STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195424	A. Building B. Wing	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lexington House	16 Heyman Lane Alexandria, LA 71303

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 31206 Based on observation and interview the facility failed to ensure a cognitively impaired resident was treated with respect and dignity and cared for in a manner that promotes enhancement of his or her own quality of life. The facility failed to ensure that thickened water placed in front of the resident was offered as a drink for 1 (Resident #11) resident reviewed for dignity in a total sample of 28. Findings: Review of a Quarterly MDS Assessment with an ARD of 01/23/2024 revealed Resident #11's BIMS was coded as 99, indicating severe cognitive impairment. Resident #11 required dependent assistance with eating, with no swallowing disorder. Review of Resident #11's Care Plan with a target date of 04/24/2024 revealed altered nutritional status, approaches included resident is on a therapeutic diet- total assist with meals, Diet- Pureed NSOT (no sugar on tray), Honey thickened liquids. Observation of Resident #11 on 03/11/2024 at 11:51 a.m. revealed the resident seated in the facility's dining room at a table. S6 Activity Staff sat a 7 oz. glass of thickened water in front of the resident. Observations on 03/11/2024 at 12:06 p.m., and 12:19 p.m. revealed the glass of thickened water remained in front of Resident #11 and no staff had offered the water to the resident. Observation on 03/11/2024 at 12:22 p.m., a CNA came over to feed Resident #11. Interview on 03/12/2024 at 11:45 a.m. with S6 Activity Staff stated the activity department staff passed out water approximately 15- 20 minutes before lunch to all the residents seated in the dining room. S6 Activity Staff stated the activity staff will offer and/or assist residents who are able to drink water of natural consistency. S6 Activity Staff stated residents who have thicken added to his/her water was not offered and/or assisted to drink water by the activity staff because of choking precautions. S6 Activity Staff confirmed she had placed a glass of thickened water on the table in front of Resident #11 on 03/11/2024; not offering her any water; and leaving it for the CNA to offer the water to the resident while feeding her lunch. (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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 03/13/2024 at 12:38 p.m. with S5 DON stated the activity department passed out water to all residents with the exception of the residents who receive thickened water. S5 DON stated thickened water was placed on the residents' tray by the dietary staff at the time the tray was prepared. S5 DON confirmed the activity staff should not have served Resident #11 thickened water nor should the thickened water been left in front of the resident.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 31206 Based on observations and interview, the facility failed to maintain a clean, comfortable, and homelike environment, by failing to ensure blinds were functioning properly in Room A. Total sample size 28. Findings: Observation of Room A on 03/11/2024 at 10:30 a.m., revealed a pair of closed wooden white window blinds with a stick hanging from the center. Interview with Resident #12 at the time of the observation revealed the blinds would not stay open. Resident #12 stated she liked to keep her door closed and the blinds open for sunlight. Observation of Room A on 03/12/2024 at 10:15 a.m., revealed the blinds were closed and would not stay open. Resident #12 stated by not being able to open the blinds, she had to leave her door open which kept her from taking naps during the daytime. Observation and interview with S7 Maintenance of Room A on 03/12/2024 at 2:45 p.m., confirmed the blinds were broken and needed to be replaced.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844 Based on observation, interview and record review, the facility failed to ensure that residents who were unable to carry out ADL's (Activities of Daily Living) received the necessary services to maintain good grooming and personal hygiene. The facility failed to provide nail care for 1 (Resident #13) of 28 residents sampled for ADL's. Findings: Review of the facility policy titled Nail Care with a review date of 01/2024 read in part .Purpose: To promote cleanliness, safety and a neat appearance. To observe skin condition on fingers and toes. Procedure: Document all appropriate information in the clinical record. Review of Resident #13's medical record revealed an admitted [DATE] with diagnoses that included in part . Type 2 Diabetes Mellitus with Hyperglycemia, Other Polyarthritis, Essential Hypertension, and Chronic Kidney Disease Stage 1. Review of Resident #13's Significant Change MDS with an ARD of 01/29/2024 revealed the resident had a BIMS score of 99 (resident was unable to complete assessment), required one person physical assistance with bed mobility, transfer, eating and toilet use. The MDS revealed Resident #13 had no behaviors or rejected care. Review of Resident #13's care plan with a target date of 03/27/2024 revealed in part .Resident required extensive assistance with personal grooming with approaches that included to assist with oral care, hair care and nail care (cleaning and filing). Observation on 03/11/2024 at 9:13 a.m. revealed Resident #13 with long fingernails approximately 1 inch long with a black substance under them. Observation and interview on 03/12/2024 at 8:42 a.m. revealed Resident #13 with long fingernails approximately 1 inch long with a black substance under them. Resident #13 revealed she would have liked her nails to be trimmed and cleaned. Interview on 03/12/2024 at 9:22 a.m. with S8 CNA revealed she provided care for Resident #13. S8 CNA stated she did not provide nail care to Resident #13 because she was a Diabetic and S9 RN did her nail care. Observation and interview on 03/12/2024 at 10:03 a.m. of Resident #13 accompanied by S9 RN revealed resident with long fingernails approximately 1 inch long with a black substance under them. S9 RN confirmed the above findings and stated she was responsible for Resident #13's nail care. S9 RN revealed she had not documented Resident #13's nail care in the clinical record and she should have.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47004 Based on record review, observation, and interview, the facility failed to ensure that a Resident received treatment and care in accordance with professional standards of practice for 1 (Resident #20) of 28 Sampled Residents. The facility failed to ensure physician orders to treat a newly identified wound were transcribed into the resident's medical record, and failed to perform and document a wound assessment of the newly identified wound. Findings: Review of facility's policy titled Physician Orders dated 09/2023 read in part .All physicians' orders shall be recorded for each resident and must be signed or initialed by the attending/ prescribing physician or nurse practitioner, clinical nurse specialist, or physician assistant as appropriate and allowable per state practice act. Verbal or telephone orders are considered to be in writing when dictated or given by the attending physician and later signed or initialed by him / her. Telephone orders are to be received/transcribed by a nurse. Facility nursing staff shall enter physician orders into the electronic medical record. Review of the facility's policy titled Prevention and Treatment of Skin Issues dated 11/2023 read in part . It is the policy to properly identify and assess residents whose clinical conditions increase the risk for impaired skin integrity, and pressure ulcers; to implement preventative measures; and to provide appropriate treatment modalities for wounds according to industry standards of care. Treatment of Skin Issues: If a resident is admitted with or there is a new development of a skin issue, the following procedures are to be implemented. Notify Physician/NP and obtain treatment orders communicating facility wound care protocols for consideration. Notify Supervisor/DON as assigned. Initiate Weekly Wound Documentation in the Wound Assessment Manager (WAM electronic documentation) which will include: type of wound, location, date, stage (pressure ulcers only) length, width and depth; wound base description, wound edge description and if present: drainage, odor, undermining, and/or tunneling. Document on any changes or concerns in the resident's medical record. Review of Resident #20's medical record revealed an admitted [DATE] with the following diagnoses in part . Chronic Kidney Disease-Stage 4, Chronic Diastolic Congestive Heart Failure, Type 2 Diabetes Mellitus with Diabetic Nephropathy, Generalized Edema, Non Pressure Chronic Ulcer of Left Heel and Midfoot, Non Pressure Chronic Ulcer of other part of Lower Left Leg, and Non Pressure Chronic Ulcer of Right Heel and Midfoot. Review of Resident #20's Quarterly MDS with ARD of 02/27/2024 revealed Resident had a BIMS of 15 (Cognition Intact). Review of Resident #20's Active 03/2024 Physician's Orders read in part . Clean left lateral calf with normal saline, pat dry, apply santyl with bulky dressing, 2 times weekly related to diabetic ulcer secondary to end stage vascular disease. 02/13/2024 Clean Left Great Toe with normal saline, pat dry, apply santyl with bulky dressing, 2 times weekly related to diabetic ulcer secondary to end stage vascular disease. 12/28/2023 (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Clean Right Heel with normal saline, pat dry, apply santyl with bulky dressing, 2 times weekly related to diabetic ulcer secondary to end stage vascular disease. 12/28/2023 Clean Left Heel with normal saline, pat dry, apply santyl with bulky dressing, 2 times weekly related to diabetic ulcer secondary to end stage vascular disease. 12/28/2023 Review of Resident #20's Active/Completed Wound Assessments on 03/12/2024 at 3:50 p.m. revealed there was no evidence of a completed wound assessment for right great toe wound. Interview on 03/11/2024 at 10:20 a.m. with Resident #20 revealed he had concerns about his wounds not healing and if the correct wound care was being performed to his wounds. Interview on 03/12/2024 at 2:51 p.m. with S2 Treatment Nurse in Resident #20's room revealed Resident had diabetic ulcers to left calf, left heel, left great toe, and right heel. S2 Treatment Nurse stated she would perform wound care to these areas. S2 Treatment Nurse stated the orders for all the wounds were to clean with normal saline, pat dry, apply santyl, and then apply dry dressing. S2 Treatment nurse stated this wound care was ordered to be completed twice a week, and as needed. Observation on 03/12/2024 at 3:20 p.m. revealed S2 Treatment Nurse removed old dressing from Resident #20's right foot. This surveyor observed wounds to Resident #20's right heel and right great toe. This surveyor questioned S2 Treatment Nurse on the wound to Resident #20's right great toe, as she did not mention it in prior interview, and there was no documentation of the wound, or an order to treat the wound in the Resident's medical record. S2 Treatment Nurse confirmed she did not have a written order to treat the right great toe wound, and an assessment of the wound had not been documented. Interview on 03/12/2024 at 3:38 p.m. with S2 Treatment Nurse following wound care observation revealed a wound assessment had not been completed for the right great toe, but should have been. Interview on 03/12/2024 at 4:25 p.m. with S2 Treatment Nurse revealed she was responsible for performing wound care and notifying S1 ADON and providers when she discovered any new wounds on residents. S2 Treatment Nurse stated on 03/07/2024 she verbally informed S1 ADON and Resident #20's provider of the new wound to his right great toe. S2 Treatment Nurse stated the provider informed her he would assess the new wound on his next round, and to treat the new wound to right great toe with the same orders as the other wounds. S2 Treatment Nurse confirmed she failed to transcribe/document this new order into Resident #20's medical record, but should have. Interview on 03/12/2024 at 4:35 p.m. with S1 ADON confirmed she was not informed by S2 Treatment Nurse of a wound to Resident #20's right great toe. S1 ADON reviewed Resident #20's completed wound assessments and confirmed a wound assessment had not been completed for the newly identified wound to right great toe, but should have been. Telephone interview on 03/12/2024 at 4:53 p.m. with Resident #20's provider revealed he was notified by S2 Treatment Nurse of new wound to Resident #20's right great toe and he gave order to follow the same treatment orders as the other wounds. The provider was unable to recall the exact date he was notified and gave order to treat wound.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 46773 Based on observation and interview, the facility failed to maintain an effective pest control program by failing to ensure the facility was free from insects. The deficient practice had the potential to affect 113 residents who resided in the facility. Findings: Review of the facility's pest control service agreement revealed in part the following . The facility will be treated at least once monthly and/or as often as necessary to satisfactorily control said pest in the critical areas, such as food preparation areas, nursing stations, storage areas, offices, tv rooms, common areas, bathrooms and the eating areas. During an observation in the kitchen on 03/11/2024 at 8:30 a.m. (1) live insect was observed crawling across the steam table on the serving line. S4 Dietary Manager confirmed the presence of the insect crawling across the steam table and removed the insect at that time. S4 Dietary Manager stated the kitchen was last sprayed by pest control 3 weeks ago. During an observation on 03/11/2024 at 10:55 a.m., (2) live insects were observed crawling on the steam table serving line. S4 Dietary manager confirmed the (2) live insects, removed the insects and stated she would call the exterminator. An interview 03/11/2024 at 11:40 a.m. with S3 Administrator revealed a pest control company sprayed the facility for pest monthly and that she had not received any complaints of pest issues in the facility. Review of the facility's pest control receipts revealed the facility had been treated once per month with the last treatment on 02/23/2024. During a Resident Council meeting on 03/11/2024 at 1:31 p.m. several residents brought up concerns of seeing pest in the facility daily.