STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255292	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY MANOR NURSING AND REHABILITATION CENTER	**1935 NORTH THEOBOLD EXTENSION POST OFFICE BOX 4645, GREENVILLE, Mississippi, 38704**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS The State Agency (SA) conducted an Annual Recertification survey along with two (2) Complaint Investigations (CI MS #2994835 and CI MS #2965477) at the facility from 5/4/26 through 5/7/26. CI MS #2994835 was investigated for Quality of Care/Treatment and Resident Rights and CI MS #2965477 was investigated for resident not groomed, weight loss, and neglect. There were no citations related to the CIs. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F812 and F851. The facility had a census of 45 and was licensed for 60 beds.	F0000		
F0812 SS = F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.	F0812		

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 reverse for further 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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F0812 SS = F	Continued from page 1 This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure accurate food temperatures related to improper calibration of the food thermometer and failed to store food in accordance with professional standards for food service safety related to food items not dated, labeled and improperly stored for two (2) of two (2) kitchen observations. Findings include: A review of the facility's policy, "Calibration of Thermometers," dated 05/18, revealed, "Procedure: 1. All thermometers are to be calibrated: a. Before each meal…2. Ice Point Method…Hold the calibration nut securely with a wrench or other tool and rotate the head of the thermometer until it reads 32 (degrees) F (Fahrenheit)…" A review of the facility's policy, "Storage of Refrigerated Food," dated 09/25 revealed, "…The facility ensures the quality and safety of refrigerated foods through accepted storage practices…Procedure: 5. All non-hazardous, opened foods are labeled with name of food, date stored…6. All hazardous open foods are labeled with name of food and the date stored…" A record review of the "Recalibration Instructions for (Proper Name) Precision 6092N Thermometer," undated, revealed, "…Ice Water Method…Check to see that the temperature is 32F…" On 05/04/2026 at 8:09 AM, during an interview and observation of the kitchen with the Dietary Manager (DM) the facility's refrigerator was observed to contain one (1) opened carton of thickened apple juice with a "Best if used by" date of 13 Jan 2026, a beverage pitcher with no label or date, containing a liquid that the DM stated she was unable to identify. An observation of another refrigerator revealed nine (9) cartons of one and a half (1 1/2) pints of two (2) percent reduced fat milk with a manufacturers' date of May 03, one (1) opened gallon of two (2) percent milk with a "Best by" date of May 03, one (1) - four (4) ounce carton of yogurt with no date. An observation of a food prep table revealed a tray of cold cut and cheese sandwiches with no date sitting on the table, unattended. The DM was unable to disclose how long the sandwiches had been sitting on the table. An interview with the DM revealed it is her responsibility to monitor the food in the kitchen for labeling and dating, proper storage, quality and to make sure the foods are discarded prior to the	F0812		

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F0812 SS = F	Continued from page 2 expiration dates. The DM stated she will increase daily monitoring rounds and follow-up with labeling and discarding out of date foods. On 05/05/2026 at 11:14 AM, during an interview and observation of the kitchen the Cook was preparing to check the temperature of the foods on the holding table and was observed calibrating the thermometer to 40 degrees. The Cook proceeded to check the temperature of all the food items on the holding table with the thermometer. An interview with the cook revealed she has worked at the facility for 18 years. The Cook confirmed that it is she who calibrates the thermometer for breakfast and lunch and charts in the temperature logs each day she is on duty. The cook stated that she was trained when she started at the facility to calibrate the thermometer to 35 or 38 degrees. The Cook affirmed that she chose to calibrate the thermometer to 40 degrees on her own and does so daily. The cook stated that the purpose of calibrating the thermometer to the proper temperature is to keep the food from getting cold. An interview with the DM revealed that the staff are trained and in-serviced as groups and in one-on-one sessions regarding food safety. The DM reported that she has educated the staff on calibrating the thermometer to 32 degrees. The DM noted the purpose of proper calibration of the thermometer is to prevent illnesses and to make sure the food is cooked and stays at the proper temperature. The DM stated that going forward she expects her staff to calibrate the thermometer to 32 degrees and properly check the temperature of food. On 05/06/2026 at 3:12 PM, during an interview with the Administrator, he revealed it is the responsibility of the entire kitchen staff to monitor food for expiration dates, proper storage and proper labeling, but ultimately the DM is responsible for following behind the staff to ensure these things are done. The Administrator noted that the cook is responsible for making sure the thermometer is calibrated correctly so that food temperatures are registered correctly. The Administrator stated the importance of ensuring that foods are discarded by expiration dates, stored properly, labeled and temperatures are accurate is to maintain the health and welfare of the residents. The Administrator stated that he expects there to be training as needed for kitchen staff.	F0812		
F0851 SS = F	Payroll Based Journal CFR(s): 483.70(p)(1)-(5) §483.70(p) Mandatory submission of staffing information based on payroll data in a uniform	F0851		

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F0851 SS = F	Continued from page 3 format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. §483.70(p)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping). §483.70(p)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following: (i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS); (ii) Resident census data; and (iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual). §483.70(p)(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency. §483.70(p)(4) Data format. The facility must submit direct care staffing	F0851		

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F0851 SS = F	Continued from page 4 information in the uniform format specified by CMS. §483.70(p)(5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly. This REQUIREMENT is NOT MET as evidenced by: Based on staff interview and record review, the facility failed to ensure the accuracy of Payroll Based Journal (PBJ) data submitted to the Centers for Medicare and Medicaid Services (CMS) when nurses with administrative nursing duties hours were not recorded in the correct job title for three (3) of three (3) months reviewed in the fiscal year (FY) first quarter of 2026. Findings include: A record review of the “PBJ Staffing Data Report” for FY Quarter 1 2026 (October 1 through December 31) revealed the facility triggered for excessively low weekend staffing during the quarter. A record review of the “1703D Job Title Report” for FY Quarter 1 2026, revealed Job Title 6 - Registered Nurse with Administrative Duties had recorded Contract Hours on 10/7/26, 11/5/26, 11/6/26, 12/15/26, and 12/16/26. There were no other days with hours recorded for Job Title 6. A review of Job Title 8 - Licensed Practical/Vocational Nurse with Administrative Duties revealed on 10/7/26, 10/22/26, 10/24/26, 10/25/26, 10/26/26, and 11/2/26 there were Contract Hours recorded on PBJ. Job Title 7 – Registered Nurse and Job Title 9 – License Practical/Vocational Nurse hours are considered direct care hours for PBJ reporting purposes. On 5/4/26 at 2:15 PM, during an interview with Licensed Practical Nurse (LPN) #1, she stated she is the facility’s Minimum Data Set (MDS) nurse. She reported she did not work on the floor providing direct resident care during the first quarter of 2026. She provided administrative duties only during that time and stated she typically works Monday through Friday. On 5/4/26 at 2:24 PM, during an interview with Licensed Practical Nurse (LPN) #2, she explained works in Medical Records for the facility and usually works during the week only. She reported that although she has worked on the floor several times providing direct care to residents, she worked most	F0851		

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F0851 SS = F	Continued from page 5 of the first quarter in an administrative role and did not routinely provide direct resident care. On 5/4/26 at 2:30 PM, during an interview with Registered Nurse (RN) #1, she explained she served as the staff development nurse during the first quarter of 2026. RN #1 reported she worked on the floor providing direct care on several occasions but worked primarily in an administrative capacity during the week, Monday through Friday. On 5/7/26 at 9:00 AM, during an interview with the Administrator, the Administrator confirmed the facility did not accurately report direct care staffing during weekdays. The Administrator reported that the corporate staff had entered the Job Title codes incorrectly into PBJ because the hours reflected for nurses with administrative hours did not reflect their actual hours worked. The MDS nurse, medical records nurse, and staff development nurse are salaried nursing staff with administrative duties and typically work on weekdays only and have worked more hours than was reflected on the report. The Administrator stated he was contacting the corporate staff to address the inaccurate PBJ reporting.	F0851		