STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195386	A. Building B. Wing	12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Nursing and Rehabilitation of Morgan City	740 Justa Street Morgan City, LA 70380

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interviews and record reviews, the facility failed to ensure the resident's medical record was complete for 1 (Resident #1) of 3 sampled residents reviewed for activities of daily living documentation. Findings:Review of Resident #1's Quarterly Minimum Data Set with an Assessment Reference Date of 10/22/2025 revealed, in part, Resident #1 had a Brief Interview for Mental Status score of 15 (a score of 13-15 indicated Resident #1 was cognitively intact). Further review revealed Resident #1 was dependent on staff for toileting, showering, and bathing. Review of Resident #1's care plan revealed Resident #1 required staff assistance for all activities of daily living with a goal date of 02/06/2026 with approaches that included, in part, certified nursing assistant (CNA) staff were to assist Resident #1 with hygiene and grooming tasks as needed. Further review of Resident #1's care plan revealed Resident #1 refused showers at times with a goal date of 02/06/2026 with approaches that included, in part, allow Resident #1 opportunities to make choices and participate in care. Review of Resident #1's October 2025 Documentation Survey Report for Activities of Daily Living revealed no evidence Resident #1 had received and/or refused morning care on: 10/07/2025, 10/12/2025, 10/13/2025, 10/14/2025, 10/16/2025, 10/17/2025, 10/18/2025, 10/19/2025, 10/22/2025, 10/23/2025, 10/27/2025, 10/28/2025, and 10/31/2025. Further review revealed, in part, Resident #1 was documented as having refused a bath or shower on the following dates: 10/04/2025, 10/07/2025, 10/11/2025, 10/14/2025, 10/16/2025, 10/23/2025, 10/25/2025, and 10/30/2025. Review of Resident #1's November 2025 Documentation Survey Report for Activities of Daily Living revealed no evidence Resident #1 had received and/or refused evening care on 11/08/2025. Further review revealed, in part, Resident #1 was documented as having refused a bath or shower on the following dates: 11/01/2025, 11/04/2025, 11/11/2025, and 11/13/2025. In an interview on 12/29/2025 at 2:20PM, S5CNA indicated Resident #1 often refused baths and care. S5CNA further indicated once Resident #1 was comfortable with her, she often gave Resident #1 a bath every day since he was a larger man; however, S5CNA indicated she was only able to document in the computer system on Resident #1's assigned bath days, which were Tuesdays, Thursdays, and Saturdays. S5CNA further indicated if Resident #1 refused care with other CNA staff, the other CNA staff would get S5CNA to bathe Resident #1, but S5CNA could not chart Resident #1's bath was completed. In an interview on 12/30/2025 at 10:15AM, S6CNA Supervisor indicated she had complaints from staff about Resident #1 refusing care; therefore, the facility tried to change the CNA staff responsible for Resident #1's care to ensure Resident #1 received his activities of daily living care. In an interview on 12/30/2025 12:38PM, S6CNA Supervisor indicated all care and/or refusal would be documented in the electronic medical record, and the facility did not document care in any other form. S6CNA Supervisor confirmed the blanks on Resident #1's October and November 2025 Documentation Survey Report Activities of Daily Living and indicated the documentation should not be left blank. In an interview on 12/30/2025 at 12:43PM, S7CNA indicated the above mentioned care was provided to Resident #1 but was not documented. S7CNA indicated on (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	multiple shifts in October 2025 and November 2025, S8CNA was assigned to Resident #1, but Resident #1 refused care. S7CNA indicated S8CNA would ask S7CNA to provide Resident #1's care. S7CNA indicated she provided Resident #1's bath/shower but did not document the care, since Resident #1 was not assigned to her. S7CNA further indicated Resident #1 would also refuse a bath/shower if the night shift provided the care; however, since the system only had ability to document on Resident #1's assigned bath/shower days and for the day shift, the baths/showers given at night were not documented. In an interview on 12/30/2025 at 12:44PM, S8CNA indicated due to Resident #1 knowing her prior to being admitted to the facility he refused to allow her to provide his care. S8CNA further indicated she often worked with S7CNA who he would allow to provide care. S8CNA further indicated she did not document the bath/shower given by S7CNA, as she did not provide the care. In an interview on 12/30/2025 at 12:49PM, S9CNA indicated Resident #1 refused baths/showers and other care. S9CNA indicated it was common practice to have CNAs swap during showers to find a CNA Resident #1 would allow to provide his care. S9CNA further indicated if Resident #1 was not assigned to her, she did not have availability to document the care provided to Resident #1 in the facility's computer system. In an interview on 12/30/2025 at 12:51PM, S2Director of Nursing indicated the staff should have documented Resident #1's care provided and/or refusals of care. S2Director of Nursing reviewed the above mentioned documentation and confirmed missing documentation for care. S2Director of Nursing indicated the only activity of daily living documentation was the electronic medical record, and the facility had no further information to present to the surveyor. In an interview on 12/30/2025 at 12:52PM, S4Assistant Director of Nursing reviewed the above mentioned documentation and confirmed missing documentation for Resident #1's care. S4Assistant Director of Nursing indicated the only activity of daily living documentation was the electronic medical record, and the facility had no further information to present to the surveyor. In an interview on 12/30/2025 at 1:01PM, S1Administrator was informed of the above findings and S1Administrator indicated there should have been documentation of all care provided or documentation of any refusals. S1Administrator confirmed the above findings and indicated there should be documentation of Resident #1's care. S1Adminsitrator further indicated the facility did not have any further documentation to present to the surveyor at this time. In an interview on 12/30/2025 at 1:03PM, S3Previous Director of Nursing indicated the facility did have a change in the computer software in October and November 2025; however, the facility had no documentation these issues were identified and corrected. S3Previous Director of Nursing further indicated the facility had no further documentation to present for the above mentioned deficient practice.