

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Lexington Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6300 46th Ave N Saint Petersburg, FL 33709	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46234</b></p> <p>Based on observations, interviews, and record reviews, the facility did not ensure an effective infection prevention program was implemented for four out of four residents reviewed for on-going skin rashes.</p> <p>Findings included:</p> <p>An interview was conducted on 3/5/25 at 3:47 p.m. with a family member of Resident #8. The family member said in September/October 2024 the resident had scabies. She said no one in the facility noticed. The family member said she is a medical provider herself and had to tell them to call the doctor and have the resident treated. She said Resident #8 was treated and started getting better, but in the beginning of December the resident had the rash back again with itching all over. She said at that time she found out when the resident was treated for scabies previously, his room and personal items had not been cleaned properly. The family member said she spoke to someone higher up and they said a deep cleaning of the room and personal items were not completed because the facility didn't feel like it was scabies. The family member said Resident #8 had to be re-treated for scabies at the beginning of December and she asked the facility to do a deep cleaning of his room and his personal belongings. She said the resident's rash had gone away after the last treatment and cleaning.</p> <p>Review of Admission Records showed Resident #8 was admitted on [DATE] with diagnoses including convulsions, Parkinson's disease, and subdural hemorrhage.</p> <p>Review of Resident #8's physician order summary showed the following orders:</p> <p>-Permethrin External Cream 5%. Apply to entire body head to toe topically every evening shift for prophylaxis treatment for 1 day. Dated 10/7/24</p> <p>-Permethrin External Cream 5%. Apply to body topically one time only for rash to body for 1 day wash off after 14 hours. Dated 11/29/24</p> <p>-Permethrin External Cream 5%. Apply to entire body topically one time a day related to other specified disorders of the skin and subcutaneous tissue. Dated 12/5/24</p> <p>-Ivermectin Oral Tablet 3 mg. Give 3 tablets by mouth one time a day every 7 days for scabies for 2 administrations. Dated 12/2/24</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Permethrin External Cream 5%. Apply to entire body topically one time a day related to other specified disorders of the skin and subcutaneous tissue. Dated 12/11/24.</p> <p>There were no orders for transmission-based precautions.</p> <p>Review of Resident #8's provider note, dated 12/2/24, showed, Pt [patient] also was noted to have rash on legs and abd. [abdomen]. Permethrin and Ivermectin orders are in place. There was noted to be pinpoint red s[lightly] raised pruritic rash and scratches noted on Legs and abd.</p> <p>An interview was conducted on 3/5/25 at 1:05 p.m. with Residents #6 and #5, who are roommates. Resident #6 was lying in bed with the head of the bed elevated. He was observed to be scratching his neck and rubbing his arms against his sides. Resident #6 said he had been itching all over. He said he had been itching for over a month, and nothing had been done to help him. He said he had told multiple staff members, and he just wanted to find out what was wrong. Resident #5 spoke up from across the room and agreed stating he is also itching. Resident #5 said he had a rash on his sides and back. He said he was supposed to get medication for the itching but when he asked, he was always told it wasn't in. He said he was miserable. Both residents said their rooms had not had a deep cleaning and their personal items had not been bagged up and/or cleaned since the itching began.</p> <p>Review of Admission Records showed Resident #6 was admitted on [DATE] with diagnoses including chronic obstructive pulmonary disease.</p> <p>Review of Resident #6's Annual Minimum Data Set (MDS), dated [DATE], Section C, Cognitive Patterns, revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating he is cognitively intact.</p> <p>Review of Resident #6's physician order summary showed the following orders:</p> <p>-Abdominal folds and groin: Clean area with soap and water, pat dry, apply Nystatin powder to area and leave open to air every shift for skin impairment/fungal. Dated 10/29/24</p> <p>-Betamethasone Valerate External Cream 0.1% apply to back topically two times a day for rash for 14 days. Dated 2/24/25</p> <p>-Diphenhydramine HCL Capsule 25 mg. Give 1 tablet by mouth every 6 hours for itching for 1 day. Dated 2/24/25.</p> <p>-Diphenhydramine HCL Capsule 25 mg. Give 1 tablet by mouth every 6 hours for itching. Dated 2/22/25. Discontinued 2/24/25.</p> <p>-Betamethasone Dipropionate External Cream 0.05%. Apply to upper arm and chest topically every night shift for 2 weeks. Dated 2/6/25.</p> <p>-Diphenhydramine HCL Capsule 25 mg. Give 1 tablet by mouth every 6 hours as needed for itching for 14 days. Dated 2/4/25.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Prednisone Oral Tablet 10mg. Give 4 tablets by mouth one time a day for dermatitis for 3 days and give 3 tablets by mouth one time a day for dermatitis for 3 days and give 2 tablets by mouth one time a day for dermatitis for 3 days and give 1 tablet by mouth one time a day for dermatitis for 3 days. Dated 1/22/25.</p> <p>-Diphenhydramine HCL Capsule 25 mg. Give 1 tablet by mouth every 6 hours as needed for itching. Dated 1/14/25. Discontinued 2/4/25.</p> <p>Nystatin Powder 100000 unit/gm. Apply to groin, abdominal fold topically every shift for skin impairment/fungal. Dated 12/10/24. Discontinued 12/22/24.</p> <p>There were no orders for transmission-based precautions.</p> <p>Review of Admission Records showed Resident #5 was admitted on [DATE] with diagnoses including syncope and collapse.</p> <p>Review of Resident #5's Quarterly MDS, dated [DATE], Section C, Cognitive Patterns, revealed a BIMS score of 15, indicated he was cognitively intact.</p> <p>Review of Resident #5's physician order summary showed the following:</p> <p>- Permethrin External Cream 5 %. Apply to back/body topically one time only for rashes for 2 Days apply on right under arm, back, body-shower following day. Dated 2/7/25</p> <p>-Nystatin Powder. Apply to Apply to rash Under R Arm topically every day and evening shift for Rash Under Right Arm / Flank until 02/17/2025. Dated 2/5/25</p> <p>There were no orders for transmission-based precautions.</p> <p>An interview was conducted on 3/5/25 at 2:35 p.m. with Resident #7. She stated she had a rash that was itching a lot. She said it started small and spread. Resident #7 said the rash and itching had been going on for a while. She said her room had been cleaned regularly but not a deep cleaning where the privacy curtains were changed and her personal items bagged up.</p> <p>Review of Admission Records showed Resident #7 was admitted on [DATE] with diagnoses including diverticulitis of intestine and adult failure to thrive.</p> <p>Review of Resident #7's Quarterly MDS, dated ,d+[DATE], Section C, Cognitive Patterns revealed a BIMS score of 15, indicating she was cognitively intact.</p> <p>Review of Resident #7's physician order summary showed the following:</p> <p>-Diphenhydramine HCL Capsule 25 mg. Give 1 tablet by mouth every 6 hours as needed for itching. Dated 2/21/25.</p> <p>-Hydrocortisone External Cream 1%. Apply to chest, arms, back topically one time a day for pruritus. Dated 2/12/25.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Permethrin External Cream 5%. Apply to entire body topically one time only for scabies for 2 days. Dated 2/5/25.</p> <p>-Triamcinolone Acetonide External Cream 0.5%. Apply to LT arm topically every day and evening shift for contact dermatitis for 10 days. Dated 12/27/24.</p> <p>There were no orders for transmission-based precautions.</p> <p>An interview was conducted on 3/5/25 at 12:25 p.m. with Staff A, Licensed Practical Nurse (LPN) and Staff B, Certified Nursing Assistant (CNA). They both said on the south unit, where they had been working, there were three residents that had rashes and are being treated or had been in the last few weeks. They both stated they each had also gotten a rash with itching and treated it themselves as well as at least one other CNA. They both said the Director of Nursing (DON) told them it was because someone was putting too much detergent in the laundry.</p> <p>An interview was conducted on 3/5/25 at 12:38 p.m. with Staff C, LPN. She said the north unit, where she had been working, had three resident that were being treated or had been treated in the last month or two for rashes and itching. Staff C said the Unit Manger had said it was an extensive case of eczema. Staff C said the three residents had rashes all over their bodies. She said she also contracted the rash and had it on her side. Staff C said she was treated outside of the facility for scabies. She said there was another staff member that had it and she treated herself for scabies as well.</p> <p>An interview was conducted on 3/5/25 at 12:45 p.m. with Staff D, LPN. She said the 100 unit, where she had been working, had three residents that had rashes and itching on that unit. She said the medical records showed pruritus. She said she was not aware of any staff on the 100 unit that had rashes or itching.</p> <p>An interview was conducted on 3/5/25 at 3:20 p.m. with Staff E, LPN. She said when a resident had a rash, the nurse should let the Unit Manager and DON (Director of Nursing ) know. She said typically housekeeping would do a deep clean of the room, clean the bed, and change the privacy curtains out. She said she doesn't know what the rashes were, but it is spreading.</p> <p>An interview was conducted on 3/5/25 at 2:56 p.m. with the Assistant Director of Nursing (ADON)/Infection Preventionist (IP). She reviewed her infection tracking logs/line listing from October 2024 to current and confirmed the logs did not contain the recent outbreak of rashes in the facility. She said if the resident is not on an antibiotic, it was not being tracked. When asked about rashes in the facility she said she only knew about a couple of residents on the North unit. The ADON/IP said if there were multiple residents with rashes they should be tracking them. She said she had not been made aware any residents had been treated with Permethrin or Ivermectin for scabies and she did not know any staff members had contracted rashes/itching. She said had she been aware of these things, she would have been tracking and following up. The ADON/IP said if a resident was treated for scabies their roommate should have had a skin check and possible prophylactic treatment for scabies. She said housekeeping would have needed to be involved to ensure the room was deep cleaned and the residents personal items were bagged up. The ADON/IP was observed entering Resident #6's room and looking at his abdomen and sides. She said the rash looked like scabies to her and she felt like they needed to do a skin sweep of all residents in the facility.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on 3/5/25 at 5:30 p.m. with the DON. She said she was aware there were a couple of rashes on one unit, and it had been going on for 1 1/2 to 2 months. She said there was kind of a cluster on one hall. She said she saw orders for Ivermectin and Permethrin because the dermatologist was treating it like scabies. The DON said the medical director came in the beginning of February and looked at the rashes and said he didn't think it was scabies. The DON said also the beginning of February there was a person in laundry putting too much fabric softener in the wash, so the facility thought it may be contact dermatitis. She said they educated laundry staff and corrected that at the beginning of February. The DON said no skin scraping had been done on any residents to determine the cause of the rashes. She said she believed Resident #5's rash was only due to him not wanting to get up and shower. She said she thought Resident #6 had gotten better and she said what they did for Resident #8 was they, chalked it up to scabies. The DON asked, is it still an ongoing thing? The DON confirmed they were not tracking the rashes and said if they had considered it an infection outbreak they would have been tracking it. The DON said she did not know there were residents on three different units with rashes and itching. She said she was also unaware that staff had rashes and itching. She then said she did know that two staff members who helped the medical director do skin checks had some spots on their arms and wrists. The DON said when a rash comes up on a resident, it should be documented immediately and a skin assessment completed. She said the nurse should then call the doctor and document any new orders received. She said she would expect skin checks to be accurate in the medical record.</p> <p>An observation was conducted on 3/5/25 at 5:50 p.m. with the DON. She was observed entering Resident #6's room and doing a skin check. Resident #6 told the DON he was itching very badly and wanted it to stop. The DON confirmed his rash has spread and gotten worse.</p> <p>An interview was conducted on 3/5/25 at 6:05 p.m. with the Nursing Home Administrator (NHA). She had been aware they had a few residents with rashes. She said it was due to a laundry issues and that it was fixed the first week of February. She said they hadn't had many issues since then. The NHA said she was not aware they had residents currently itching with rashes, and she did not know any staff had contracted rashes. The NHA confirmed no skin scrapings had been done to diagnose the rashes.</p> <p>Review of a facility policy titled Surveillance for Infections, revised September 2017, showed:</p> <p>Policy Statement - The infection preventionist will conduct ongoing surveillance for healthcare-associated infections (HAIs) and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventative interventions.</p> <ol style="list-style-type: none"> <li>1. The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and healthcare-associated infections, to guide appropriate interventions, and to prevent future infections.</li> <li>2. The criteria for such infections are based on the current standard definitions of infections.</li> <li>3. Infections that will be included in routine surveillance include those with:             <ol style="list-style-type: none"> <li>a. evidence of transmissibility in a healthcare environment.</li> <li>b. available processes and procedures that prevent or reduce the spread of infection.</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. clinically significant morbidity or mortality associated with infection (e.g., pneumonia, UTIs, C. difficile); and</p> <p>d. pathogens associated with serious outbreaks. (e.g., invasive Streptococcus Group A, acute viral hepatitis, norovirus, scabies, influenza).</p> <p>4. Infections that may be considered in surveillance include those with limited transmissibility in a healthcare environment; and/or limited prevention strategies.</p> <p>5. Nursing staff will monitor residents for signs and symptoms that may suggest infection, according to current criteria and definitions of infections, and will document and report suspected infections to the charge nurse as soon as possible.</p> <p>6. If a communicable disease outbreak is suspected, this information will be communicated to the charge nurse and infection preventionist immediately.</p> <p>7. When infection or colonization with epidemiologically important organisms is suspected, cultures may be sent, if appropriate, to a contracted laboratory for identification or confirmation. Cultures will be further screened for sensitivity to antimicrobial medications to help determine treatment measures.</p> <p>8. The charge nurse will notify the attending physician and the infection preventionist of suspected infections.</p> <p>a. The infection preventionist and the attending physician will determine if laboratory tests are indicated, and whether special precautions are warranted.</p> <p>b. The infection preventionist will determine if the infection is reportable.</p> <p>c. The attending physician and interdisciplinary team will determine the treatment plan for the resident.</p> <p>9. If transmission-based precautions or other preventative measures are implemented to slow or stop the spread of infection, the infection preventionist will collect data to help determine the effectiveness of such measures.</p> <p>Review of a facility policy titled Scabies Identification, Treatment, and Environmental Cleaning, undated, showed:</p> <p>Purpose</p> <p>The purpose of this procedure is to treat residents infected with and sensitized to <i>Sarcoptes scabiei</i> and to prevent the spread of scabies to other residents and staff.</p> <p>Preparation</p> <p>1. Obtain or verify the existence of a physician's order for this procedure.</p> <p>(continued on next page)</p>

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