

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 02/12/2026
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to properly store, prepare, and distribute food in accordance with professional standards for food service safety for 1 of 1 kitchen.1. The facility failed to properly thaw ground beef and turkey in the sink, under running water, in its kitchen on 02/10/2026.2. The facility failed to properly store, label, and date all food items located in the facility refrigerators, freezers and in the dry food pantry area on 02/10/2026 and 02/11/2026. 3. The facility failed to discard outdated food items located in the refrigerator and dry food pantry on 02/10/2026 and 02/11/2026. 4. The facility failed to ensure that dietary staff wore hair restraints (e.g. beard restraints) to prevent hair from contacting food, according to the current Food Code on 2/11/2026. 5. The facility failed to properly handle raw chicken while thawing in the sink without a container on 02/11/2026. 6. The facility failed to ensure the cook used proper hand sanitizing after removing gloves in the kitchen. 7. The facility failed to ensure trash cans had lid covers. 8. The facility failed to ensure ADON sanitized or washed her hands prior to touching contaminated surfaces (wheelchair, chair and clothes) prior to touching Resident #66's food and prior to feeding Resident #66 on 02/10/2026. These failures could place residents who received meals from the kitchen at risk of foodborne illnesses.Observation during the initial tour of the kitchen on 02/10/2026 beginning at 8:54 AM revealed the following: Kitchen area: 3 trash cans no lids 1 large bin of sugar no discard/use by date in kitchen food preparation area 1 large bin of flour, no discard/use by date in kitchen food preparation areaWalk in Refrigerator: 1 storage bag of deli style turkey, no name, no date, no discard/use by date 1 storage bag of shredded yellow cheese, no name, no date, no discard/use by date 1 opened bag of white sliced cheese, no date, no discard/use by date 1 opened bag of yellow sliced cheese, no date, no discard/use by date 1 storage bag of boiled eggs, no date, no discard/use by date 1 storage bag with unknown product that resembled icing, no name, no date, no discard/use by date 1 storage bag of tortillas dated 12/3/25 no discard/use by date 1 storage bag of tortillas dated 2/8 no discard/use by date 1 half gallon of expired buttermilk 1 container of enchilada sauce, receive date of 10/23, no discard/use by date 1 open gallon of coleslaw dressing, no discard or use by date 1 storage bag with items covered in foil, no name or discard dateWalk in Freezer: 1 storage bag of chicken, no open date, no discard/use by date 1 open bag of breaded item resembling biscuits, no label, no open date, no discard/use by date Dry Food Pantry area: 3 large bags of brand cereal that expired on 11/15/2025 2 large bags of fruity cereal removed from original packing, dated 1/12, no discard/use by date 3 large, dented cans of carrots Observation and interview conducted on 02/10/2026 at 9:30 AM. Observed 2 large turkey breasts and a storage bag of ground beef sitting in a sink thawing, with no running water. The Dietary Aide was asked if that was the way the dietary department thawed their meat and she responded, I think that is how they thaw meat.Observation during the follow up tour of the kitchen on 02/11/2026 beginning at 11:26 AM, revealed the following:Kitchen area: 1 trash can with no lid 1 large bin of sugar, no discard/use by date in kitchen food preparation area 1 large bin of flour, no discard/use by date kitchen food preparation area Raw chicken thawing in the sink not in a container [NAME] was observed not washing her hands after (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
---	-------	-----------

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 02/12/2026
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>removing her gloves following her contact with the raw chicken and before she handled the next food item. Walk in Refrigerator: 1 storage bag of deli style turkey, no name, no date, no discard/use by date 1 container of enchilada sauce, receive date of 10/23, no discard/use by date 1 open gallon of coleslaw dressing, no discard or use by date Walk in Freezer: 1 open bag of breaded item resembling biscuits, no label, no open date, no discard/use by date Dry Food Pantry area: 3 large bags of brand cereal that expired on 11/15/2025 2 large bags of fruity cereal removed from original packing, dated 1/12, no discard/use by date Observation/Interview conducted on 02/11/2026 at 3:01 PM. Observation revealed the dishwasher with approximately 2-inch beard without a beard restraint. The dishwasher stated he was aware that hair restraints should be worn in the kitchen area upon entering. However, he said no one informed him about beard restraints. He stated that a few months ago beard restraints were available, but he has not seen any recently. He acknowledged that a potential risk to residents is that hair could fall into food, which could lead to contamination or choking hazards. Interview conducted with the [NAME] on 02/11/2026, at 1:13 PM. The [NAME] stated she has worked at the facility for 4 years. The [NAME] stated she has been trained on the food handling policy and proper hand hygiene in the kitchen. The [NAME] was asked whether she believed the chicken observed in the kitchen sink earlier that day had thawed properly. The [NAME] stated the raw chicken was supposed to be in a container and not just lying in the sink. The cook stated she knows that she was supposed to wash her hands after removing her gloves. The [NAME] stated she was in a hurry to complete tasks and it slipped her mind. In regard to the labeling, dating, and discarding of food items, the [NAME] stated the food is labeled with the name, date received, date opened and discard date of 3 days past the open date. The [NAME] stated they dispose of expired foods when they expire, and she stated the DM checks for all the expired foods. The [NAME] stated all the trash cans should have lids, but they do not have lids for all the trash cans. The [NAME] stated that if residents eat outdated food or food that is not properly handled, they could become sick. Interview conducted with DON on 02/12/2026, at 9:45 AM. DON stated she was not familiar with the facility's policy on food labeling in the kitchen. She stated she knows items should be labeled but was unsure what information is required on the label. She believed labels may include the date, the item name, or the date the item was prepared, and that expired food should be discarded daily. She further stated that dietary staff should perform hand hygiene and sanitize their hands when changing gloves in the kitchen. She also stated she did not believe raw chicken should be placed bare in the kitchen sink. She stated that potential harm to residents from consuming expired food, improper food handling and improper hand hygiene in the kitchen, could lead to a resident getting very sick. Interview conducted with the DM on 02/12/2026, at 11:09 AM. DM stated she had just returned to the facility 3 weeks ago. The DM stated that the kitchen protocol requires trash cans to have lids. She reported that during the last inspection, no concerns were raised regarding the trash cans. The DM stated that the food labeling and dating protocol requires food items to be labeled with the received date and that staff must monitor expiration dates. She explained that cooked food has a three-day hold time and is labeled with the received date, the opened or prepared date, and the discard date. She stated that food is typically kept in the walk-in refrigerator for 48-72 hours for thawing and may also be thawed under running cold water. She reported that expired food is discarded every two days. The DM added that there is a designated area in the kitchen for dented cans and that she was taking photographs on Tuesday when the surveyor arrived to document dented cans for credit. The DM stated she spoke to the dietary staff on Tuesday regarding the meat not being thawed under running water. She further stated that raw chicken observed in the sink should have been placed in a container or thawed in the walk-in refrigerator. Surveyor showed DM pictures of expired food items that remained in the dry pantry that were not discarded. The DM stated the items should have been discarded, and she would throw them out. The DM stated that she is trying to bring the kitchen back up to correct standards, now that she has returned. The DM stated that potential harm to residents from consuming expired food or improper food handling and not wearing hair restraints could lead to a resident getting sick or (continued on next page)</p>		

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 02/12/2026
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>salmonella poisoning. In an interview conducted on 02/12/2026 at 11:55 AM, the Administrator stated he expects his dietary staff to follow all kitchen policy and protocols regarding trash cans, proper food handling, labeling and dating foods, and hand hygiene in the kitchen. Administrator stated that each of the above issues could lead to infection control issues and a resident could become ill. Record review of the facility's policy not dated, named Preventing Foodborne Illness-Employee Hygiene & Sanitation Policy and Procedure revealed: Purpose: To guide the facility on the policy to ensure service employees are trained on proper procedures to prevent spread of foodborne illness. Policy: Food and nutrition services employees will follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness. Procedure: 1. 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 competency in these practices prior to working with food or serving food to residents. 6. Employees must wash their hands: d. Before coming in contact with any food surfaces; e. After handling raw meat, poultry or fish and when switching between working with raw food and working with ready-to-eat food; f. After handling soiled equipment or utensils; g. During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; and/or 7. Antimicrobial hand gel CANNOT be used in place of handwashing in food service areas. 8. Contact between food and bare (ungloved) hands is prohibited. 10. Gloves are considered single-use items and must be discarded after completing the task for which they are used. The use of disposable gloves does not substitute for proper handwashing. 12. Hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens. Record review of Resident #66's face sheet, dated 02/12/2026, reflected a [AGE] year-old female admitted on [DATE] with diagnoses of unspecified dementia, unspecified severity (person has clear symptoms of decline in memory loss, but the specific cause has not been determined and is not clearly defined or documented by the provider), age related osteoporosis (a condition where bones become progressively thinner and fragile due to aging, significantly increasing the risk of fractures) generalized anxiety disorder (a group of mental health conditions characterized by persistent, excessive, and uncontrollable fear or worry that interferes with daily life). Record review of Resident #66's Quarterly MDS Assessment, dated 01/06/2026 reflected Resident #66 had a BIMS score of 1 which indicated her cognition was severely impaired. Resident #66 required supervision or touching assistance (helper provides verbal cues and assistance may be provided) with eating. Resident #66 required substantial/ maximal assistance (helper does more than half the effort) with the following: personal hygiene and dressing. Resident #66 did not have a weight loss or weight gain. Record review of Resident #66's Care Plan revised on 02/04/2026 reflected Resident #66 required staff assistance for all ADLs related to impaired mobility and dementia. Intervention: Resident #66 required assistance from staff with feeding. Observation on 02/10/2026 at 12:45 pm reflected ADON grabbed the arms of a chair and pulled the chair next to Resident #66. ADON touched her right side of her top. She touched Resident #66's clothes, Resident #66's right arm, and the back of Resident #66's wheelchair. ADON did not sanitize or wash her hands. ADON sat in the chair and turned Resident #66's plate around between her and Resident #66. When she pulled Resident #66's plate the top part of her middle finger and fore finger touched inside her plate and touched the cornbread dressing. ADON continued to feed Resident #66 and never sanitized or washed her hands. She picked up the napkin with her small finger, middle finger, and ring finger on her right hand and wiped Resident #66's mouth. She picked up the spoon and touched the oval part of the spoon designed to hold food with her middle finger and ring finger on her right hand. ADON placed cornbread dressing in the oval part of the spoon she had touched and fed Resident #66 without sanitizing or washing her hands. In an interview on 02/10/2026 at 1:30 pm ADON stated she pulled up a chair and touched the arms of the chairs. ADON stated she pulled Resident #66's plate around to feed her, and she did touch the inside of the plate, the inside of the spoon and she may have touched the cornbread dressing. She stated she did not wash or sanitize her hands. ADON stated she did touch (continued on next page)</p>		

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 02/12/2026
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>inside of the spoon where she placed the cornbread dressing to feed Resident #66. ADON stated there was a possibility she may have cross contaminated Resident #66's plate and her food with her hands. She stated the expectation when touching anything considered contaminated was to wash or sanitize hands prior to feeding any resident and she did not wash or sanitize her hands. She stated she had been in serviced on sanitizing hands prior to feeding a resident, however, she did not recall the date of the in-service. ADON stated if a resident ingested any type of bacteria there was a possibility a resident may become ill with some type of food borne illness. She stated a resident may have stomach issues such as nausea and vomiting. In an interview on 02/12/2026 at 7:45 am the Director of Nurses stated the staff was expected to sanitize their hands prior to feeding a resident. She stated if the staff touched the arms of a chair, their clothes, the resident's chair, the staff was expected to wash or sanitize their hands prior to feeding a resident. She stated the facility never had a resident to become ill from any type of bacteria. The Director of Nurses stated there was always a possibility of someone becoming ill from bacteria and may need to be assessed at the hospital. She stated a resident may become physically ill such as diarrhea, vomiting or nausea. The Director of Nurses stated the staff had been in-serviced to wash or sanitize their hands prior to feeding a resident. She stated she did not recall the date of the in-service. She stated if staff touched any silverware and placed food in the area of the silverware, they touched the silverware would be considered contaminated and the staff was to replace that particular silverware and not use it to feed the resident. In an interview on 02/12/2026 at 8:45 am LVN Charge Nurse C stated if staff touched the arms of a chair while moving the chair to the table next to a resident, the chair was considered contaminated, and the staff was expected to wash or sanitize their hands prior to feeding a resident. LVN Charge Nurse C stated if the staff touched the resident's food with her hands after she touched the chair and clothes the staff cross contaminated the food from the bacteria on the staff's hands. She stated there was a possibility the resident could become ill such as food borne illness with symptoms of vomiting or diarrhea. She stated she had been in-serviced on hand hygiene and to wash or sanitize your hands prior to feeding a resident. LVN C stated she did not recall when she had been in-serviced on washing hands when in the dining room feeding residents. In an interview on 02/12/2026 at 8:59 am CNA B stated if staff pulled up a chair and sat in the chair the chair would be considered contaminated. She stated the staff must sanitize or wash hands prior to feeding any resident even if they did not touch a chair. CNA B stated if staff touched their clothes and touched the wheelchair these items would be considered contaminated. She stated if staff touched the resident's food without washing or sanitizing their hands, the bacteria from the staff's hands may transport from the hands or fingers to the resident's food. She stated a resident could become sick if they swallowed any type of bacteria from the staff's hands if the hands were not sanitized. CNA B stated the resident could become ill with vomiting stomach issues and may have diarrhea. CNA B stated she had been in-serviced on hand hygiene when feeding but did not recall the date and had been in-serviced on sanitizing hands when feeding a resident. Record review of the facility's policy not dated, named Food Safety and Sanitation Policy and Procedure revealed: Food Storage 1. Food that is stored is protected from contamination and growth of any pathogenic organisms. 7. Perishable ingredients are refrigerated when they are not being used. 9. All time and temperature control for safety (TCS) leftovers are labeled, covered, and dated when stored. a. They are used within 72 hours (or discarded). 10. Foods with expiration dates are used prior to the use by date on the package. A record review of the 2022 U.S. Food and Drug Administration Food Code reflected the following: Working trash cans are clean, covered, and not overflowing while in use. Food items in the refrigerator(s) are covered/sealed, labeled, dated, and shelved to allow air circulation. Food items in the freezer(s) are covered/sealed, labeled, dated, and shelved to allow air circulation. Frozen foods are thawed under cool running water, in the refrigerator, using a microwave, or as part of the cooking process. Food is discarded on or before the expiration date. Record review of the Facility's Policy on Hand Washing/ Hand Hygiene, not dated, reflected Purpose: To reduce the spread of infection throughout the facility. Policy: All (continued on next page)</p>		

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 02/12/2026
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>personnel shall perform hand washing/ hand hygiene when working with residents.Procedure:Before and after direct contact with residents.Before and after assisting resident with meals.After contact with resident's intact skin.</p>		

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 02/12/2026
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>Based on interview and record review the facility failed to ensure residents had a right to organize and participate in resident groups for six of six confidential residents reviewed for resident council. The facility failed to provide monthly Resident Council meetings for the month of October 2025 and January 2026. This failure could place residents at risk of not being able to exercise their rights to meet as a group. Findings include:Record review of the Resident Council minutes from 09/2025 to 02/2026 reflected the Resident Council did not meet during the months of October 2025 and January 2026. During a confidential group interview at an undisclosed date and time the group of six residents stated they wanted to be invited to Resident Council and wanted to have Resident Council meetings once a month. The group stated they had not been having Resident Council meetings monthly and they were not given a reason of why they were not having Resident Council meetings on a regular basis.During an interview on 02/11/2026 at 11:30 am The Activity Director stated she was unsure how many times Resident Council was required to meet. She stated she would need to review the facility policy and would continue the interview after she reviewed the facility policy. She did not get with surveyor and finish the interview prior to exit.During an interview on 02/12/2026 at 9:40 am The Administrator stated the Facility Policy indicated the Resident Council was to meet on a monthly basis. He stated this was his expectations. The Administrator stated the Resident Council President was not feeling well when it was scheduled on the Activity Calendar in January 2026. He stated the Resident Council meeting could have been changed to another date. He stated someone in the Activity Department could have informed the residents of the change of the Resident Council meeting. The Administrator stated it was the Activity Director's responsibility to ensure the Resident Council meets monthly.Record review of the Facility's Policy on Resident Council, not dated, reflected The Resident Council will meet monthly. Those who are unable to attend or do not want to attend can submit their concerns to the resident council liaison.</p>		

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 02/12/2026
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide an ongoing activity program to support residents in their choice of activities, both facility sponsored group and individual activities, and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community for 3 (Residents #41, #50 and #69) of 8 residents reviewed for activities. The facility failed to provide activities for Resident #41, Resident #50, and Resident #69 for the months of January and February 2026. This failure could place residents at risks of boredom, depression, and diminished quality of life and decreased cognitive function. Findings include: Record review of Resident #41's face sheet, dated 02/12/2026, reflected an [AGE] year-old male admitted to the facility on [DATE] and readmitted on [DATE]. Resident #41 had diagnoses of anxiety disorder (involve more than occasional worry or fear, does not go away, is felt in many situations, and can get worse over time), depression, unspecified (individuals experiencing significant, impairment such as sadness or hopelessness- not enough information for a specific diagnosis), dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance (decline in memory caused by underlying, medical condition. The severity is not defined as mild, moderate, or severe, and it may include behavioral issues like agitation), and chronic pain syndrome (a condition where pain persists for 3 to 6 months or longer, often outlasting the initial injury or illness). Record review of Resident #41's admission MDS assessment dated [DATE], reflected the MDS Assessment was in progress. Record review of Resident #41's Baseline Care Plan, dated 01/04/2026 reflected Resident #41 would prefer to attend activities of her choice. Intervention: Review with Resident #31 of the activities she enjoys. Encourage Resident #31 to attend different activities. Record review of Resident #41's Activity Participation records reflected Resident #41 had not been provided any activity by the activity staff in her room or in group since Resident #31 was admitted to the facility. Observation and interview on 02/10/2026 at 9:30 am revealed Resident #41 was in her room sitting in a wheelchair. She was yelling help me and pulling on her hearing aids. Resident #41 did not respond appropriately to conversation when asked about needing help. She did not respond appropriately to questions about her activity preferences. Resident #31 continued to yell help whenever a question was asked. The Business office Manager entered the room and began to assist Resident #31 with her hearing device. Resident #41 had the television on, however, she was not watching Price Is Right rerun on the television. Observation and interview on 02/10/2026 at 10:45 am revealed Resident #41 was in her room sitting in a wheelchair. She was yelling help, rubbing her hands, and had a frown on her face (corners of her mouth turning downward). Resident #41 continued to yell when the surveyor attempted to speak to her. She repeated yelling my hearing aids. Resident #41 hearing aids were in her ears. She did not respond to any questions related to being in pain, activities, if she was hungry or thirsty. Observation throughout the day on 02/10/2026 thru 02/12/2026 revealed Resident #41 would be in her room sitting in her wheelchair and yelling help me or yelling strange sound. Resident #41 television would always be on Price is Right - a re-run of Price is Right, however, Resident #41 was never observed watching television. She always had a frown on her face, wringing hands (a common body language cue signaling intense worry, anxiety, or helplessness). In an interview on 02/11/2026 at 11:30 am the Activity Director stated she had not asked Resident #41 about her activity preferences. She stated Resident #41 sometimes came to an activity. The Activity Director stated Resident #41 needed to be on in-room activities. She stated with her behaviors she would probably benefit more with one-on-one activity (activity provided in the resident room with the activity staff) instead in a group. The Activity Director stated she began working at the facility in January 2026. She stated Resident #41 did need some type of activity to divert her attention and to help with her being anxious. She stated she did not have an excuse of why Resident #41 was not provided any type of (continued on next page)</p>		

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 02/12/2026
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>activity item or activity program. The Activity Director stated she had not asked Resident #31 or Resident #41's family about what type activities she enjoyed. She stated Resident #41 had not been provided activities during the months of January 2026 and February 2026. Record review of Resident #50's face sheet, dated 02/12/2026, reflected a [AGE] year-old male admitted to the facility on [DATE]. Resident #50 had diagnoses of major depressive disorder, single episode, severe without psychotic features (a low mood or loss of pleasure or interest in activities lasting at least two weeks), anxiety disorder (involve more than occasional worry or fear, does not go away, is felt in many situations, and can get worse over time), and unspecified dementia, unspecified severity, with other behavioral disturbance (when a person shows significant memory decline- affecting thinking and daily functioning. However, the specific cause and severity are not yet determined with behaviors such as wandering increased confusion and restlessness in the late afternoon or night, pacing, or verbal outbursts). Record review of Resident #50's Annual MDS Assessment , dated 05/07/2025 reflected Resident #50 had a BIMS score of 7 which indicated his cognition was severely impaired. Resident #50 enjoyed doing his favorite activities and this was very important to him. Record review of Resident #50's MDS assessment dated [DATE], reflected Resident #50 had a BIMS score of 7 which indicated his cognition was severely impaired. Record review of Resident #50's revised care plan dated 02/06/2026, reflected Resident #50 would prefer to attend activities of his choice. Intervention: Encourage Resident #50 to attend different activities. Review with Resident #50 of the activities he enjoys. Observation and interview on 02/10/2026 at 9:45 am revealed Resident #50 was lying in bed. His television was turned off, and he was staring toward the wall near the door. He never smiled and had a worried expression on his face (corners of mouth turned downward). Resident #50 stated he did not enjoy going to group activities. He stated he would prefer for someone to come to his room and talk to him and maybe play cards with him in his room. In an interview on 02/11/2026 at 11:30 am the Activity Director stated she had not asked Resident #50 about his activity preferences. She stated Resident #50 will walk in the hall sometimes. The Activity Director stated Resident #50 did need in room activities related to him and did not enjoy being around a group of people. She stated there was not any participation records of Resident #50 receiving any type of activities for the month of January 2026 and February 2026. She stated she was in process of developing a new system to record resident activity participation. The Activity Director stated Resident #50 did need activities to prevent boredom, depression and improve his quality of life. She stated Resident #50 did not attend group activities or have in room activities for the months of January 2026 and February 2026. Record review of Resident #69's face sheet, dated 02/12/2026, reflected a [AGE] year-old male admitted to the facility on [DATE] and readmitted on [DATE]. Resident #69 had diagnoses of anxiety disorder (involve more than occasional worry or fear, does not go away, is felt in many situations, and can get worse over time), and unspecified dementia, unspecified severity, with other behavioral disturbance (when a person shows significant memory decline- affecting thinking and daily functioning. However, the specific cause and severity are not yet determined with behaviors such as wandering increased confusion and restlessness in the late afternoon or night, pacing, or verbal outbursts) and type 2 diabetes mellitus with other diabetic kidney complication (prolonged high blood sugar has damaged the small blood vessels and filtering units in the kidneys). Record review of Resident #69's admission MDS Assessment, dated 09/07/2025, reflected Resident #69 had a BIMS score of 9 which indicated his cognition was moderately impaired. Resident #69 was assessed, and the following activities were very important to him: have books, newspaper, and magazine to read, listening to music, being around pets, keep up with the news, doing favorite activities, go outside to get fresh air when weather permitted and participating in religious services and practices. Record review of Resident #69's MDS assessment dated [DATE], reflected Resident #69 had a BIMS score of 9 which indicated his cognition was moderately impaired. Record review of Resident #69's care plan revised on 02/03/2026 reflected Resident #69 would prefer to attend activities of his choice. Intervention: Encourage Resident #69 to attend different activities. Remind Resident #69 of the upcoming activities. Review (continued on next page)</p>		

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 02/12/2026
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>with Resident #69 his activity preferences. Observation and interview on 02/10/2026 at 9:00 am revealed Resident #69 was sitting in a recliner in the common area across from the nurses station. He was attempting to take off his shirt and pants. Resident was yelling and attempting to stand up from the recliner. Observation from 02/10/2026 until 02/12/2026 revealed Resident #69 was sitting either in a recliner or his wheelchair in the common area yelling constantly, attempting to remove clothes, yelling at other residents, was frequently agitated such as fidgeting, clenched fists, hand wringing, rapid speech, etc. In an interview on 02/11/2026 at 11:30 am the Activity Director stated Resident #69 was at risk for falls and he did yell out frequently. She stated he sat in a recliner a lot in the common area near the nurses desk on south wing. She stated he did not always enjoy being in a group activity and sometimes would be disruptive. The Activity Director stated Resident #69 would benefit having some type of activity to do independently to divert his attention. She stated he would also need in-room activities. The Activity Director stated she was not aware of Resident #69 attending group activities in the months of January 2026 and February 2026. She stated he did not receive in-room activities, and an activity item was not provided for him to attempt to divert his attention from yelling and taking his clothes off in the public area. She stated if Resident #69 was not provided any type of activities there was a potential his cognition would decline, he may become depressed and have increased behaviors. She stated also his quality of life may decline. She stated the Administrator was her supervisor. Activity Director stated they were in the process of changing the activity programming for each resident to receive person center activities. In an interview on 02/12/2026 at 1:02 pm the Activity Assistant stated she was not aware of Resident #41, Resident #50 or Resident #60 attending group activities during the months of January 2026 and February 2026. She stated she did not provide any activity items for these residents (Resident #41, #50 and #69) or provide in-room activities. Activity Assistant stated if a resident was not receiving activities there was a possibility they would increase isolating themselves from others, become depressed, and increase behaviors. She stated she did not know why these residents were not provided activities. Activity Assistant stated she had been working at the facility as the Activity Assistant since August 2025. She stated her job description was reviewed with her, and she signed her job description. Activity Assistant stated the activity programs were going to change for each resident and the activity department would be working on changing activities. She stated the Activity Director was her supervisor. In an interview on 02/12/2026 at 9:40 am the Administrator stated he expected a variety of activities to be provided for all residents. He stated each resident's activity preference needed to be assessed, and each resident's activity was expected to be planned according to their activity preferences. He stated activities such as independent, in-room, and/or group activities were to be documented on participation records. The Administrator stated he expected all residents to be interviewed, and their activity preferences updated and all care plans to be revised to reflect each resident's activity preferences. He stated if a resident was not receiving activities there was a potential a resident would have a decline in their cognition, mental status, physical status and quality of life. He stated a resident with a history of depression may become depressed and isolate themselves in their rooms. The Administrator stated the Activity Director was responsible for the activity programming and documentation of all activities department including participation records. He stated he was the Activity Director's supervisor. Record review of the Activity Director Job Description, signed on 01/26/2026 by the Activity Director, reflected the Activity Director will work to develop meaningful activities designed to meet the needs and interests of all residents. Activity Director will lead and assist with group activities, individual activities, and/or one on one activities, including activities for residents who are bed bound, cognitively impaired, and residents with behaviors. The Activity Director will evaluate the effectiveness of the activity programs and take initiative to try new methods and use best practices. The Activity Director will document resident activity participation. Record review of the Activity Assistant Job Description, signed on 08/15/2025 by the Activity Assistant, reflected the purpose of the Assistant Activity Director is to provide support for the Activity Director in (continued on next page)</p>		

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 02/12/2026
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>developing and carrying out activities that enhance the residents' quality of life. The activity department orchestrated group, individual, and one-on-one activities. The goal of the Activity Department is to maintain self confidence in residents, provide a sense of community, encourage socialization, use mental and sensory stimulations, encourage participation in leisure activities, and develop a plan of care to improve and/ or maintain each residents' psychosocial well-being. Record review of the Activity Policy and Procedure, not dated, reflected All residents shall be provided activities according to their preferences and needs. The facility shall provide an activities program that is appropriate to the needs and interests of each resident that will encourage self-care, resumption of normal activities, maintenance of optimal self-functioning, and contact with the environment. As a part of the Activities Program:Each resident's interests and needs shall be identifiedThe resident shall be involved in an ongoing program of activities that is designed to appeal to his/her interests and to enhance the resident's highest practicable level of physical, mental, and psychosocial well-being.Upon admission, individualized care planning goals and activities for each resident shall be developed.The information gathered through the assessment process shall be used to develop the activities component of the comprehensive care plan.The ongoing program of activities shall match the skills, abilities, needs, and preferences of each resident with the demands of the activity and the characteristics of the physical, social and cultural environments. Activities should be included in the care planning for each resident.The activities program provided by the facility shall accomplish the following:Encompasses both small groups with similar cognitive levels and one-to-one opportunities.Matches the resident's cognitive , sensory , and physical disabilities.Matches resident's past and current interestsA variety of supplies and equipment shall be maintained in a safe and functional order and shall be easily accessible to residents where feasible.</p>		

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 02/12/2026
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observations, interviews, and record review, the facility failed to store all drugs and biologicals in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys for 2 of 5 medication carts (Medication Cart #1 and Medication Cart #2) reviewed for medication storage. The facility failed to ensure Medication Cart #1 and Medication Cart #2 were locked and medications were secured and not accessible to other staff, residents, or visitors. This failure could place residents at risk of having unauthorized access to prescriptions, biologicals, and over-the counter medications. Findings included: Observation on 02/10/2026 at 9:00 a.m. revealed the locking mechanism protruding outward (indicated the medication cart was unlocked) on Medication cart #1 located partially in hallway on 200 hall and partially behind the nurse's desk (South Wing). ADON was sitting at the nurse's desk with her back turned away from the unlocked Medication Cart #1 and was unable to view Medication Cart #1. In an interview on 02/10/2026 at 9:02 a.m. ADON stated she did not realize the medication cart was unlocked. She stated all medication carts were to be locked except when a nurse was obtaining medications from the cart. ADON stated if a resident did ingest medications the resident was allergic to there was a possibility the resident may have a reaction and possibly die. She stated a resident also had a potential of overdosing on medications or giving the medications to another resident. ADON stated she had been in-serviced on locking medication carts; however, she did not recall the date of this in-service. She stated there were all types of medications prescribed by the physician in Medication Cart #1 except for narcotics. Observation on 02/11/2026 at 9:45 a.m. revealed on Medication Cart #2 the locking mechanism protruding outward (indicated the medication cart was unlocked) between the nurse's desk on South Hall and the medication room. RN Supervisor E was approximately 50 feet away from the unlocked Medication Cart #2 standing in a foyer in the hall between South side and North side of the facility. He was unable to view the unlocked Medication Cart #2 from where he was standing. In an interview on 02/11/2026 at 10:00 a.m. RN Supervisor E stated the medication cart was to always be locked except when he was dispensing medications from the medication cart. He stated a surveyor could observe the medication cart being unlocked and this would be the potential harm. He did not respond to any further questions about the unlocked medication cart such as what could possibly happen to a resident if a resident ingested another resident's medications or if it was possible for a staff or a visitor to obtain the medications from the unlocked Medication Cart #2. In an interview on 02/12/2026 at 7:50 a.m. the Director of Nurses stated her expectation was for all medication carts to be locked when the nurse was not administering medications. She stated the staff had been in-serviced on securing the medication carts when not in use. The Director of Nurses stated she did not know the exact date of the in-service. She stated residents, other staff, and visitors would have access to the medications in the unlocked medication cart. She stated if a resident ingested medications not prescribed to them; there was a potential the resident may have an allergic reaction or may need to be admitted to the hospital. She stated it was the nurse or Medication Aide's responsibility to ensure the medication cart was locked when not dispensing a resident's medication. The Director of Nurses stated she was responsible for monitoring the nurse supervisors. In an interview on 02/12/2026 at 8:40 a.m. LVN C stated all medication carts were to be locked when the nurse was not administering medications. LVN C stated if residents had accessed the medication cart they could have overdosed, taken wrong medication, had an allergic reaction, and could require admission to the hospital. She stated she had previously been in-serviced on locking the medication carts and could not recall the specific date. She stated any unauthorized staff or visitors would have access to the medications. LVN C stated a resident may give medications to another resident. She stated if a resident became severely sick and the staff was not aware the resident had ingested (continued on next page)</p>		

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 02/12/2026
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>another resident's medication it would be difficult to determine what was physically wrong with the resident. Record review of the facility's Policy on Storage of Medications, not dated, reflected Ensure that medications are stored in a safe, secure, and orderly manner. Compartments containing medications are locked when not in use:Trays or carts used to transport such items are not left unattended. (Compartments include, but are not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes).</p>		

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 02/12/2026
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews the facility failed to ensure the assessment accurately reflected the resident's status for one (1) of five (5) residents (Resident #64) reviewed for accuracy of assessments. The facility failed to ensure the MDS dated [DATE] was updated to reflect active dialysis for Resident #64 The facility failed to ensure the MDS dated [DATE] was updated to reflect active dialysis for Resident #64 This failure could place residents at risk of improper or incorrect care and services necessary for their physical, mental, and psychosocial well-being. Record review of Resident #64's Face sheet dated 02/10/2026, reflected he was a [AGE] year-old male, who was admitted to facility on 10/25/2025 with readmission on [DATE]. He was diagnosed with Hypertensive heart disease and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease. (heart and kidney complications due to chronic high blood pressure), Type II diabetes mellitus with Diabetic Chronic Kidney Disease (high blood sugar and high blood pressure damaging kidneys), and Acute osteomyelitis, left ankle and foot (bone infection). Review of Resident #64's latest MDS assessment dated [DATE] reflected a BIMS of 15, indicating the resident was cognitively intact. The MDS assessment did not reflect dialysis in Section O. Review of Resident #64's MDS assessment dated [DATE] did not reflect dialysis in Section O. Record review of Resident #64's care plan dated 2/10/2026 reflected there was a focus care plan area for dialysis on Monday, Wednesday, and Fridays. Record review of the facility's 802 Resident Matrix (document that indicates resident care areas) dated 2/10/2026 did not list Resident #64 for dialysis. Interview conducted 2/11/2026, at 3:50 PM, with Resident #64. Resident #64 stated he was receiving dialysis at the time of admission and he attends dialysis on Monday, Wednesdays, and Fridays. Interview conducted 2/12/2026, at 9:42 AM, the DON stated she has been employed at the facility since the end of December. She reported that the corporate MDS nurse is responsible for updating the MDS. She stated the MDS should reflect current, correct information on residents. The DON stated she did not know why dialysis information was missing from Resident #64's MDS. She stated she was unsure why the resident was not listed on the matrix but later explained that the matrix pulls information from the MDS, which is why Resident #64 did not appear on the matrix. The DON stated she was unaware of any potential harm to the resident, noting that the dialysis orders were in the chart and the resident had been receiving the necessary services. She stated the only potential concern she could identify at this time was related to payment. She added that the matrix is intended to reflect residents with higher care needs or triggers. Interview conducted 2/12/2026, at 11:38 AM with corporate MDS Nurse, she stated she updates the MDS at the facility. The MDS nurse was asked whether she had been informed at any time that Resident #64 was receiving dialysis treatments. She responded that she oversees 11 facilities and would need to review the chart. She stated that she typically verifies whether a resident receives dialysis by the MAR and reviews the chart before coding the MDS. When asked why Resident #64 does not have dialysis on his MDS, the MDS nurse responded, I am human. I don't have a better answer as to why it is not on there. The MDS nurse stated that the missing dialysis information on the MDS should not have any effect on the residents. When asked whether missing dialysis information could affect the resident's care plan or monitoring, she stated that it could, since the MDS is typically used to guide the care plan. Interview conducted 2/12/2026, at 11:38 AM with Administrator. Administrator stated The MDS nurse is responsible for entering dialysis information on the MDS, with input from other interdisciplinary team members. The Administrator stated that communication regarding dialysis is typically based on physician dialysis orders. He reported he did not know why Resident #64 was not listed on the 802 and did not know why dialysis was not documented on the resident's MDS. The Administrator stated that potential effects of not documenting dialysis on the MDS include breakdowns in team communication and possible reimbursement issues. Record review on 2/12/2026 of the facility's policy, undated named MDS Policy (continued on next page)</p>		

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 02/12/2026
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>and Procedure reflected: Purpose:The Minimal Data Set (MDS) is an assessment tool used to identify the residents care problems that will be addressed in an individualized care plan, SNF PPS Medicare reimbursement system, State Medicaid reimbursement systems, and monitoring the quality of care provided to residents. Policy:All Minimal Data Set (MDS) are to be completed and transmitted according to the most current Resident Assessment Instrument (RAI) manual. Procedure:The Interdisciplinary Team will assess the resident and document during the 7 day look back and accurately complete the MDS according to the RAI manual. Equipment:1. Computer2. Resident Chart 3. Resident Assessments4. Current RAI manual.</p>		

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 02/12/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for three of eight residents (Resident # 57 and Resident #59) reviewed for ADL care. The facility failed to ensure Resident #10, Resident #50 and Resident #69's nails were cleaned and did not have any rough edges on 02/10/2026. This failure could place residents at risk of not receiving services or care, diminished quality of life, and decreased self-esteem. Findings included: Record review of Resident #10's face sheet, dated 02/12/2026, reflected an [AGE] year-old female admitted to the facility on [DATE] with the following diagnoses: hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (this condition causes left-sided, one-sided, muscle weakness- general lack of strength, and loss of motor control- the partial or total inability to voluntarily control body movement, muscle coordination, and balance), cerebral infarction (brain tissue death caused by a sudden, prolonged lack of blood flow due to a blocked artery), and lymphedema (a chronic condition causing persistent swelling, usually in the arms or legs, due to a blockage or damage that prevents proper fluid drainage). Record review of Resident #10's Quarterly MDS Assessment, dated 12/08/2025, reflected Resident #10 was assessed to have a BIMS score of 15 indicating cognition was intact. Resident #10 did not refuse care. Resident #10 required substantial/maximal assistance- helper who does more than half the effort with personal hygiene, showers, upper body dressing, toileting hygiene, chair to bed transfers and toilet transfers. She was dependent on staff for lower body dressing and tub/shower transfers. Record review of Resident #10's Comprehensive Care Plan, dated 12/08/2025, reflected Resident #10 had arthritis in joints. Interventions: notify physician of any significant changes. Administer medications as ordered. Resident #10 had required staff assistance with some of ADLs. Intervention: Assist with hygiene and grooming tasks. Assist with bathing. Observation and interview on 02/10/26 at 09:58 AM revealed Resident #10 was lying in bed in her room. Her nails on her right hand were not smooth around the edges and there was a blackish/brownish substance underneath her middle and fore fingernails on her right hand. She stated she asked someone over the weekend to file and clean her nails and the person stated they would sometime during the week. Resident #10 stated she did not recall the staff's name. She stated she believed the staff worked in nursing but did not recall if the staff was a CNA or a Nurse. Resident #10 stated she did not recall seeing a name badge on the staff's clothes. Record review of Resident #50's face sheet, dated 02/12/2026, reflected a [AGE] year-old male admitted to the facility on [DATE]. Resident #50 had diagnoses of major depressive disorder, single episode, severe without psychotic features (a low mood or loss of pleasure or interest in activities lasting at least two weeks), anxiety disorder (involve more than occasional worry or fear, does not go away, is felt in many situations, and can get worse over time), and unspecified dementia, unspecified severity, with other behavioral disturbance (when a person shows significant memory decline- affecting thinking and daily functioning. However, the specific cause and severity are not yet determined with behaviors such as wandering increased confusion and restlessness in the late afternoon or night, pacing, or verbal outbursts). Record review of Resident #50's MDS assessment dated [DATE], reflected Resident #50 had a BIMS score of 7 which indicated his cognition was severely impaired. Resident #50 did not refuse care. Resident #50 required supervision or touching assistance with the following: personal hygiene, showers, and transfers from sit to lying position, sit to stand, and chair to bed and bed to chair. Record review of Resident #50's revised care plan dated 02/06/2026, reflected Resident #50 required staff assistance for all ADLs. Intervention: Assistance with hygiene, grooming, bathing and adjusting clothing. Observation and interview on 02/10/2026 at 9:10 AM revealed Resident #50 was lying in bed. Resident #50's fingernails on his right hand underneath his middle and ring fingernails had a blackish/brownish substance. Resident #50 had (continued on next page)</p>		

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 02/12/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>rough edges around his fingernails on his right hand and had blackish/brownish substance underneath his middle and fore fingernails on his left hand. Resident #50 stated he did not like his nails to be dirty. He stated he did not remember if he asked someone to help him with his nails. Record review of Resident #69's face sheet, dated 02/12/2026, reflected a [AGE] year-old male admitted to the facility on [DATE] and readmitted on [DATE]. Resident #69 had diagnoses of anxiety disorder (involve more than occasional worry or fear, does not go away, is felt in many situations, and can get worse over time), and unspecified dementia, unspecified severity, with other behavioral disturbance (when a person shows significant memory decline- affecting thinking and daily functioning. However, the specific cause and severity are not yet determined with behaviors such as wandering increased confusion and restlessness in the late afternoon or night, pacing, or verbal outbursts) and type 2 diabetes mellitus with other diabetic kidney complication (prolonged high blood sugar has damaged the small blood vessels and filtering units in the kidneys). Record review of Resident #69's MDS assessment dated [DATE], reflected Resident #69 had a BIMS score of 9 which indicated his cognition was moderately impaired. Resident #69 did not refuse care. Resident #69 required supervision or touching assistance with the following: personal hygiene, toileting hygiene, and oral hygiene. He required partial to moderate assistance - helper does less than half the effort with the following: showers, upper and lower body dressing, and shower transfers. Record review of Resident #69's care plan reflected his care plan revised on 02/03/2026 reflected Resident #69 required assistance with personal hygiene. Observation and interview on 02/10/2026 at 9:30 am revealed Resident #69 was sitting in a recliner in the common area across from the nurses station. Resident #69's fingernails on his left hand underneath his middle and ring fingernails had a blackish/brownish substance. Resident #69 had rough edges around his fingernails on his left hand. Resident #69 stated he did not like his nails to be dirty. He did not respond to any other questions about when was the last time his nails were cleaned or trimmed. In an interview on 02/12/26 at 7:45 am, the DON stated if a resident ingested the blackish substance on their fingers or underneath their fingernails, there was a possibility the substance may be some type of bacteria, however it would be difficult to determine if the blackish/ brownish substance was bacteria. She stated it was a possibility a resident may become ill with stomach issues such as vomiting and nausea if they ingested the blackish/ brownish substance. She stated the CNAs were responsible for all residents' nails such as cleaning, trimming, and filing except for the residents with diabetes. She stated for any resident with a diagnosis of diabetes the nurse was responsible for these residents' fingernails. The DON stated the nurse supervisor was responsible for monitoring CNAs giving ADL care which included nail care, and the ADON and DON were responsible for monitoring the nurse supervisors. In an interview on 02/12/2026 at 8:30 am, CNA A stated the CNAs were responsible for cleaning, trimming, and filing all residents' nails except for the residents with a diagnosis of diabetes. She stated the nurses were responsible for all the residents' nails with a diagnosis of diabetes. CNA A stated the residents' nails were usually cleaned on their shower days and as needed. She stated if there was a blackish substance on the residents' fingertips or underneath their nails and the resident swallowed the blackish substance there was a possibility a resident may become ill, such as nausea and diarrhea. CNA A stated she was in-serviced on cleaning, filing, and trimming residents' nails but she did not recall the date. She stated she had given care to Resident # 50 , Resident #10 and Resident #69, and they did not refuse nail care. CNA A stated she did not know the last time these residents' nails were trimmed or cleaned and she would need to check the medical records. She stated if a Resident's nails were rough around the edges there was a possibility the resident could scratch themselves and cause a skin tear. CNA A stated anytime a resident refused any type of care she reported it to the charge nurse. In an interview on 02/12/2026 at 8:45 am, LVN Charge Nurse C stated the nurses were responsible for residents with a diagnosis of diabetes with nail care such as trimming, cleaning, and filing. She stated the CNAs were responsible for all other residents' nail care. LVN Charge Nurse A stated if a resident had brownish/blackish substance underneath their nails and if a resident swallowed the substance there (continued on next page)</p>		

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 02/12/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>was a possibility a resident may become ill, such as stomach problems nausea and vomiting. She stated she would need to ask staff questions for the reason nail care was not completed on Resident #10, Resident #50 and Resident #69. LVN Charge Nurse C stated no one reported to her that Resident #10 or Resident #50 or Resident#69 refused nail care. She stated anytime a resident refused care it was documented in the nurses' notes.In an interview on 02/12/2026 at 8:59 am, CNA B stated the CNAs were responsible for cleaning, trimming, and filing all residents' nails except for the residents with a diagnosis of diabetes. She stated the nurses were responsible for all the residents' nails with a diagnosis of diabetes. CNA B stated the residents' nails were usually cleaned on Sundays, their shower days and as needed. She stated if there was a blackish substance on the residents' fingertips or underneath their nails and the resident swallowed the blackish substance there was a possibility a resident may become ill, such as vomiting and diarrhea. She stated if a resident had rough edges around the fingernails there was a potential a resident may scratch another resident or themselves and obtain a skin tear. She stated a resident could get their nail caught on something and pull their nail off their finger. CNA B stated she was in-serviced on cleaning, filing, and trimming residents' nails but she did not recall the date. She stated she had given care to Resident #10, Resident #50 and Resident #69, and they did not refuse nail care. Record review of the Facility's Policy on Nail Care, not dated, reflected Policy:To prevent infection.To prevent irritation.To prevent break in skin integrity.To promote cleanliness.To relieve pain.Procedure:Care of fingernails and toenails is part of the bath.Be certain nails are clean.If nails are difficult to cut, inform the charge nurse.Nails are to be clipped and filed smoothly.Cut across the nails.Residents who refuse nail care should be reported to the nurse.</p>		