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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building	COMPLETED
	195392	B. Wing	05/07/2024
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Legacy Nursing and Rehabilitation of Winnsboro		804 Polk Street Winnsboro, LA 71295	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0684	Provide appropriate treatment and care according to orders, resident's preferences and goals.		
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43405		
Residents Affected - Some	Based on interviews and record reviews, the facility failed to ensure a resident received the necessary care and services in accordance with the residents comprehensive and professional standards of practice by failing to provide wound care as ordered for 2 (#1,#4) of 4 (#1,#2,#3,#4) residents reviewed for wound care.		
	Findings:		
	Resident #1		
	encephalopathy, cerebral infarctior type 2 diabetes mellitus with hyper	dent #1 was admitted to the facility on n due to thrombosis of bilateral middle glycemia, neuromuscular dysfunction o lage of right heel, functional quadripleg	cerebral arteries, morbid obesity, of bladder, acute kidney failure,
	Mental Status score of 0, indicating	Data Set (MDS) assessment dated [DA g severe cognitive impairment. Further staff for all Activities of Daily Living (AD	review of the MDS revealed the
	ulcer was identified to the resident	aluation for resident #1 dated 04/03/20 's sacrum measuring 4.2 centimeters (o ody drainage, no odor, peri-wound fragi	cm) by 3.4 cm by 0.1 cm with 100%
	pressure ulcer to the sacrum as fol	's orders revealed an order dated 04/0 llows: cleanse with wound cleanser, pa ver with dry absorbent dressing, chang	t dry, skin prep peri wound, apply
		t Administration Record (TAR) for resident for resident of the sacrum on 04/04/2024.	
	(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Legacy Nursing and Rehabilitation of Winnsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 804 Polk Street Winnsboro, LA 71295	
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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)		ion)
F 0684 Level of Harm - Minimal harm or potential for actual harm	An interview on 04/23/2024 at 10:45 a.m. with S3Licensed Practical Nurse (LPN)/Treatment revealed she was aware of resident #1 having a pressure ulcer to her sacrum identified on 04/03/2024. S3LPN/Treatment revealed that she was the treatment nurse on 04/04/2024, and confirmed that there was no documentation of treatment to resident #1's sacrum for 04/04/2024.		
Residents Affected - Some	pressure ulcer to her sacrum identified on 04/03/2024. S2DON confirmed no treatment was docur wound care to resident #1's sacrum on 04/04/2024. Review of resident #1's April 2024 Physician's Orders revealed an order dated 04/08/2024 for treat stage 3 to sacrum as follows: cleanse with wound cleanser, pat dry, skin prep peri wound, apply not stage 3 to sacrum as follows: cleanse with wound cleanser, pat dry, skin prep peri wound, apply not stage 3 to sacrum as follows:		
	soilage/dislodgement. Review of the Skin and Wound Eva Practioner(NP) evaluated the woun to the sacrum with wound measure slough and 10% granulation. Furthe	e, cover with dry absorbent dressing, c aluation dated 04/05/2024 for resident a id to the sacrum. The S5NP evaluation ments post debridement as follows: 3.1 er review revealed the wound care ord- and cover with dry absorbent dressing.	#1 revealed S5Nurse revealed a stage 3 pressure ulcer 0 cm by 3.2 cm by 0.2 cm with 90%
	stage 3 to sacrum was changed on	t Administration Record (TAR) for resid 04/08/2024 to cleanse with wound cle bed, then calcium alginate, cover with	anser, pat dry, skin prep peri
		a.m. with S5NP revealed she assesse ed she notified S3LPN/Treatment to ch	
	did make rounds with S5NP on 04/	p.m. with S3Licensed Practical Nurse 05/2024 on resident #1, but confirmed sacrum to include the medihoney until	she did not write an order to
	19121		
	Resident #4		
	Review of the medical record revealed the resident was admitted on [DATE] with diagnosis of type 2 diabetes mellitus, congestive heart failure, type 2 diabetes mellitus foot ulcer, chronic kidney disease, hypertension, peripheral vascular disease and atherosclerotic heart disease.		
	Interview for Mental Status (BIMS) make daily decisions. Further revie ambulates using a manual wheelch resident is at risk for developing pro-	Set (MDS) assessment dated [DATE] score of 13 which indicated the residen w revealed the resident needs minimal hair. Review of the skin conditions section essure sores and does not have any pri- condition section of the MDS revealed	nt is cognitively aware and able to I assistance from staff and ion of the MDS confirmed the ressure ulcers at the time of the
	(continued on next page)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Legacy Nursing and Rehabilitation of Winnsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 804 Polk Street Winnsboro, LA 71295	
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	diabetic ulcer to the right heel. Review of X 0.9 cm. Review of the March 2024 physicia wound cleanser, pat dry, skin prep cover with abdominal (ABD) pad ar Review of the Nurse Practioner Propression of the Nurse Practioner Propression of the Second Propression of the Wound measurements were 2.0 cm by 3.3 cm by 0.2 cm. Further ref 1/2 strength Dakins solution and gathe wound bed, apply calcium algin place with bulky bandage and tape wound care orders in procedure do wound culture and sensitivity (c&s) S3LPN/Treatment Nurse. Review of the skin and wound evaluate seen by S5NP with wound measured tissue. Resident tolerated wound care of the April 2024 TAR reveation of the April 2024 TAR reveation of the April 2024 to cleanse with wound alginate to wound bed. Cover with a and as needed if soilded/dislodgerm Interview on 05/07/2024 at 1:30 p.r 04/05/2024 when resident #4's wous solution from wound cleanser to 1/2 change wound care orders to the ri Review of the April 2024 TAR reveatible cleansed with 1/2 strength Dakin alginate to wound bed, cover with a as needed if soilded/dislodgement of 04/24/2024 to the 1/2 strength Dakin alginate to wound bed, cover with a sended if soilded/dislodgement of 04/24/2024 to the 1/2 strength Dakin alginate to wound bed, cover with a sended if soilded/dislodgement of 04/24/2024 to the 1/2 strength Dakin alginate to wound bed, cover with a sended if soilded/dislodgement of 04/24/2024 to the 1/2 strength Dakin alginate to wound bed, cover with a sended if soilded/dislodgement of 04/24/2024, she reviewed the docu 04/05/2024 when the order was give Interview on 05/07/2024 at 3:00 p.r	aled the order changed for wound care cleanser, pat dry, skin prep peri wound Abd pad and wrap with bulky bandage, hent every day shift. n.with S3LPN/Treatment confirmed she und orders were changed, but was not a 2 strength Dakins solution. S3LPN repo ght heel until 04/08/2024. aled an order changed with a start date n's solution, pat dry, skin prep peri wou abd pad and wrap with bulky bandage, every day shift. n. with S4RN/Treatment confirmed she in's cleansing agent after she received /Treament nurse confirmed after receiv imentation and revealed the order shou	easurements were 4.0 cm by 6.5 eel was as follows: cleanse with um alginate to the wound bed, h tape, and change daily. I the right heel measurments were ridement measurements were 2.2 d was changed to clean wound with wound area, apply medihoney to bsorbent dressing, then secure in mentation revealed : 1) See new d anaerobic-note to lab right heel he chaperone present was umentation that resident #4 was 0.2 cm with 100% granulation D/C) collagen change to to the right heel with a start date of , apply medihoney and calcrium secure with tape. Change daily e made rounds with S5NP on aware of the changes in cleaning orted she forgot to write an order to e of 04/25/2024 for the right heel to nd, apply medihoney and calicum secure with tape. Change daily and changed the wound care order on the NP Progress notes dated ing the NP progress notes on and have been changed on

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NAME OF PROVIDER OR SUPPLIER Legacy Nursing and Rehabilitation of Winnsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 804 Polk Street Winnsboro, LA 71295	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0686	Provide appropriate pressure ulcer	care and prevent new ulcers from dev	eloping.
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43405		
Residents Affected - Few	ulcers received necessary treatment	and record reviews, the facility failed t nt and services, consistent with profess 8 (#1, #2, and #3) sampled residents re n the initiation of antibiotic therapy.	sional standards to promote healing
	Findings:		
	Review of the record revealed resident #1 was admitted to the facility on [DATE] with diagnoses including encephalopathy, cerebral infarction due to thrombosis of bilateral middle cerebral arteries, morbid obesity, type 2 diabetes mellitus with hyperglycemia, neuromuscular dysfunction of bladder, acute kidney failure, pressure-induced deep tissue damage of right heel, functional quadriplegia, abnormality of albumin, hypertension, and diabetic ulcers.		
	Review of resident #1's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status score of 0, indicating severe cognitive impairment. Further review of the MDS revealed the resident was totally dependent on staff for all Activities of Daily Living (ADL).		
	ulcer was identified to the resident's	aluation for resident #1 dated 04/03/20 s sacrum measuring 4.2 centimeters (c dy drainage, no odor, peri-wound fragi	m) by 3.4 cm by 0.1 cm with 100%
	pressure ulcer to sacrum assessed	aluation dated 04/12/2024 for resident a by S5Nurse Practitioner (NP). The wo , 90% slough, light serosanguineous d tured the sacral wound.	ound measurements 4.0 cm by 4.5
	04/12/2024 and pending at the pres	dated 04/19/2024 revealed the followir sent time. Sacral wound stage 3 press with mild odor, 76%-100% slough. W	ure ulcer- 4.3 cm by 4.7 cm by 1
	An interview on 04/23/2024 at 11:30 a.m. with S2Director of Nursing (DON) confirmed that the facility was aware that resident #1 had a wound culture on 04/12/2024, but facility did not follow up on obtaining the results of the culture. S2DON reported the facility received resident #1's wound culture results on 04/23/2024 from S5NP.		
		nal report for the sacral ulcer on reside n, Escherichia coli, Proteus mirabilis, Kl cluded 2 types of Candida.	
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For information on the nursing home's	plan to correct this deficiency, please con	l tact 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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	 wound on 04/12/2024 due to odor a not receive the final results from the until 04/23/2024. Resident #1 was time per day for infection until 05/00 peg tube 4 times a day for yeast ur of the culture and wound deteriorat A telephone call interview on 05/07 Solutions (APS) revealed they receives Specialist revealed it was not a cult reaction) analysis that tests for spe the lab received specimen on 04/18 Several attempts to contact S5NP or receipt date of resident #1's wound An interview on 05/07/2024 at 3:40 results for resident #1 on 04/18/202 	a.m. with S5NP confirmed she obtaine and deterioration of wound noted during e culture until 04/22/2024 and the resid started on Levaquin oral tablet 500 mill 3/2024 and Nystatin mouth/throat susp till 05/06/2024. S5NP confirmed the wo ion. /2024 at 8:35 a.m. with a [NAME] Spec ived specimen on resident #1's sacral ture, it was a SSTI-PCR (skin and soft cific types of bacteria and fungus and a 3/2024 and resulted specimen the sam on 05/06/2024 and 05/07/2024 with no analysis result and subsequent orders p.m. with S2DON confirmed the facilit 24 from APS lab. S2DON further confir or resident #1 until 04/23/2024 when ar	g treatment. S5NP reported she did lent was not started on antibiotic ligram (mg) 1 tablet via peg tube 1 ension give 10 mg/milliliter (ml) via bund was infected based on results cialist at Advanced Pathology wound on 04/18/2024. [NAME] tissue infection polymerase chain antibiotic resistance. She reported e day, and faxed results to S5NP. success to inquire of S5NP the s to start antibiotic treatment. y did not receive wound analysis med the facility was not aware of

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For information on the nursing home's	s plan to correct this deficiency, please con	 tact 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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aidea that maximizes each resident's well **NOTE- TERMS IN BRACKETS H Based on record reviews and interv competency to provide nursing rela provide to the facility progress note and 2.) ensure results of laboratory and #4) of 4 (#1, #2, #3, and #4) re Findings: Review of the record revealed resid encephalopathy, cerebral infarction type 2 diabetes mellitus with hyper pressure-induced deep tissue dama incontinence, hypertension, and dia Review of the Skin and Wound Eva pressure ulcer to sacrum assessed with 10% granulation, 90% slough, deteriorating, and S5NP cultured th An interview on 04/24/2024 at 7:35 #1's sacral wound on 04/12/2024 d An interview on 05/06/2024 at 1:40 send results of resident #1's wound as the reported date on the lab resis progress notes for resident #1 for 0 when state surveyor requested S5N 19121 Resident #4 Review of the medical record revea	s have the appropriate competencies to I being. IAVE BEEN EDITED TO PROTECT Co- views, the facility failed to ensure that m ited services as evidenced by S5Nurse is in a timely manner for 2 (#1 and #4) culture analysis were provided to the sidents reviewed for wound care and la dent #1 was admitted to the facility on [due to thrombosis of bilateral middle of glycemia, neuromuscular dysfunction of age of right heel, functional quadriplegi abetic ulcers. aluation dated 04/12/2024 for resident # by S5NP. The wound measurements light serosanguineous drainage, faint of the sacral wound. a.m. with S5NP confirmed that she ob ue to odor and deterioration of wound p.m. with S2DON (Director of Nursing analysis from 04/12/2024 that she reco- ult) to the facility until 04/23/2024. S2D 14/05/2024, 04/12/2024, and 04/19/202	DNFIDENTIALITY** 43405 DNFIDENTIALITY** 43405 Practitioner (NP) failing to 1.) of 4 (#1, #2, #3, and #4) residents facility in a timely manner for 2 (#1 ab services. DATE] with diagnoses including perebral arteries, morbid obesity, f bladder, acute kidney failure, a, abnormality of albumin, fecal #1 revealed the following: stage 3 were 4.0 cm by 4.5 cm by 0.7 cm odor after cleansing, wound tained a wound culture of resident noted during treatment. confirmed that S5NP failed to perived on 04/18/2024 (documented ON confirmed S5NP failed to send 4 to the facility until 04/23/2024 DATE] with diagnosis of type 2

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For information on the nursing home's	plan to correct this deficiency, please con	l tact 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)		on)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of S5NP's Progress Note d was changed to clean the wound w peri-wound area, apply medihoney dry absorbent dressing, then secure notes revealed a wound culture wa S5NP. Interview on 05/07/2024 at 1:30 p.r 04/05/2024. Review of S5NP's Progress Note d wound orders at this time. Reviewe culture shows Methicillin-resistant S Strength 1 tablet by mouth twice a doses. Interview on 05/07/2024 at 1:30 p.r 04/12/2024 when the assessment v anything in regards to the results of Interview on 05/07/2024 at 2:30 p.r received S5NP's Progress Note for S4RN/T reatment reported S5NP di 05/06/2024. Interview on 05/07/2024 at 3:00 p.r reports for 04/05/2024, 04/12/2024	ated 04/05/2024 revealed the right hee ith 1/2 strength Dakin's solution and ga to the wound bed, apply calcium algina e in place with bulky bandage and tape s obtained from the right heel wound o n. with S3LPN/Treatment confirmed sh ated 04/12/2024 revealed under asses d wound culture at this time with the re Staphylococcus aureus and Candida. F day for 14 days and Diflucan 100 millig n. with S3LPN/Treatment confirmed sh was done for resident #4's heel wound. f the wound culture done on 04/05/2022 n. with S4RN (registered nurse)/Treatm resident #4 dated 04/05/2024 and 04/ d not send the culture results of reside n. with S2DON confirmed the facility di and 04/19/2024 until 04/24/2024. S2D was not received by the facility until 09	I wound care provided by S5NP auze, pat dry with gauze, skin prep ate to the wound bed, cover with e. Further review of S5NP progress in 04/05/2024 at 10:15 a.m. per e made rounds with S5NP on sment and plan to continue current sident and nursing staff that wound tX (prescription) for Bactrim Double ram 1 tablet each other day for 14 e made rounds with S5NP on She stated S5NP did not report 4 or any medications to start. hent confirmed she had not 12/2024 until 04/24/2024. Int #4's heel to the facility until d not receive S5NP's progress ON further confirmed that resident