

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2025
NAME OF PROVIDER OR SUPPLIER The Legacy Rehab & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2812 Silver Creek Road Bullhead City, AZ 86442	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2025
NAME OF PROVIDER OR SUPPLIER The Legacy Rehab & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2812 Silver Creek Road Bullhead City, AZ 86442	
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed record review, staff interviews, and review of facility policy, the facility failed to ensure that discharge notifications were made for one of seven residents (#16) to the representative of the Office of the State Long-Term Care Ombudsman. The deficient practice can result in further notifications of resident discharge not being provided to the Ombudsman. Findings include: Resident #16 was admitted on [DATE], and discharged on November 19, 2023, with the diagnosis that included unspecified fracture of the lower end of the right femur, subsequent encounter for closed fracture with routine healing. A baseline care plan with the initiation date of November 10, 2023, revealed that Resident #16 will receive the necessary therapy services to return home safely. An admission MDS (Minimum Data Set) dated November 17, 2023, revealed a BIMS (Brief Interview of Mental Status) score of 15, which indicated that the resident had intact cognition. The MDS assessment also revealed that Resident #16 did not exhibit previous behavior of wandering. A progress note dated November 19, 2023, revealed that Resident #16 left the facility Against Medical Advice (AMA). The progress note revealed that Resident #16 signed an AMA form once the risks of leaving the facility AMA and verbalized her understanding of leaving. A review of the documented email notifications to the ombudsman dated December 11, 2023, regarding the discharges from November 2023, revealed that Resident #16 was not included on the provided list. An interview was conducted on September 9, 2025, at 11:31 AM with Staff #20 and #21. Staff #21, Social Services Director, had been training Staff #20 to transition into the role of Social Services Director. Staff #21 stated that as the Social Services Director, their role is to provide and begin discussions of a discharge plan starting from the day of admission, and to work in a collaborative effort with the Interdisciplinary Team (IDT) and all responsible parties to ensure that the interventions and goals established will assist with the discharge plan. Staff #21 stated that discharge readiness is determined by the IDT and responsible parties, and that once a discharge has taken place, notification of discharge is made to several entities. Notification of discharge will be provided to the resident, emergency contacts, responsible parties, case managers, Adult Protected Services (APS), and the Ombudsman. Staff #21 stated that the Ombudsman will be notified within a monthly report that included all those who have been discharged from the facility, that included residents who left the facility AMA. While reviewing the sample of 7 residents, Staff #21 stated that Resident #16 discharged from the facility AMA on November 19, 2023; and that, the discharge should have been included within the Ombudsman's monthly report for December 2023. After a review of her personal records, Staff #21 confirmed that Resident #16 had not been included in her monthly report sent to the Ombudsman in December of 2023. An interview was conducted on September 9, 2025, at 12:16 PM with an LPN (Licensed Practical Nurse/Staff #24) who stated that their role in the discharge process is to ensure that residents have all of their belongings and medications upon discharge. Staff #24 stated that if a discharge is planned, the discharge documentation will include goals, interventions, and a summary of care, to ensure continuity of care following discharge. If a resident leaves AMA, Staff #24 stated that there is a specific form that is reviewed with the resident and/or family to ensure understanding of the risks of leaving the facility AMA. The resident is encouraged to sign the document, confirming their understanding of the risks of discharging from the facility AMA. An interview was conducted on September 9, 2025, at 2:45 PM with the Director of Nursing (DON/Staff #22), who stated that the expectation for social services is to notify all responsible parties of all facility discharges. Staff #22 stated that the responsible parties included APS, law enforcement, if applicable department heads, and the ombudsman through the facility's monthly report for all discharges. Staff #22 stated that it would not meet the facility's expectations if the notification of discharge to the Ombudsman regarding the Resident #16 had not been made. A policy titled 'Notice of Discharge' revealed that the facility will provide the Ombudsman a copy of all facility discharge notices as soon as practicable. The policy also revealed that the facility will send a copy of a discharge notice, including AMA discharges, to a representative of the Office of the State LTC Ombudsman as soon as practicable.</p>		