STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676344	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacies Nursing and Rehabilitation	355 Fm 83 W Hemphill, TX 75948

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record reviews, the facility failed to store, prepare, distribute, and serve food under sanitary conditions in 1 of 1 kitchen reviewed for kitchen sanitation. The facility failed to ensure the temperature for the dish machine was at the appropriate temperature of 120 degrees Fahrenheit during the wash cycle according to the manufacturer's guidelines to sanitize dishes appropriately on 03/01/26 through 3/17/26. This failure could place residents who eat from the kitchen at risk of foodborne illnesses.Findings included: During initial kitchen observation on 03/16/2026 at 9:05 am, Dietary Manager was observed running dishwasher and the temperature did not go above 110 during testing. The dietary manager said it had been like that. She said they had the same issues last year. The temperature log hanging next to dishwasher was observed to have multiple temperatures less than 120 F. The dietary manager said the temperature was 118 this morning. There was a label observed on the front of the dish machine which read: .Dishwasher operating requirements 1. Water temp. 120 F. minimum. Chemical test strip tested at 200 ppm, which was within the guidelines. During an observation on 03/16/2026 at 3:33 PM the Maintenance man was observed in the kitchen to check dish machine temperature. He ran machine 4 times before temperature was up to 120.4. During an observation on 03/17/2026 at 9:00 AM the dietary manager was observed checking temperature on dish machine. Temperature came up to 120 after 3 attempts. She said she thought it was ok to run it at a lower temp as long as it was close to 120 F and the chemicals were testing ok. She said she thought the combination of the chemicals and the temp being close enough would sanitize the dishes. Record review of a facility form titled Dish Machine Temperature & Chemical Log dated March 2026 indicated the following below minimum dishwasher temperatures:3/1/26 - Breakfast - 116; Lunch - 116; Dinner - 1153/2/26 - Breakfast - 117; Lunch - 116; Dinner - 1163/3/26 - Breakfast - 116; Lunch - 117; Dinner - 1173/4/26 - Breakfast - 115; Lunch - 116; Dinner - 1163/5/26 - Breakfast - 117; Lunch - 116; Dinner - 1153/6/26 - Breakfast - 115; Lunch - 116; Dinner - 1153/7/26 - Breakfast - 116; Lunch - 116; Dinner - 1163/8/26 - Breakfast - 115; Lunch - 116; Dinner - 1163/9/26 - Breakfast - 116; Lunch - 115; Dinner - 1153/10/26 - Breakfast - 114; Lunch - 1153/11/26 - Breakfast - 114; Lunch - 112; Dinner - 1183/12/26 - Breakfast - 115; Lunch - 116; Dinner - 1163/13/26 - Breakfast - 114; Lunch - 116; Dinner - 1163/14/26 - Breakfast - 116; Lunch - 116; Dinner - 1163/15/16 - Breakfast - 115; Lunch - 115; Dinner - 1153/16/26 - Breakfast - 117; Lunch - 117; Dinner - 1163/17/26 - Breakfast - 115and the bottom of the form read .low temperature machines: >120 F. & 50ppm (minimum) . During an interview on 03/18/2026 at 10:23 am the dietary manager said she had done an in-service with dietary staff, and they would now be expected to run the dishwasher until it reached 120 degrees Fahrenheit or above. She said if they cannot get it above minimum temp, she expected staff to notify maintenance or administrator. She said maintenance would be working on fixing the backflow issue which was what they believed was causing the problem. She said if minimum temperature was not reached, the dishes may not be clean or sanitized, and residents could be at risk of contamination. During an interview on 03/18/2026 at 10:30 am the Administrator said she expected her staff to run the dishwasher until the temperature was at least 120 degrees. She said going forward, the dietary staff were expected to notify her or maintenance if (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	minimum temperature was not reached. She said residents could be at risk of infection if dishes were not properly sanitized. Record review of a facility policy titled Cleaning Dishes/Dish Machine dated 2017 read: .All flatware, serving dishes, and cookware will be cleaned, rinsed, and sanitized after each use. The dish machines will be checked prior to meals to assure proper functioning and appropriate temperatures for cleaning and sanitizing . and .Prior to use, verify proper temperatures and machine function . and .Staff should check the dish machine gauges throughout the cycle to assure proper temperatures for sanitation . and .low temperature dishwasher spray type dish machines using chemicals to sanitize .wash temperature .120 F . Record review of the manufacturer's instructions retrieved at https://www.autochlor.com/commercial-dishmachines/ on 3/17/26 for Auto- Chlor Dishwasher operating requirements for low temp dish machine indicated the wash cycle is supposed to reach 120 degrees. Low Temperature Dishwasher (chemical sanitization): Wash - 120 degrees F.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure that each resident had a right to privacy during medical care for 1 of 6 residents (Residents #73) observed for privacy.The facility failed to ensure full visual privacy during incontinent care for Resident #73 on 03/16/2026. This deficient practice placed residents at risk of loss of privacy and dignity.The findings were:Record review of a facility face sheet dated 03/16/2026 indicated Resident #73 was an [AGE] year-old female and admitted to the facility on [DATE] with a diagnoses of dementia (severe memory loss), anxiety disorder (nervousness), and Alzheimer's disease (severe cognitive decline causing memory loss).Record review of an annual MDS assessment dated [DATE] indicated Resident #73 had a BIMS score of 04 indicating severe impairment of cognition and was incontinent of urine and bowel requiring total assistance with toileting.Record review of the care plan dated 02/20/2026 indicated Resident #73 had an ADL (activity of daily living) function disorder and to assist with ADLs as needed. During an observation of incontinent care on 03/16/2024 at 9:43 am this state surveyor knocked on the door and asked permission to enter. Permission was granted. Resident # 73 was being prepared for incontinent care by CNA A. The privacy curtain was pulled around Resident #73. Resident #73 was unclothed from the waist down exposing her buttocks. NA B knocked and asked to enter the room, she left the door open and drew back the curtain to speak with CNA A. She stood at the open doorway with the curtain pulled back potentially exposing resident #73 to the hallway while other staff members walked down the hallway. During an observation and interview on 03/16/26 at 10:00 am NA B knocked and asked to enter the room, she left the door open and drew back the curtain to speak with CNA A, for the second time. She stood at the doorway with the curtain pulled back exposing resident #73 to the hallway. CNA A made big eyes (a disapproving facial expression) at NA B. CNA A said that NA B should have come into the room and shut the door due to having the door open and the curtain pulled back was exposing Resident #73 to the hallway and any possible passersby. CNA A said that it was a dignity and privacy issue having the door open, the curtain pulled open. CNA A said she had been trained in privacy and dignity and realized NA B had not maintained privacy for Resident #73. NA B said she was a new nurse aide in training and had only worked at the facility for a few weeks. NA B said she had received training on dignity and privacy during her orientation. NA B said that it could make Resident #73 feel bad if her privacy was not maintained. During an interview on 03/17/2026 at 2:30 pm the DON said if privacy was not maintained, and a resident was exposed during personal care it could cause embarrassment. The DON said NA B was trained on resident rights and privacy during her orientation in February. During an interview on 03/17/2026 at 2:45 pm the Administrator stated she expected everyone in the facility to be trained, follow resident rights, treat all residents with dignity, and maintain privacy. She stated by not doing so could cause resident embarrassment. During an interview on 03/17/2026 at 3:00 pm the ADON said she was responsible for competency checks for the nurses and aides. She said that NA B had been trained on resident rights to include providing privacy during personal care by closing the window covering, pulling the curtain, and closing the door to the room. She said if privacy was not maintained, and a resident was exposed during personal care it could cause embarrassment. Record review of training and orientation logs indicated NA B received resident rights, dignity and privacy training on 02/18/2026. Record review of a facility policy titled Dignity revised February 2021 indicated, .Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. 11). Staff promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 6 residents (Resident #1) and 1 of 7 staff (MA C) reviewed for infection control. The facility failed to ensure MA C followed contact precautions for Resident #1 on 3/16/2026. This failure could place residents at risk of exposure to infectious diseases due to improper infection control practices.Findings include: Record review of Resident 1's facility face sheet, dated 3/18/2026, indicated Resident #1 was an [AGE] year-old female, readmitted [DATE], with diagnosis of diabetes. Record review of Resident #1's quarterly MDS assessment, dated 01/30/2026, revealed a BIMS score of 09 that indicated Resident #1 had moderately impaired cognition. She was dependent on staff for all ADLs and was always incontinent of bowel and bladder. Record review of Resident #1's comprehensive care plan, revision date 02/16/2026, indicated Resident #1 had a history of recurrent urinary tract infections, required contact precautions and to ensure PPE was worn prior to entering room. Record review of Resident #1's order summary report, dated 3/18/2026, indicated Resident #1 had an order dated 3/16/2026 for contact precautions for urinary tract infection. During an observation on 3/16/2026 at 12:30 pm, Resident #1 had a sign posted on her door indicating contact isolation and PPE gloves and gown were required before entering the room. MA-C was present in the room, sitting on Resident #1's bed assisting with her meal. MA C was not wearing PPE. During an interview on 3/16/2026 at 12:33 pm, LVN D said that Resident #1's urine culture came back that morning and was positive and contact isolation was initiated. She said that the staff and visitors were made aware of the isolation requirement using the sign posted on the resident's door. She said that PPE of gloves and gown should be applied prior to entering the room and removed prior to leaving the room. She said that by not following the infection process for contact isolation could cause the spread of infections. During an interview on 3/16/2026 at 1:58 pm, MA-C said that when a resident was in contact isolation a gown and gloves should be put on before entering the residents room. She said she had overlooked the sign on Resident #1's door because the order had come in that morning. She said she should have had on PPE and not sat on the resident's bed to prevent cross contamination in the facility. During an interview on 03/18/2026 at 11:06 am, the DON said that she was the infection preventionist and responsible for the infection control program in the facility. She said that when a resident required isolation the nurse was notified, biohazard boxes were placed in the room, and a sign was posted on the door notifying all staff and visitors of the isolation. She said she then would verbally notify the staff working. She said it was the staff's responsibility to recognize the isolation sign on the door and follow the guidelines for that type of isolation. She said MA C had been trained on infection control measures and following contact precautions. She said with contact isolation the staff were to put on a gown and gloves before entering the resident's room, remove the gown and gloves and wash their hands prior to leaving the resident's room. She said by not following the contact isolation process infections could spread. During an interview on 03/18/2026 at 11:57 am, the Administrator said the DON was responsible for the infection control program to include training on hire, annually and as needed as things changed. She said the staff should recognize the isolation sign on the door and follow the guidelines set for that isolation to prevent the spread of infections. She said she expected the facility's policy and procedures for infection control always be followed. Record review of a facility policy titled Isolation -Categories of Transmission-Based Precautions dated September 2022 indicated, .Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents. Contact precautions are implemented for residents (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment.7. Staff and visitors wear gloves (clean, non-sterile) when entering the room.a. While caring for a resident, staff will change gloves after having contact with infective material (for example, fecal material and wound drainage). b. Gloves are removed and hand hygiene performed before leaving the room c. staff avoid touching potentially contaminated environmental surfaces or items in the resident's room after gloves are removed. Record review of a facility policy titled Isolation - Initiating Transmission-Based Precautions dated August 2019 indicated, .Transmission-based precautions may include contact precautions, droplet precautions, or airborne precautions. 3.When transmission-based precautions are implemented, the infection preventionist (or designee): a. clearly identifies the type of precautions, the anticipated duration, and the personal protective equipment (PPE) that must be used; b. explains to the resident (or representative) the reason(s) for the precautions; c. provides and/or oversees the education of the resident, representative and/or visitors regarding the precautions and use of PPE; d. determines the appropriate notification on the room entrance door and on the front of the resident's chart so that personnel and visitors are aware of the need for and type of precautions: (I)The sign age informs the staff of the type of CDC precaution (s), instructions for use of PPE, and/or instructions to see a nurse before entering the room.