

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2026
NAME OF PROVIDER OR SUPPLIER  Legacy Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on interview and record review, the facility failed to have sufficient staff with the appropriate competencies, and skills set to carry out the functions of the food and nutrition service for one cook (Cook B) of three dietary cooks reviewed for qualified dietary staff in that: Cook B had not received the Texas food handler certificate to carry out the functions of the food and nutrition services department. This failure could place residents at risk of not having their nutritional needs met and place them at risk of food borne illness. Findings included: Record review of [NAME] B's personnel file revealed a hire date as a cook on 11/25/2025 and there was no food handler's license certificate on file. During an interview on 02/02/2026 at 2:42 PM the Dietary Manager stated she started back at the facility on 01/26/2026 as the Dietary Manager and [NAME] B texted her on 02/01/2026 to let her know that she did not have a food handler's license and she was taking the class on 02/02/2026. The Dietary Manager stated that she was not aware [NAME] B did not have her food handler's license and had been preparing meals in the kitchen. The Dietary Manager stated it was expected for her to have checked to see if [NAME] B had her food handler's license. The Dietary Manager stated it was expected for [NAME] B to have her food handler's license prior to preparing food. The Dietary Manager stated it was important for [NAME] B to have her food handler's license for proper handling of the food to avoid foodborne illness. During an interview on 02/02/2026 at 3:15 PM the HR stated that [NAME] B started at the facility on 11/25/2025 as a cook. The HR stated that [NAME] B's orientation was 11/26/2025 and the food handler's class was scheduled right after the hire date 11/25/2025, actual date not recalled. The HR stated she did not know the reason [NAME] B did not take the food handlers course when it was scheduled. The HR stated she had failed to verify if [NAME] B had taken the food handler's course. The HR stated [NAME] B would have been responsible for giving the food handlers certificate to her so she could file it. The HR stated it was expected for [NAME] B to have food service license class to be completed before handling food. During an interview on 02/02/2026 at 7:30 PM the ADM stated the Dietary Manager started working at the facility on 01/26/2026 and was responsible for making sure [NAME] B had her food handler's license. The ADM stated HR would have been responsible for filing the food handler's certificate for [NAME] B. The Adm stated it was important to have food handlers course completed to make sure food was distributed safely. During an interview on 02/03/2026 at 12:20 PM [NAME] B stated that she started the facility at the end of November 2025 and could not recall the exact date as a cook. [NAME] B stated that she thought her food service certificate was still active. [NAME] B stated she could not recall when her food handler's license expired, and she had failed to check to see if it was still active. [NAME] B stated it was expected for her to have active food handler's license while preparing food to make sure food was prepared safely. [NAME] B stated that she had just finished up her food handler's course today 02/02/2026 and sent to the Dietary Manager. Record review of the facility's policy titled Preventing Foodborne Illness Food Handling Policy and Procedure not</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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F 0801  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	dated revealed Purpose to provide guidance on proper food handling to avoid foodborne illness.3. All employees who handle, prepare or serve food will be trained in the practices of safe food handling and preventing foodborne illness. Employees will demonstrate knowledge and handling and preventing foodborne illness. Employees will demonstrate knowledge and competency in these practices prior to working with food or serving food to residents.		