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	01/21/2026

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review the facility failed to ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences for 1 (Resident #1) of 8 residents reviewed for respiratory care.The facility failed to ensure Resident #1 received O2 via NC continuously as ordered by her physician.This failure could place residents who receive oxygen at an increased risk of hypoxemia (low levels of oxygen in the blood, decreasing the oxygen supply to vital organs), and shortness of breath.Findings Included:Record review of Resident #1's admission record dated 01/21/26 revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included, but were not limited to, single subsegmental thrombotic pulmonary embolism without acute cor pulmonale (blockage in the small branch of the pulmonary artery caused by a blood clot without right heart strain), chronic obstructive pulmonary disease (inflammation of lung tissue due to non-infectious causes, which results in cough without mucus or phlegm, shortness of breath, and fatigue), malignant neoplasm of unspecified part of right bronchus or lung (cancer in the right lung or a passage in the lower respiratory tract which delivers air to the right lung), pulmonary hypertension (a type of high blood pressure that affects arteries in the lungs and in the heart leading to symptoms like shortness of breath and fatigue), acute on chronic diastolic (congestive) heart failure (a progressive heart disease that affects the pumping action of the heart muscles resulting in shortness of breath and fatigue), and acute and chronic respiratory failure with hypoxia (sudden and over time failure of lungs to deliver oxygen to the body leading to low levels of oxygen in the body tissues which can result in confusion, bluish skin, and changes in breathing and heart rate). Resident #1's discharge date was listed as 11/19/25.Record review of Resident #1's quarterly MDS completed on 11/10/25 revealed a BIMS of 6 which indicated severely impaired cognition. Section O Special Treatments, Procedures, and Programs revealed Resident #1 was receiving oxygen therapy While a Resident.Record review of Resident #1's care plan completed on 11/18/25 revealed the following:-a focus area of [Resident #1] has Oxygen Therapy r/t COPD, CHRONIC RESPIRATORY FAILURE WITH HYPOXIA which included the intervention Oxygen per MD orders.-an intervention under a focus area of chronic pain which read Observe and report changes in usual routines, . or resistance to care.-an intervention under a focus area of COPD which read, Give oxygen therapy as ordered by the physician.-an intervention under a focus area of congestive heart failure which read, Oxygen therapy per orders.Record review of Resident #1's orders revealed the following order with a start date of 11/04/25: O2 at 2-3 L/MIN CONTINUOUS PER NCRecord review of Resident #1's oxygen saturations revealed she was not receiving oxygen therapy on 11/18/25 at 05:00 PM and 08:15 PM when her oxygen saturation was checked. Her oxygen saturation both times was 90% on Room Air. The oxygen saturation documentation was completed by LVN B.Record review of Resident #1's progress notes for 11/18/25 revealed no mention of Resident #1 being (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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resistant to oxygen use or removing her NC. The following notes were revealed:A note by LVN B on 11/18/25 at 05:00 PM which read, Patient found by CNA on the floor in her room. Patient lying on right side next to the bed. Patient reports she was trying to get help and was going to crawl out of here. Head to toe assessment completed. All neuro's intact to baseline. Patient denies hitting her head. O2 90% on room air.During an interview on 01/21/26 at 11:32 AM LVN B stated Resident #1 often had confusion and low oxygen levels when she was living in the facility.During an interview on 01/21/26 at 03:07 PM Resident #1's family member A stated he visited Resident #1 at the facility on 11/18/25 and fed her a dinner of barbeque. He stated he was with her for approximately an hour and a half and she did not have her oxygen on at any time during his visit. He stated she was seated in her wheelchair near the nurses' station on hall 100 and he was standing next to her for the visit. He stated he called Resident #1's family member B on a facetime call during a portion of his visit.During an interview on 01/21/26 at 03:10 PM Resident #1's family member B stated she was on a facetime call with Resident #1's family member A and Resident #1 on 11/18/25. She stated she took several screenshots of Resident #1 during the call.Record review of time stamps of 15 photographs sent by Resident #1's family member B revealed they were taken on 11/18/25 with times ranging from 05:31 PM to 06:14 PM.During an interview on 01/21/26 at 03:41 PM ADON stated if a resident had orders for continuous oxygen, they should not take it off to eat. She stated taking off oxygen that was ordered for continuous use could cause a resident to become hypoxic (low levels of oxygen in the body tissues which can result in confusion, bluish skin, and changes in breathing and heart rate), not have enough air, not be able to talk, pass out.During an interview on 01/21/26 at 04:11 PM RN C stated a resident with orders for continuous oxygen should not take the oxygen off at any time. She stated, Sometimes they (residents) will (take it off) and we (nursing staff) will encourage them to put it back on. RN C stated a possible negative outcome of a resident not receiving oxygen continuously as ordered was their oxygen saturation could drop and cause lightheadedness, dizziness . a lack of oxygen to the brain.During an interview on 01/21/26 at 04:34 PM OM stated a resident who had orders for continuous oxygen might be negatively affected if they did not receive oxygen for an hour or two. He stated, It kinda depends on the patient. If they're ordered continuous (oxygen) and take it off themselves, we can't force it. We should chart about it and put interventions in place if that is an issue with that resident.During an interview on 01/21/26 at 05:37 PM LVN A stated a resident with orders for continuous oxygen should not take the oxygen off at any time. She stated, If they take if off themselves, we chart it and monitor their sats (oxygen saturation levels) to be sure their oxygen stays within normal limits. LVN A stated a resident could become cyanotic (blue or purple discoloration of skin due to poor blood circulation or low oxygen levels) and they can get dizzy if they were not receiving oxygen as ordered. During an interview on 01/21/26 at 05:40 PM DON stated a resident could do whatever they want with their oxygen. She stated, It is their right. We encourage them not to (take oxygen off if it is ordered continuously), but that is all we can do. She stated a resident with orders for continuous oxygen going a few hours without oxygen might or might not be negatively affected. She stated, It is a case-by-case basis.Record review of an undated facility policy titled Oxygen therapy policy revealed the following: . Oxygen is considered a drug and must be prescribed by an authorized clinician.Record review of facility policy titled Administration of Medications and dated 7/2017 revealed the following: . It is the policy of this Facility, medication shall be administered as prescribed by the resident's physician, nurse practitioner, or physician's assistant. 2. Medications must be given in accordance with the resident's service plan. 3. Medications must be administered in accordance with the written orders of the attending physician. 10. Should a drug be . refused . the staff (continued on next page)

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