

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Legacy Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 811 Keylon Street Manchester, TN 37355	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observation and interview the facility failed to maintain a safe, clean, homelike environment for 4 residents (Residents #4, #6, #32, and #36) of 24 residents observed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Homelike Environment, revised 2/2021, revealed .Residents are provided with a safe, clean .and homelike environment .The facility staff and management maximizes .the characteristics of the facility that reflect a personalized, homelike setting .The characteristics include .clean, sanitary and orderly environment .</p> <p>Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Diabetes Mellitus, Congestive Heart Failure, and Acute Kidney Disease.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #4 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.</p> <p>During an observation on 6/23/2025 at 11:39 AM and on 6/24/2025 at 11:41 AM, Resident #4's bathroom revealed the floor behind the toilet was missing a large area of flooring, with a dark colored substance noted in the area.</p> <p>Review of the medical record revealed Resident #6 was admitted to the facility on [DATE] with diagnoses including Parkinson's Disease, Diabetes, and Dependence on Wheelchair.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #6 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact.</p> <p>During an observation and interview on 6/23/2025 at 10:00 AM, in Resident #6's room, revealed 2 large holes and 2 small holes in the resident's closet doors that penetrated through the wood. Resident #6 stated he accidentally put the holes in the closet doors with his wheelchair about 6 months ago. Resident #6 stated he did not like the looks of the closet doors and offered to pay to have them fixed but the facility would not allow him and they had not offered to repair the damage. Resident #6 stated he would like to have the holes repaired.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 6/24/2025 at 8:05 AM, revealed Resident #6's closet doors had 2 large and 2 small holes that had penetrated through the door.</p> <p>Review of the medical record revealed Resident #32 was admitted to the facility on [DATE] with diagnoses including Dementia, Muscle Wasting and Atrophy, and Major Depressive Disorder.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #32 was unable to participate in a BIMS assessment due to severe cognitive deficit.</p> <p>During an observation on 6/23/2025 at 11:00 AM and on 6/24/2025 at 9:00 AM, in Resident #32's room, revealed a 3-drawer nightstand which revealed the 2nd drawer was broken and would not close completely and the 3rd drawer was unable to be opened.</p> <p>Review of the medical record revealed Resident #36 was admitted to the facility on [DATE] with diagnoses including Diabetes Mellitus, Essential Hypertension, and Stage 3 Chronic Kidney Disease.</p> <p>Review of a annual MDS assessment dated [DATE], revealed Resident #36 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact.</p> <p>During an observation on 6/23/2025 at 11:37 AM and on 6/24/2025 at 3:15 PM, Resident #36's room revealed the right end of the footboard had a large piece which was broken off at the corner, and the long rubber trim was hanging off the footboard.</p> <p>During an observation and interview on 6/24/2025 at 3:35 PM, Registered Nurse (RN) C confirmed Resident #36's footboard had a piece broken off at the corner, and the rubber trim was hanging off the footboard.</p> <p>During an observation and interview on 6/24/2025 at 3:40 PM, the Administrator confirmed Resident #36's footboard had a piece broken off at the corner, and the rubber trim was hanging off the footboard. The Administrator further confirmed that in Resident #4's bathroom, the floor behind the toilet was missing a large area of flooring, with a dark colored substance in the area. The Administrator confirmed these observations were not indicative of a home-like environment.</p> <p>During an observation and interviews on 6/25/2025 at 10:30 AM, with the Administrator and Maintenance Director revealed Resident #6's closet doors had 2 large and 2 small holes that had penetrated through the door. Resident #32's room, revealed a 3-drawer nightstand which showed the 2nd drawer was broken and would not close completely and the 3rd drawer was unable to be opened. The Administrator and Maintenance Director confirmed Resident #6 and #32's room's were not maintained in a safe, homelike environment.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and interview, the facility failed to refer 2 residents (Residents #4 and #25), after the residents were diagnosed with a serious mental disorder, to the state-designated authority for a Level II Pre-admission Screening and Resident Review (PASARR) evaluation and determination of 10 residents reviewed for PASARR.</p> <p>The findings include:</p> <p>Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] with diagnoses including Diabetes, Congestive Heart Failure, and Depression. The diagnoses of Major Depressive Disorder, Insomnia, and Anxiety Disorder were added on 7/9/2024.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #4 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.</p> <p>Review of a PASARR for Resident #4 submitted on 12/12/2023, revealed diagnoses .depression-mild or situational . The PASARR outcome was .Negative, No Level II Required .</p> <p>Review of the medical record for Resident #4 revealed a new PASARR was not submitted for a Level II Evaluation to be completed after the new diagnoses of Major Depressive Disorder, Insomnia, and Anxiety Disorder was added on 7/9/2024.</p> <p>Resident #25 was admitted to the facility on [DATE] with diagnoses including Dementia, Anxiety and Mood Disturbance. A diagnosis of Schizoaffective Disorder was added on 7/27/2023.</p> <p>Review of a Notice of PASARR Level I Screen Outcome dated 3/17/2021, revealed .No mental health diagnosis is known or suspected .</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], showed Resident # 25 had severe cognitive impairment.</p> <p>During an interview on 6/24/2025 at 10:50 AM, the 600 Hall Unit Manager confirmed a new PASARR had not been submitted to the state-designated authority for Resident #32 after a diagnosis of Schizoaffective Disorder had been added on 7/27/2023.</p> <p>During an interview on 6/24/2025 at 12:10 PM, Licensed Practical Nurse (LPN) B confirmed Resident #4's current PASARR dated 12/12/2023 was the latest PASARR submitted, did not include the diagnosis of Schiozoaffective Disorder and confirmed a new PASARR had not been submitted.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to develop a person-centered care plan related to smoking for 1 resident (Resident #39) of 14 residents reviewed for care plans.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Care Plans, Comprehensive Person-Centered, revised 12/2006, revealed .develops and implements .person-centered care plan for each resident .identifying problem areas . developing interventions .targeted .to the resident .</p> <p>Review of the facility's policy titled, Smoking Policy - Residents, revised 7/2017, revealed .any smoking privileges .concerns .shall be noted on the care plan .</p> <p>Review of the medical record revealed Resident #39 was admitted to facility on 8/14/2024 with diagnoses including Hemiplegia and Hemiparesis, Diabetes, and Nicotine Dependence.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #39 scored a 12 on the Brief Interview for Mental Status (BIMS) assessment which indicated moderate cognitive impairment. Further review revealed Resident #13 used tobacco products.</p> <p>Review of the comprehensive care plan for Resident #39 dated 4/4/2025, revealed Resident #39's current smoking use was not developed on the care plan.</p> <p>Review of the facility's document titled, Smoking Risk Assessment, dated 6/6/2025, revealed, Resident #39 had been assessed for smoking and was safe to smoke at designated times under staff supervision.</p> <p>During an interview on 6/24/2025 at 8:30AM, Registered Nurse (RN) C stated Resident #39 smoked at the designated smoking times daily at the facility.</p> <p>During an observation on 6/24/2025 at 10:35 AM, in facility's designated outside smoking area, revealed Resident #39 sitting up in chair with smoking apron on and was smoking a cigarette under staff supervision.</p> <p>During an interview on 6/24/2025 at 11:00 AM, Resident #39 stated that he had been a smoker for years and went to the designated smoking times while a resident at the facility.</p> <p>During an interview on 6/24/2025 at 4:22 PM, RN D confirmed that smoking was not developed on Resident #39's comprehensive care plan.</p> <p>During an interview on 6/24/2025 at 4:45 PM, the Director of Nursing (DON) confirmed smoking had not been developed on Resident #39's comprehensive care plan.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to revise a comprehensive care plan for 1 Resident (Resident #34) of 14 residents reviewed for care plans.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Care Planning - Interdisciplinary Team, dated 9/2013, revealed . Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change .</p> <p>Review of the medical record revealed Resident #34 was admitted to the facility on [DATE] with diagnoses including End Stage Renal Disease, Dependence on Renal Dialysis, and Diabetes.</p> <p>Review of an annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #34 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact and received dialysis services.</p> <p>Medical record review of the Comprehensive Care Plan for Resident #34 dated 3/26/2025, revealed .observe shunt site by palpating for thrill and auscultating for bruit every shift .</p> <p>Review of current physician orders for Resident #34 revealed the resident did not have an order to observe shunt site by palpating for thrill and auscultating for bruit every shift.</p> <p>During an interview on 6/24/2025 at 2:00 PM, the 600 Hall Unit Manager (UM) stated Resident #34 received dialysis treatments 3 times per week. The UM stated Resident #34's shunt located in his left arm was no longer being used and an alternate access site was obtained. The UM stated assessment of Resident #34's shunt site for bruit and thrill was discontinued on 3/19/2025. The UM confirmed the facility failed to revise Resident #34's care plan to reflect the discontinued order.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to ensure a Physician's Order was obtained for oxygen therapy for 2 residents (Residents #4 and #255) of 6 residents reviewed for oxygen therapy.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Oxygen Administration, revised 10/ 2010, revealed .The purpose of this procedure is to provide guidelines for safe oxygen administration .Preparation .Verify that there is a physician's order for this procedure .</p> <p>Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] with diagnoses including Diabetes, Chronic Obstructive Pulmonary Disease, and Acute Kidney Disease.</p> <p>Review of a facility document titled Report Sheet [report given to facility nurse from hospital nurse] for Resident #4 dated 1/27/2025, revealed .O2 [oxygen] 2 L/M [liters/minute] .</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #4 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact and the resident did not receive oxygen therapy.</p> <p>Review of the Nurse Practitioner (NP) Note for Resident #4 dated 6/13/2025, revealed .Review of systems . Respiratory: Chronic shortness of breath .Wearing supplemental oxygen via [by] NC [nasal cannula] .</p> <p>During an observation on 6/23/2025 at 11:37 AM and 6/24/2025 at 2:00 PM, Resident #4 had oxygen in place by nasal cannula at 2 L/M.</p> <p>Review of the current Physician Orders for Resident #4 dated 6/24/2025, revealed no order for oxygen therapy.</p> <p>During an observation and interview on 6/24/2025 at 3:10 PM, Resident #4 was lying in bed receiving oxygen. Licensed Practical Nurse (LPN) A confirmed Resident #4 was receiving oxygen at 2 liters per minute by nasal cannula, and confirmed there was not a Physician's Order for oxygen administration.</p> <p>During an interview on 6/24/2025 at 3:20 PM, Licensed Practical Nurse Unit Manager (LPN UM) G confirmed Resident #4 did not have a Physician's Order for oxygen therapy.</p> <p>Review of the medical record revealed Resident #255 was admitted to the facility on [DATE] with diagnoses including Respiratory Failure, Chronic Obstructive Pulmonary Disease, and Congestive Heart Failure.</p> <p>Review of an admission MDS assessment dated [DATE] revealed Resident #255 scored a 14 on the BIMS assessment which indicated the resident was cognitively intact and the resident received oxygen.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a facility document titled Report Sheet, for Resident #255 dated 6/13/2025, revealed .O2 2 L/M .</p> <p>During an observation on 6/23/2025 at 2:38 PM and on 6/24/2025 at 2:15 PM, Resident #255 had oxygen in place by nasal cannula at 4 L/M.</p> <p>Review of the current Physician Orders for Resident #255 dated 6/24/2025, revealed no orders for oxygen therapy.</p> <p>During an observation and interview on 06/24/2025 at 3:15 PM, in Resident #255's room revealed the resident was receiving oxygen. Registered Nurse (RN) C confirmed Resident #255 received oxygen per nasal cannula at 4 liters per minute and confirmed there was no current Physician's Order for oxygen administration.</p> <p>During an interview on 6/24/2025 at 3:20 PM, LPN/UM G confirmed Resident #255 did not have a Physician's Order for oxygen therapy.</p> <p>During an interview on 6/24/2025 at 3:50 PM, the Director of Nursing (DON) confirmed all residents receiving oxygen therapy should have an active Physician's Order.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on review of the facility policy, review of kitchen equipment cleaning documentation, observation, and interview, the facility failed to ensure kitchen equipment was maintained in a clean and sanitary condition and failed to ensure dietary staff wore protective hair coverings during food preparation in the kitchen, which had the potential to affect 53 of 53 residents residing in the facility.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Sanitation, revised 10/2008, revealed .food service area shall be maintained in a clean and sanitary manner .equipment should be kept clean .all equipment .shall be washed to remove or completely loosen soils .using the manual or mechanical means necessary .for fixed equipment .removable components will be scraped to remove food particle accumulation .Food Services Manager will be responsible for scheduling staff for regular cleaning of kitchen .areas .</p> <p>Review of the facility's policy titled, Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices, revised 12/2017, revealed .Food and nutrition services employees will follow appropriate hygiene . to prevent the spread of foodborne illness .Hair nets .beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens .</p> <p>During an observation of the cooking area and interview on 6/23/2025 at 10:50 AM, with the Dietary Manager (DM), revealed a grease-like, brownish black food debris with multiple splatters of a brown substance present to the top perimeter and both sides of the deep fryer, blade of can opener, and the control panels of the steamer and warmer. The DM confirmed the deep fryer, can opener blade, and control panels of the steamer and warmer needed .deep cleaning . and was not maintained in a sanitary condition.</p> <p>During an interview on 6/23/2025 at 11:00 AM, the DM stated the kitchen was to be cleaned daily and deep cleaned each week. The DM acknowledged the food debris and build up on the kitchen equipment and confirmed the kitchen equipment was not maintained in a clean and sanitary condition.</p> <p>During an observation on 6/23/2025 at 11:55 AM, Dietary Aide (DA) E was on the serving line preparing the residents' lunch meal trays. Further observation revealed DA E did not have a hair net or beard covering in place (DA E had on beanie cap with hair protruding at both ears and back of neck, and had facial hair).</p> <p>During an observation on 6/23/2025 at 11:57 AM, DA F was on the serving line preparing residents' lunch meal trays. Further observation revealed that DA F did not have a hair net or beard covering in place (DA F had on cap that did not contain the hair above ears and back of neck, and had facial hair).</p> <p>During an interview on 6/25/2025 at 10:30 AM, the Administrator stated all dietary staff should have the hair completely covered while in the food preparation areas in the kitchen. The Administrator confirmed DA E and DA F failed to ensure their hair was appropriately covered while preparing food in the kitchen for residents.</p> <p>(continued on next page)</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/25/2025 at 11:44 AM, the DM stated that all dietary staff should have the hair completely covered while in the food preparation areas in the kitchen. The DM confirmed DA E and DA F failed to ensure their hair was appropriately covered while preparing the food in the kitchen for residents.		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on facility policy review, observation, and interviews the facility failed to ensure the outside dumpster area was maintained in a sanitary and orderly condition.</p> <p>The findings include:</p> <p>Review of the facility's policy, Food-Related Garbage and Refuse Disposal, revised 10/2017, revealed . outside dumpsters .will be kept .free of surrounding litter .storage areas will be kept clean at all times .shall not constitute a nuisance .</p> <p>During an observation of the outside dumpster area on 6/23/2025 at 10:08 AM, with the Dietary Manager (DM) revealed the area behind dumpster A and B had 2 broken light fixtures, 2 broken chairs, 1 broken office chair, 1 walker, 1 broken window air conditioner, and mop bucket on the ground.</p> <p>During an interview on 6/23/2025 at 10:11 AM, the DM stated the 2 broken light fixtures, 2 broken chairs, 1 broken office chair, 1 walker, 1 broken window air conditioner, and mop bucket on the ground were not disposed of properly and was unsure how long those items had been there. The DM confirmed the dumpster area had not been maintained in a sanitary condition.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observation, and interview, the facility failed to provide a sanitary environment by failing to clean and store soiled items in a multi-resident bathroom for 1 Resident (Resident #4) of 10 residents observed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Cleaning and Disinfecting Non-Critical Resident-Care Items, revised 6/2011, revealed .Rinse bedpan or urinal with cool water to remove feces and urine .Rinse with hot running water .Return bedpan or urinal to resident's bedside cabinet .</p> <p>Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] with diagnoses including Diabetes, Chronic Obstructive Pulmonary Disease, and Acute Kidney Disease.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #4 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.</p> <p>During an observation on 6/23/2025 at 11:37 AM, Resident #4's bathroom revealed 2 urinals on the grab bar next to the toilet, both unlabeled. 1 urinal had an orange/brown colored substance dried inside.</p> <p>During an observation on 6/24/2025 at 2:00 PM, Resident #4's bathroom revealed 2 urinals on the grab bar next to the toilet, both unlabeled. 1 urinal had an orange/brown colored substance dried inside.</p> <p>During an observation and interview on 6/24/2025 at 3:30 PM, in Resident #4's bathroom, Licensed Practical Nurse (LPN) A confirmed Resident #4's bathroom had 2 urinals on the grab bar next to the toilet, unlabeled. 1 urinal had an orange/brown colored substance dried inside. LPN A confirmed the urinals did not appear clean, and were not stored properly.</p>		