History section Resident #1 was on mirtazapine and escitalopram, but they were discontinued and replaced with sertraline per psych. The note further indicated due to her (Resident #1's) AMS tizanidine and tramadol were discontinued.Record review of a progress note with date of service of 08/25/25 and signed by NP A on 08/26/25 revealed under the Admit History section Resident #1 was on mirtazapine and escitalopram, but they were discontinued and replaced with sertraline per psych. The note further indicated due to her (Resident #1's) AMS tizanidine and tramadol were discontinued. NP A noted she spoke with Resident #1's family member and explained to [Resident #1's family member] the Tramadol, Tizanidine, Mirtazapine, and escitalopram. NP A explained to