STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255091	A. BUILDING _____ B. WING _____	08/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON MANOR SENIOR CARE, LLC	56 ROCKPORT ROAD LEXINGTON, MS 39095

(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
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification at the facility from 8/08/23 through 8/10/23. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F656, F677, F689 and F761. The facility held a license for 60 beds, with a census of 59.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its	F 656		9/13/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/24/2023

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F 656	Continued From page 1 rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review the facility failed to implement an Activities of Daily Living (ADL) care plan for one (1) of 20 care plans reviewed. Resident #48 Findings include: A review of the facility policy titled, "Comprehensive Care Plans," revised 2/2017, revealed, "Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable timeframe's to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment." ... #4 The	F 656	1. On 08/08/23, the Infection Preventionist Nurse immediately reviewed the care plan of resident #48, and activity of daily living care (nail care) was performed. 2. On 08/08/23, the Director of Nursing and Minimum Data Set Coordinator determined that all residents who require extensive to maximum assistance with activities of daily living (nail care) have the potential to be affected. On 8/8/2023, the Director of Nurses, Charge Nurse, Treatment nurse and Infection Control Nurse completed an assessment of all Fifty-eight (58) remaining Residents for long nails and any substance underneath the nails. No other Residents were	

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F 656	Continued From page 2 Comprehensive Care Plan will describe at a minimum the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being..." An observation of Resident #48 on 8/08/23 at 1:00 PM, revealed the resident's fingernails to be approximately 1/4 inch long with an unknown dark brown substance under nail beds. A review of the care plan for Resident #48, undated, revealed "Focus: The resident has an ADL self-care performance deficit r/t (related to) fall... Intervention: ...Personal Hygiene Routine: The resident requires total assist with personal hygiene..." An interview with the Director of Nursing (DON) on 8/09/23 at 8:55 AM, confirmed staff were not following the ADL care plan and revealed the purpose of the comprehensive care plan is to direct the resident's care. A review of the Admission Record revealed that the facility admitted Resident #48 to the facility on 7/19/22 with diagnoses that included Bilateral Primary Osteoarthritis of hip and Benign Neoplasm of the Pituitary Gland. Record review of the Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 6/27/23, revealed that Resident #48 had a Brief Interview for Mental Status (BIMS) score of 4 which indicated that he was severely cognitively impaired. Section G revealed Resident #48 was extensive assistance of one staff for personal hygiene.	F 656	identified that required nail care. 3. On 8/9/2023, the Infection Control Nurse did a one-on-one in-service (education) program with the Certified Nursing Assistant assigned to Whirlpool on providing nail care for Residents focusing on substances underneath the nails and ensuring nails are not long. 8/9/2023 through 8/14/2023, the Infection Control Nurse did an in-service (education) program with all direct care staff on providing nail care for Residents focusing on substances underneath the nails and ensuring nails are not long. The infection Control Nurse and Director of Nurses will perform competency check-offs on all care partners regarding nail care starting on 8/18/2023 through 8/31/2023. On 8/14/2023, the Quality Assurance Committee reviewed the “Nail Care” policy with no recommended change to the procedure. 4. Starting on 8/14/23, the Director of Nurses or Minimum Data Set Coordinator will assess three (3) Residents per day, three (3) days a week for five (5) weeks. After five (5) weeks, the Minimum Data Set Coordinator or Director of Nurses will monitor monthly for three (3) months (Beginning 9/18/2023) to ensure that nail care is provided per policy and procedure. On 9/07/23, the monitoring results will be taken to the Quality Assurance Committee for three (3) months (including 9/07/23) to evaluate the process and effectiveness and make changes as found necessary to ensure substantial compliance.	

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F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review the facility failed to provide nail care for a resident dependent on staff for Activities of Daily Living (ADL's) as evidenced by brown substance under the resident's nails for one (1) of five (5) residents reviewed for ADL's. Resident # 48 Findings include: A review of the policy titled, "Care of Fingernails for the Certified Nursing Assistant," dated 5/2019, revealed "Policy: It is the purpose of this procedure to provide appropriate care according to current standards of practice. Care of fingernails will be provided by the Certified Nursing Assistant..." An observation of Resident #48 on 8/08/23 at 1:00 PM, revealed the resident's fingernails to be approximately 1/4 inch long with an unknown dark brown substance under the nail beds. During an observation and interview of Resident #48's nails on 8/09/23 at 8:30 AM, with Licensed Practical Nurse (LPN) #1 and Certified Nursing Assistant (CNA)#1 revealed both CNA #1 and LPN #1 confirmed Resident #48's nails were approximately 1/4 inch long and had a brown substance under the fingernails. LPN #1 confirmed the nails were dirty and needed to	F 677	1. On 8/8/2023, the Infection Control Nurse assessed resident #48 for nail care needs. On 8/8/2023, the infection Control Nurse filed and cleaned Resident #46 fingernails. 2. On 8/08/23 the Director of Nurses and Minimum Data Set Coordinator determined that all residents who require extensive to maximum assistance with activities of daily living (nail Care) have the potential to be affected. On 8/8/2023, the Director of Nurses, Charge Nurse, Treatment nurse and Infection Control Nurse completed an assessment of all Fifty-eight (58) remaining Residents for long nails and any substance underneath the nails. No other Residents were identified that required nail care. 3. On 8/9/2023, the Infection Control Nurse did a one-on-one in-service (education) program with the Certified Nursing Assistant assigned to Whirlpool on providing nail care for Residents focusing on substances underneath the nails and ensuring nails are not long. 8/9/2023 through 8/14/2023, the Infection Control Nurse did an in-service (education) program with all direct care	9/13/23

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F 677	Continued From page 4 cleaned and trimmed. LPN #1 then revealed a possible concern from not cleaning and trimming Resident #48's nails is the resident could scratch herself and would be at risk for infections. A review of the Progress Notes related to behavior monitoring, for the last 30 days for Resident #48, revealed no documentation of refusal of ADL care. A record review and interview with the Director of Nursing (DON) on 8/09/23 at 8:55 AM, revealed a possible concern from Resident #48's nails being long and having an unknown brown substance under them could place her at risk for an infection. A continued review of the last 30 days of Progress Notes and the daily CNA Behavior Monitoring for Resident #48 with the DON confirmed there was no documented refusals of care. An interview with the Infection Control Nurse on 8/09/23 at 2:51 PM, revealed failing to perform proper nail care could lead to accidents such as tears to the skin and and possible infections "especially if the resident scratches or is a digger". A review of the Admission Record revealed that the facility admitted Resident #48 to the facility on 7/19/22 with diagnoses that included Bilateral Primary Osteoarthritis of Hip and Benign Neoplasm of the Pituitary Gland. Record review of the Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) on 6/27/23, revealed that Resident #48 had a Brief Interview for Mental Status (BIMS) score of 4 which indicated that he was severely	F 677	staff on providing nail care for Residents focusing on substances underneath the nails and ensuring nails are not long. The infection Control Nurse and Director of Nurses will perform competency check-offs on all care partners regarding nail care starting on 8/18/2023 through 8/31/2023. On 8/14/2023, the Quality Assurance Committee reviewed the “Nail Care” policy with no recommended change to the procedure. 4. The Infection Control Nurse or Director of Nurses will assess three (3) Residents per day, three (3) days a week for five (5) weeks beginning on 8/14/2023. After five (5) weeks, the Infection Control Nurse or Director of Nurses will monitor monthly for three (3) months (Beginning 9/18/2023) to ensure that nail care is provided per policy and procedure. On 9/07/23, the monitoring results will be taken to the Quality Assurance Committee for three (3) months to evaluate the process and effectiveness and make changes as found necessary to ensure substantial compliance.	

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F 677	Continued From page 5 cognitively impaired. Section G revealed Resident #48 was extensive assistance of one staff for personal hygiene.	F 677		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review the facility failed to maintain an environment that is free from accident hazards as is possible when an office door behind the nursing desk was left open and unsecured with a gallon bottle of Hibiclens (chlorhexidine gluconate), a small bottle of Hydrogen peroxide, syringes with needles intact, two (2) boxes of butterfly needles, vacutainer's, and a bottle of covid testing solution sitting on a shelf visible from the doorway for one (1) of three (3) days of survey. Findings include: A review of the facility policy titled, "Storage of Medication," revealed, Policy: Medications and biological's are stored safely, securely, and properly, following manufactures recommendations or those of the supplier. The medication is accessible only to licensed personnel, pharmacy personnel, or staff	F 689	• On 8/09/23, the Director of Nurses removed the bottle of Hibiclens, bottle of hydrogen peroxide, an open storage carry case filled with different size unopened syringes, vacutainers, 2 boxes of butterfly needles, and a bottle of covid test solution from the charge nurses office. The Charge nurse's office was inspected by the Director of Nurses and Administrator on 8/09/23 to ensure there were no other potentially hazardous items. No other Items were found. • On 8/09/23, the Director of nurses and Administrator determined that all mobile residents with cognitive impairment have the potential to be affected. Any area of concern was corrected by the Director of nurses on 8/09/23. • On 8/09/23, the Director of Nursing did a one/one in-service with the Charge Nurse on properly storing potentially	9/13/23

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F 689	Continued From page 6 members lawfully authorized to administer medications." ...Procedures: B.) "Medication rooms, carts and medication supplies are locked when not attended by persons with authorized access..." Record review of a typed document on facility letter head, undated and signed by the Administrator revealed "Lexington Manor Senior Care does not have a policy for the storage of new/unused needles." During an observation of the room behind the open floor plan nursing desk that was centrally located between all three resident occupied hallways on 8/09/23 at 8:35 AM, revealed the door was open to the room. There was no staff present in the room. The State Agency (SA) observed a large metal shelf with a 1 gallon bottle of Hibiclens, 1 small bottle of hydrogen peroxide, an open storage carry case filled with different size unopened syringes with needles intact, vacutainers, 2 boxes of butterfly needles, and a bottle of covid test solution. All the named items were in view from the doorway entrance by the SA. The SA stood at the doorway entrance of the room and waited for staff to return. The SA observed several staff walk past the nursing desk, a resident and visitor sitting in the lobby on the couch, and residents sitting in the dayroom while waiting. Interview and observation with the Charge Nurse on 8/09/23 at 8:40 AM, confirmed the open room was her office. The Charge Nurse revealed the office door should have been shut and locked before leaving. She said there are confused residents in the facility and a resident or unauthorized person could possibly enter the	F 689	hazardous items. From 8/09/23 through 08/16/23, the Director of Nursing/ Staff Development Nurse in-serviced all staff on proper storage of potentially hazardous items. • On 8/14/23, the quality Assurance Performance improvement committee developed the Policy and procedures for Accidents and Hazards—the Medication storage in the facility Policy was reviewed with no recommendation for changes. • Starting 8/09/23, the Director of Nursing or Administrator will inspect the Charge Nurse's office three (3) Days a week for four (4) weeks for potentially hazardous items. After four (4) weeks, the Director of Nursing or Administrator will continue monitoring monthly (Beginning 9/07/23) to ensure the Accidents and Hazards Policy and Procedures are followed. On 9/07/23, the monitoring results will be taken to the Quality Assurance Committee for three (3) months (including 9/07/23) to evaluate the process and effectiveness and make changes as found necessary to ensure substantial compliance.	

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F 689	Continued From page 7 room, accidentally ingest the Hibiclens or hydrogen peroxide, become sick, and get 1 of the needles and stick themselves with it. During an interview with the Director of Nursing (DON) on 8/09/23 at 8:55 AM, confirmed the door to the charge nurse office should not be left open because a resident could have possibly ingested the Hibiclens and could have possibly stuck themselves with a needle. On 8/09/23 at 3:00 PM, during an interview with the Staffing Nurse , revealed any room that has sharps or medicine related items stored in it should always be locked when not occupied staff. During a phone interview with the Pharmacy Consultant on 8/09/23 at 3:46 PM, he revealed that a room with medication and related items should always be locked when not occupied by authorized staff and revealed accidental ingestion of Hibiclens and hydrogen peroxide cause nausea and vomiting and gastric distress and puts residents/unauthorized people at risk for possible needle sticks or cutaneous (skin) injury related to items not being secured in the room .	F 689		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals	F 761		9/13/23

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F 761	Continued From page 8 §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, record review and facility policy review, the facility failed to store narcotics in the permanently affixed compartment in the refrigerator and left an office door behind the nursing desk open and unsecured with a gallon bottle of Hibiclens (chlorhexidine gluconate), a small bottle of Hydrogen peroxide and a bottle of covid testing solution sitting on a shelf one (1) of three (3) days of survey. Findings Include: A review of the facility policy titled, "Storage of Medication," revealed, Policy: Medications and biologicals are stored safely, securely, and properly, following manufactures recommendations or those of the supplier. The medication is accessible only to licensed personnel, pharmacy personnel, or staff members lawfully authorized to administer	F 761	1. On 8/09/23, the Director of Nurses removed the secured box from the refrigerator at the first nurses' station for repair. Lock was replaced on permanent affixed compartment in the refrigerator. Scheduled II narcotics was placed in permanent affixed compartment locked box in the refrigerator. Director of Nurses also removed the bottle of Hibiclens, and bottle of hydrogen peroxide from Charge Nurse's office. The Charge nurse's office and refrigerator was inspected by the Director of Nurses and Administrator on 8/09/23 to ensure there were no other potentially hazardous items. No other Items were found. 2. On 8/09/23, the Director of nurses and Administrator determined that all mobile residents with cognitive impairment have the potential to be affected. Any area of concern was	

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F 761	Continued From page 9 medications." ...Procedures: B.) "Medication rooms, carts and medication supplies are locked when not attended by persons with authorized access." ... A review of the facility policy titled, "Medication Storage in the Facility,"revealed "... The scheduled two-five medications and other medications subject to abuse or diversion are stored in a permanently affixed, (double locked) compartment separate from all other medications or per state regulation..." Nursing Station Area: Observation on 08/09/23 at 8:35 AM, revealed a room with the door open that was centrally located behind the nursing desk. There were no staff present in the room. The State Agency (SA) observed a large metal shelf with 1 one gallon bottle of Hibilcens, 1 small bottle of hydrogen peroxide, and a bottle of covid test solution. All items were in view from the doorway entrance. An observation and interview with the Charge Nurse on 8/09/23 at 8:40 AM, confirmed the open room was her office. She stated the office should have been shut and locked before leaving because there are confused residents in the facility and a resident or unauthorized person could have possibly entered the room and accidentally ingested the Hibiclens or hydrogen peroxide and become sick. An interview with the Director of Nursing (DON) on 8/09/23 at 8:55 AM, confirmed the door to the charge nurse office should not be left open because a resident could have possibly ingested the Hibiclens.	F 761	corrected by the Director of nurses on 8/09/23. 3. On 8/09/23, the Director of Nursing did a one/one in-service with the Charge Nurse on properly storing potentially hazardous items. From 8/09/23 through 08/16/23, the Director of Nursing/ Staff Development Nurse in-serviced all staff on proper storage of potentially hazardous items and storage of scheduled II narcotics that require refrigeration regarding permanent affixed compartment in refrigerator. On 8/14/23, the quality Assurance Performance improvement committee reviewed the Policy and procedures for Label/Storage Drugs and Biologicals—the Medication storage in the facility Policy was reviewed with no recommendation for changes. 4. Starting 8/09/23, the Director of Nursing or Administrator will inspect the Charge Nurse's office and the med room to ensure scheduled II narcotics are secured in permanent affixed compartment locked in refrigerator three (3) Days a week for four (4) weeks for potentially hazardous items. After four (4) weeks, the Director of Nursing or Pharmacy Consultant will continue monitoring monthly (Beginning 9/07/23) to ensure the Accidents and Hazards Policy and Procedures are followed. On 9/07/23, the monitoring results will be taken to the Quality Assurance Committee for three (3) months to evaluate the process and effectiveness and make changes as found necessary to ensure substantial compliance	

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F 761	Continued From page 10	F 761		

An interview with the Staffing Nurse on 8/09/23 at 3:00 PM, confirmed any room that medicine related items stored in it should always be locked when not occupied with staff.

A phone interview with the Pharmacy Consultant on 8/09/23 at 3:46 PM, revealed that a room with medication and related items should always be locked when not occupied by authorized staff. He revealed accidental ingestion of Hibiclens and hydrogen peroxide could cause nausea, vomiting, and gastric distress. He revealed that by not having the items in a secured room could put residents and all unauthorized people at risk for injury.

Medication Room East:

An observation and interview on 08/09/23 at 03:35 PM, of the medication room East with Licensed Practical Nurse (LPN) #1 revealed a refrigerator with 1 vial of floor stock Lorazepam two (2) milligram (mg)/milliliter (ml) in a small plastic bag on the shelf inside the refrigerator and nine (9) vials of Lorazepam 2 mg/ml in a small plastic bag on the shelf inside the refrigerator. LPN #1 confirmed that there was a lock box in the refrigerator that was secured, attached to the inside of the refrigerator and locked, where the narcotics that require refrigeration are stored. LPN #1 confirmed the vials of Lorazepam were not in the locked and secure box.

An observation and interview on 08/09/23 at 03:40 PM, with the Director of Nursing (DON) confirmed that the Lorazepam was in plastic bags inside the refrigerator, not inside the locked box that was for narcotics needing refrigeration.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255091	A. BUILDING _____ B. WING _____	08/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON MANOR SENIOR CARE, LLC	56 ROCKPORT ROAD LEXINGTON, MS 39095

(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
F 761	Continued From page 11 When the DON attempted she was unable to open the lock box with the key, she stated that the key wouldn't open the box and that something was wrong with the lock. The DON stated that the medication nurses should have notified her that the lock was not working on the locked box so that she could have it fixed, but that no one had made her aware of a problem with the lock. An interview on 08/09/23 at 03:54 PM the Pharmacy Consultant confirmed that the secured lock box inside the refrigerator was for narcotics in need of refrigeration and that the Lorazepam should have been inside the locked box and secured inside the refrigerator. The Pharmacy Consultant confirmed a visit to the facility on August 1, 2023 but did not check the Lorazepam in the refrigerator.	F 761		