STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676174	A. Building B. Wing	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation	2202 N Travis Ave Cameron, TX 76520

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. (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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to immediately notifies the hospice about the following: (1) A significant change in the resident's physical, mental, social, or emotional status. (2) Clinical complications that suggest a need to alter the plan of care. (3) A need to transfer the resident from the facility for any condition for 1 of 3 residents (Residents #1) reviewed for hospice services.The facility failed to immediately notify resident's hospice provider of COC, transport by EMS, and discharge to hospital. This deficient practice could place residents who receive hospice services at risk of receiving inadequate end-of-life care due to a lack of documentation, coordination of care and communication of resident needs. Findings included:Record review of Resident # 1 admission face sheet dated 7.14.25 reflected a [AGE] year old female admitted on 2.7.17 and readmitted on 6.18.25 with a diagnosis of acute respiratory failure with hypoxia and hypercapnia(a serious condition where the lungs cannot adequately oxygenate the blood and /or remove carbon dioxide), chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe), bronchiectasis (a condition in which the lungs airways become damaged making it hard to clear mucus), Crohn's disease (a chronic inflammatory bowel disease that affects the lining of the digestive tract), hypothyroidism (underactive thyroid), hyperlipidemia (increased fat particles in the blood), congestive heart failure (a chronic condition in which the heart does not pump blood as well as it should), osteoporosis (brittle bones), anemia)lack of iron rich blood), generalized muscle weakness, anxiety disorder, hypertension (elevated blood pressure), personal history of transient ischemic attack (mini stroke) and cerebral infarction (stroke), R hip fracture, and pain.Review of Resident # 1 Comprehensive MDS dated 6.21.25 reflected a BIMS score of 00 indicating severe cognitive impairment. Further review indicated Resident # 1 required supervision touching assist for dressing, partial moderate assist for bathing, substantial maximum assist for transfers, and total assist for toileting. Review of section O Special treatments, Procedures, and Programs reflected Resident #1 receiving hospice care while a resident.Record review of Resident # 1 Care Plan dated 5.5.23 reflected Resident # 1 had and advance directive DNR code status with interventions of needing the nursing staff to have knowledge of my advance directive and a goal of the staff will adhere to my choices made in my advance directive. Review reflected Resident # 1 had chosen to receive hospice care dated 6.30.25 with goal of remain comfortable throughout hospice care and interventions of assist resident with setting up hospice care, coordinate care with hospice team, coordinate with hospice team to assure resident experiences as little pain as possible, provide resident and resident family with grief and spiritual counseling if desired.Record review of Resident # 1 nursing progress note dated 7.4.25 at 6:23 pm reflected this nurse was called by CNAs to come to this resident room. When arriving to this resident room this resident was observed lying in the bed gasping for air and continuously stating Help Me, Help Me. This nurse then immediately reapplied this resident nasal cannula back in her nares and raised her head. At this time a blood pressure was unable to be obtained and this resident O2 sat was 55%. After applying the nasal cannula 02 raised to 82%. Resident stated call 911, Help Me. This nurse then contacted EMS services and the arrived at 6:29 pm. Resident was transferred to stretcher and exited the facility with 3 attendants at 6:43. Resident RP and DON was also notified of situation. Signed by LVN A. Record review of Resident # 1 nursing progress note dated 7.5.25 at 5:51 am reflected Received report of resident returning to facility from an ER visit following cardiac arrest. No new orders, oxygen via NC at 6L. Resident arrived at facility via EMT services, with 2 EMT personnel, and [family]present. Resident is awake, alert answering few questions.No s/s of pain or distress noted. Resident remains on hospice, DNR, and wishes from RP of no lifesaving interventions. Signed by LVN B.Record review of Resident # 1 hospice binder reflected outside front of binder with sheet stating Call the Nurse First. We may be able to help you avoid unplanned hospitalizations if we know you need our help. Call the nurse first at the number listed below. Hospice provider name and contact number listed. On call 24 hours a day, seven days a week, including holidays. Further review reflected copy of OOH-DNR dated 6.17.25 accurately completed. Review reflected a red sheet of paper with a stop sign symbol stating hospice patient Do Not Resuscitate hospice provider name and contact information. Review of hospice certification and plan of care dated 6.18.25 reflected under orders of discipline and treatment heading:*SN TO INSTRUCT FACILITY STAFF ON HOSPICE RESPONSIBILITIES, 24/7 AVAILABILITY, HOW TO CONTACT HOSPICE, AND FACILITY STAFF RESPONSIBILITIES RELATED TO PATIENT CARE NEEDS AS DELINEATED ON THE HOSPICE