

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Northpoint/Lexington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 Trent Boulevard Lexington, KY 40515	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50990</p> <p>Based on interview, record review, and review of the facility's policy, the facility failed to document, replace, and give resolution to residents who verbally told staff of items not returned from the laundry, misplaced, or stolen for 4 out of 32 sampled residents, Residents (R) 34, R46, R62, and R2.</p> <p>R34, R46, R62, and R2 (through her mother, R62) reported missing items to staff. The facility failed to document these items on the grievance log and find or replace these missing items.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Quality Assistance Procedure, revised 10/30/2023, revealed residents, their representatives (sponsors), other interested family members, or residents' advocates could file a quality assistance request submitted orally or written. Per the policy, the Administrator would review the findings with the person investigating the complaint to determine what corrective actions, if any would be taken. The resident or person filing the quality assistance form on behalf of the resident, would be informed of the findings of the investigation and the actions taken to correct any identified problems.</p> <p>Review of the Grievance Logs, dated 01/01/2024 to 07/01/2024, revealed no documentation of missing items belonging to R2, R34, R46, and R62 were logged on the sheet.</p> <p>Review of the Resident Council Meeting minutes, dated 05/28/2024, 06/25/2024, and 07/30/2024, revealed complaints from many residents that they had clothes missing, and there had been no resolutions or items replaced.</p> <p>During an observation of the Resident Council Meeting on 08/13/2024 at 2:00 PM, it was discovered that R34, R46, and R62 had told staff they were missing items. R34, R46, and R62 stated their items were not found or replaced, and the facility failed to give them any resolution.</p> <p>In an interview with R46 on 08/15/2024 at 9:12 AM, she stated she did not like to have her items laundered at the facility. R46 stated she never received items back from the laundry when she used the laundry service in the past. R46 stated she bought her old roommate a pajama set. She stated her roommate send it to the laundry. However, she stated the roommate never received the item back. R46 stated her nieces do her laundry for her.</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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with R34 on 08/15/2024 at 9:45 AM, she stated she reported grievances to the nurse. She stated, if the nurse could not find the missing item, it was then reported to the Social Worker (SW). R34 stated she was missing bras and shirts, and she would love to have the shirt replaced or found. R34 stated no staff member had ever followed up with her about her missing items nor had the items been replaced.</p> <p>In an interview with R62 on 08/15/2024 at 1:05 PM, she stated she was missing outfits she had sent to the laundry. R62 stated she did not recall any staff member who came to her with a replacement or any resolution for her missing items. R62 stated she was the mother of R2 who was not interviewable, and they shared a room. R62 stated R2 had many missing items such as pajamas, pants, and tops. She stated her daughter must bring R2 clothes all the times due to R2's clothes not being returned from the laundry. R62 stated staff once took residents down to the laundry room to look for missing items, but they no longer allowed them to go downstairs to look for their missing items.</p> <p>In an interview with Certified Nurse Assistant (CNA) 10 on 08/15/2024 at 9:53 AM, she stated when residents reported missing items, she looked for them. She stated, if she did not find the items, she verbally told the charge nurse of the missing items.</p> <p>In an interview and observation with Housekeeping (HK) 1 for environmental, housekeeping, and laundry on 08/15/2024 at 2:45 PM, she stated a rack was outside the laundry room door of items labeled as After Hours Cart that was available for residents to look at unclaimed items. She stated these items could be claimed at any time. She stated, inside the laundry room door was a rack labeled as No Name Cart. This cart had items not labeled with the resident's name, and this cart was available for clients to be escorted down to see to avoid residents coming down to shop. She stated three other carts occupied the space in the laundry room labeled A for [NAME], B for [NAME], and C for Combs. Observation revealed the carts labeled A, B, and C contained clothing washed and dried, with same day service and delivered to the resident. HK1 stated she was unaware of why residents were not escorted to the laundry room to claim items. HK1 stated the facility had purchased a labeler, to label the residents' items. She stated she would do one room at a time, getting the inventory from Activites1 to verify each resident's items.</p> <p>In an interview with the Social Worker (SW) on 08/15/2024 at 10:34 AM, she stated she was in charge of all grievances. The SW stated there were grievance logs placed at each nurse's station on each unit. The SW stated the quality assistance policy stated items must be replaced for the items that were not found in the facility. The SW stated that usually staff found the residents' missing items, and the facility had a system in place to label clothing, toiletries, cell phones, and tablets for each resident. The SW stated her expectation was for staff to work hard to find the missing items and provide a resolution with 72 hours from the time the grievance was filed.</p> <p>In an interview with the Director of Nursing (DON) on 08/16/2024 at 2:37 PM, she stated her expectation was for staff to take a grievance request from the resident; to inform the unit nurse and social services; and to document it in the logbook provided for staff at the nurse's station in each unit. The DON stated she reviewed the grievance logbooks daily and gave each department their grievance complaints for them to resolve. The DON stated she believed it would be respectful to give residents a resolution for filed grievances, and the items should be replaced if not found.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with the Administrator on 08/16/2024 at 3:21 PM, she stated grievances should be taken from any resident that was missing any items in the facility. She stated the grievances given verbally by residents or residents' representatives should be documented in the logbook provided on each unit and given to the appropriate departments for them to search and look to see if the item could be found. She stated regardless, if the item was found or not, residents deserved to have a resolution. She stated it was the residents' right to have the items replaced. The Administrator stated moving forward they would reeducate staff on how to properly document grievances.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32635</p> <p>Based on observation, interview, record review, and review of the Resident Assessment Instrument (RAI) manual, the facility failed to ensure an accurate assessment for 1 of 32 sampled residents, Resident (R) 36. The</p> <p>Quarterly Minimum Data Set (MDS), with an assessment reference date (ARD) of 05/03/2024 and the annual MDS, with an ARD of 07/22/2024, did not identify that R36 had a modified texture diet.</p> <p>The findings include:</p> <p>Review of the RAI manual, dated 10/2019, defined a mechanically altered diet as a diet specifically prepared for texture or the consistency of foods, to facilitate oral intake. Examples included soft solids, pureed foods, ground meat, and thickened liquids. It stated a mechanically altered diet should not be automatically considered a therapeutic diet. Further review revealed the manual defined a therapeutic diet as a diet intervention ordered by a health care practitioner as part of the treatment for a disease or clinical condition manifesting an altered nutritional status, to eliminate, decrease, or increase certain substances in the diet.</p> <p>Observation on 08/14/2024 at 2:23 PM revealed R36 had one small empty potato chip bag, one small full potato chip bag, and an opened package of saltine crackers on her bedside table.</p> <p>In an interview with R36 on 08/14/2024 at 2:24 PM, she stated she had no coughing or choking on regular food and could not eat hard-cooked hamburgers or chicken. She stated she did not pass the swallowing test at the hospital and had been on pureed food for a long time.</p> <p>Review of R36's Admission Facesheet revealed the facility admitted the resident on 04/27/2024 with diagnoses including dysphagia, oropharyngeal phase and major depression.</p> <p>Review of the Physician's Orders, dated 04/27/2024, revealed a controlled carbohydrates diet, pureed texture, regular fluid, and thin consistency was ordered.</p> <p>Review of R36's Quarterly MDS, with an ARD of 05/03/2024, revealed the swallow and nutritional status section of the Quarterly MDS, dated [DATE], and the annual MDS, dated [DATE], revealed therapeutic diet was marked. However, mechanically altered diet was not marked to reflect the current diet of R36.</p> <p>Review of R36's annual MDS, with an ARD of 07/22/2024, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact.</p> <p>In an interview with the Regional Registered Dietitian (RD) on 08/16/2024 at 4:25 PM, she stated she was responsible for the swallow and nutritional status section of the MDS. She stated she did not mark the mechanically altered diet section of the MDS for 05/03/2024 and 07/22/2024, which did not reflect the modified texture of the diet. She stated the MDS Nurse provided the information for the accuracy of the comprehensive care plan (CCP).</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the MDS Nurse on 08/16/2024 at 2:59 PM, she stated the RD completed the swallow and nutritional status section of the MDS. She stated, in the clinical morning meeting staff discussed resident care changes. The MDS Nurse stated the MDS should reflect accurate resident care on the CCP.</p> <p>In an interview with the Director of Nursing (DON) on 08/16/2024 at 3:37 PM, she stated staff discussed the changes in residents' conditions in the clinical morning meeting. She stated the RD completed the swallow and nutritional status section of the MDS.</p> <p>In an interview with the Administrator on 08/16/2024 at 3:37 PM, she stated changes in resident care were discussed in the clinical morning meeting. She stated the MDS Coordinator completed the MDS assessment to reflect the accurate care of the resident in the care plan.</p>		

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<p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44000</p> <p>Based on observation, interview, record review, and review of the facility's policy, the facility failed to develop or implement 2 of 36 sampled residents' Comprehensive Care Plans (CCP), Resident (R) 124 and R36.</p> <p>R124 returned from the hospital and reported pain, but she did not receive ordered pain medication for approximately 21 hours after it was ordered, despite care planning to administer medications per orders. (Cross Reference F689)</p> <p>R36's CCP was not developed with interventions to address the resident's and family's non-compliance with R36's current diet order.</p> <p>The findings include:</p> <p>Review of the facility's Comprehensive Care Plan policy, revised on 06/30/2022, revealed a comprehensive person-centered care plan was developed and implemented for each resident, consistent with a resident's rights that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs.</p> <p>1. Review of R124's Admission Facesheet revealed the facility readmitted the resident on 03/01/2024 at 12:30 PM from the hospital, with diagnoses of new fracture of the right and left femur (upper leg), not requiring surgery.</p> <p>Review of R124's quarterly Minimum Data Set (MDS), with an assessment reference date (ARD) of 03/08/2024, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 15 of 15, indicating the resident was cognitively intact.</p> <p>Review of R124's Physician's Orders revealed Oxycodone 5 mg every 12 hours as needed (PRN) for pain was ordered on 03/01/2024 at 2:00 PM. Oxycodone 15 mg scheduled every six hours was ordered on 03/02/2024 at 4:52 AM.</p> <p>Review of R124's CCP, initiated on 10/05/2023, revealed the resident was at risk for pain. Interventions were to administer medications per orders.</p> <p>Review of Resident 124's pain scores, on a scale of 0 to 10, with 10 being the highest, revealed on 03/01/2024 at 3:10 PM, the pain score was 5/10; on 03/02/2024 at 9:49 AM, the pain score was 8/10; on 03/02/2024 at 1:24 PM, the pain score was 8/10; and on 03/02/2024 at 5:40 PM, the pain score was 5/10.</p> <p>Review of R124's Medication Administration Record (MAR) revealed R124 received 15 mg of Oxycodone on 03/02/2024 at 12:00 PM and 6:00 PM and 5 mg of Oxycodone on 03/02/2024 at 9:15 PM. Further review revealed R124 did not receive Oxycodone 5 mg PRN for pain on 03/01/2024 at 3:10 PM; on 03/02/2024 at 9:49 AM; on 03/02/2024 at 1:24 PM; and on 03/02/2024 at 5:40 PM.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>32635</p> <p>2. Review of R36's Admission Facesheet revealed the facility admitted the resident on 04/27/2024 with diagnoses including dysphagia, oropharyngeal phase, and major depression.</p> <p>Review of R36's annual MDS, with an ARD of 07/22/2024, revealed the facility assessed the resident to have a BIMS score of 15 of 15, which indicated the resident was cognitively intact.</p> <p>Review of R36's Physician's Orders, dated 04/27/2024, revealed a controlled carbohydrate diet, pureed texture, regular fluid, and thin consistency was ordered.</p> <p>Review of R36's CCP, with the admitted [DATE], revealed the area of focus, resident had dental problems related to missing teeth, dated 11/28/2023. The goal was for the resident to be free of infection, pain, or bleeding in the oral cavity through the next review date of 10/22/2024. The interventions were for a dietary consult as needed, encourage the resident to complete oral care, monitor for changes in nutritional status related to dental, and refer to dental services; the date initiated was 11/23/2023. Further review revealed no focus on the resident's/family's non-compliance with diet and education of the resident or family on the prescribed diet.</p> <p>Observation on 08/14/2024 at 2:23 PM revealed R36 had one small empty potato chip bag, one small full potato chip bag, and an opened package of saltine crackers on her bedside table.</p> <p>In an interview with R36 on 08/14/2024 at 2:24 PM, she stated she had no coughing or choking on regular food and could not eat hard-cooked hamburgers or chicken. She stated she did not pass the swallowing test at the hospital. She stated her family brought her food.</p> <p>In an interview with R36's daughter on 08/14/2024 at 3:59 PM, she stated the facility told them it was okay to bring in food; they monitored her. She stated R36 did not have dentures and hard-to-chew meats was difficult. She stated R93, the resident's spouse, brought food to the resident. She stated R36 tolerated fish, baked beans, and cauliflower and ate a regular texture diet before her recent hospital admission on 04/22/2024.</p> <p>In an interview with Certified Nurse Assistant (CNA) 11, Central Supply on 08/14/2024 at 3:52 PM, she stated she was not familiar with the resident's diet. However, she stated the family had a picnic with the resident and would bring food to the resident.</p> <p>In an interview with Speech 1 on 08/14/2024 at 2:24 PM, she stated the family brought food to the resident. She stated she educated the family on the resident's texture diet. She said she reassessed the resident in 07/2024, and the resident stated she wanted to remain on the puree diet because some foods were hard to swallow.</p> <p>In an interview with the B Unit Manager on 08/16/2024 at 2:39 PM, she stated speech evaluated the resident's diet texture. She stated R36's family members brought food to the resident, such as on the resident's birthday. She stated the food consisted of fried chicken, green beans, and mashed potatoes. She stated staff educated the family on the diet to prevent choking. She stated R36's spouse lived at the facility and brought R36 food. She stated R36's care plan should address the diet texture, the resident's non-compliance, and the family's non-compliance with bringing regular-texture food to R36.</p> <p>(continued on next page)</p>		

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F 0656 Level of Harm - Actual harm Residents Affected - Few	<p>During interview with the MDS Coordinator on 08/16/2024 at 2:59 PM, she stated she followed the Resident Assessment Instrument manual when she developed a care plan. She stated nurses could make changes to the care plan. She stated she attended the morning meetings and discussed readmissions and any updates or changes. She stated care plans should be immediately changed and should reflect the resident's care accurately.</p> <p>During interview with the Director of Nursing (DON) on 08/14/2024 at 3:11 PM, she stated the resident's care plan should be fully developed, implemented, and followed to meet the resident's care needs.</p> <p>In an interview with the Administrator on 08/16/2024 at 3:30 PM, she stated changes in resident care were discussed in the clinical morning meeting, and the accuracy of the CCP depended on the MDS assessment. She stated she expected staff to develop and implement care plans to meet the resident's needs.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51155</p> <p>Based on interview, record review, review of the Licensed Practical Nurse (LPN) job description, review of the facility's Employee Handbook, review of the Kentucky Board of Nursing (KBN) website, and review of a certified letter from the KBN, the facility failed to ensure that nursing staff providing resident care was licensed. Review of LPN8's employee file revealed she performed duties as a licensed nurse in the facility, from [DATE] to [DATE], on a suspended license.</p> <p>The findings include:</p> <p>During an interview on [DATE] at 3:45 PM with the Administrator, she stated the facility did not have a policy regarding staff licensure.</p> <p>Review of the KBN's website, www.kbn.ky.gov, under Privilege to Practice Important Facts, revealed it's the responsibility of the nurse to notify the employer of any action taken by the BON [board of nursing] against their license.</p> <p>Review of the facility's job description Licensed Practical/Vocational Nurse revealed the applicant must have a valid LPN or licensed vocational nurse license in the state employed.</p> <p>Review of the facility's Employee Handbook, dated [DATE], revealed, Licensed and Certified employees are to furnish copies of all required degrees, certifications, licenses, transcripts, etc., which will be placed in your personnel record. Proof of current registration and/or licensure in the state you are applying for work, if the state requires registration for your profession will be required prior to beginning work and must be updated annually. Validation of license/certification must be made available to The Facility as it is renewed. This evidence of renewal becomes part of your permanent personnel record. Licensed and Certified employees who fail to renew their license and submit a copy of the renewal to The Facility will not be allowed to work until the expired license or certification is current and a copy is given to The Facility. The employee could be subject to disciplinary actions up to and including termination.</p> <p>Review of the facility's document Acknowledgement and Receipt of Handbook revealed LPN8 signed acknowledgment and receipt of the Employee Handbook on [DATE].</p> <p>Review of a certified letter from the KBN, dated [DATE], revealed LPN8 received a letter from the KBN on [DATE], notifying LPN8 of the intent to suspend her LPN license. The letter advised LPN8 of her right to submit a written request for an administrative hearing to the KBN regarding this matter within 20 days from [DATE]. The letter stated LPN8 did not submit a written request for an administrative hearing, so LPN8 was given official notice by the KBN that, for the reasons stated in the attached letter dated [DATE], her LPN license was suspended for a period of at least two years, effective [DATE]. The letter stated LPN8 was prohibited from engaging in the practice of nursing within the Commonwealth of Kentucky, and any continued practice of nursing on her part would be in violation of Kentucky Revised Statute (KRS) 314.031(1), which was punishable by criminal sanctions. The letter stated the suspension would be public information and could be disseminated according to the regulations of the KBN, the Kentucky Open Records Act, and any other state or federal law as required.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of LPN8's employee file revealed the facility's nursing schedule, from [DATE] through [DATE]. The nursing schedule showed LPN8 worked 82 shifts between [DATE] (the suspension of license date) to [DATE], the date of termination of employment with the facility.</p> <p>The State Survey Agency (SSA) Surveyor attempted to call LPN8 for interview on [DATE] at 10:27 AM, but she did not respond.</p> <p>During an interview on [DATE] at 2:15 PM with the Assistant Administrator, she stated LPN8 had worked as a nurse with a suspended license. She stated LPN8 was terminated once the facility discovered the suspension.</p> <p>During an interview on [DATE] at 2:45 PM with the Director of Nursing (DON), she stated it was important to have staff with a valid license to ensure the staff was in compliance and to ensure staff members were up-to-date with education hours.</p> <p>During continued interview on [DATE] at 3:45 PM with the Administrator, she stated it was important for staff to maintain an active license because they were responsible for taking care of residents and care being provided needed to be in accordance of regulation and to ensure residents safety.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50000</p> <p>Based on observation, interview, record review, and review of the facility's policies, the facility failed to ensure medications were secure and inaccessible to unauthorized staff and residents as evidenced by one of six medication carts. Medication cart 1 on the [NAME] unit, was unlocked and unattended on 08/12/2024. In addition, the facility failed to ensure all drugs used in the facility were labeled in accordance with professional standards, including expiration dates, for 1 of 32 sampled residents, Resident (R) 132.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Medication Storage, revised 01/30/2024, revealed all drugs and biologicals would be stored in locked compartments (i.e., medication carts, drawers, refrigerators, medication rooms), and only authorized personnel would have access to the keys to locked compartments.</p> <p>Observation made on 08/12/2024 at 3:18 PM revealed medication cart 1 on the [NAME] Memory Care Unit was unlocked and unattended.</p> <p>Observation made on 08/12/2024 at 3:21 PM revealed Unit Manager 1 walked past medication cart 1 and pushed the locking device, so the cart was locked.</p> <p>In an interview with Registered Nurse (RN) 1 on 08/12/2024 at 4:00 PM, she stated she was unaware that she had walked away from the medication cart without locking it. She stated it was important to always keep the medication cart locked so residents, visitors, and other staff did not have access to medications that could cause harm if taken.</p> <p>In an interview with RN9 on 08/15/2024 at 3:40 PM, she stated she was assigned to medication cart 1 on the [NAME] Memory Care Unit for the current shift. She stated it was important to keep the medication cart locked at all times so residents who were confused did not open drawers and take medications that could cause harm. RN9 stated ensuring the medication cart was locked should be done every single time before you walked away.</p> <p>In an interview with Unit Manager 1 on 08/12/2024 at 4:10 PM, she stated she saw medication cart 1 was unlocked while walking past it and walked over and locked it. Unit Manager 1 stated it was the policy of the facility and the expectation that all medication carts should be locked at all times to ensure the safety of residents and to prevent diversion of medications. Unit Manager 1 stated the nurse assigned to the medication cart would receive verbal counseling and be re-educated on the facility's policy for medication storage and the importance of keeping carts locked at all times.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Northpoint/Lexington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 Trent Boulevard Lexington, KY 40515	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of the facility's policy titled, Medications and Biologicals-Labeling Of, revised 06/20/2024, revealed labels for individual drug containers must include the expiration date when applicable. Further review revealed labels for multi-use vials must include the date the vial was initially opened or accessed, and all opened or accessed vials should be discharged within 28 days unless the manufacturer specified a different date for that opened vial.</p> <p>Review of R132's Admission Facesheet revealed the facility admitted the resident on 04/05/2024 with diagnoses of deep vein thrombosis, diabetes, and pre-glaucoma.</p> <p>Review of R132's Physician's Orders, start date 04/05/2024, revealed he was prescribed latanoprost ophthalmic solution 0.005%, instill one drop in both eyes at bedtime related to pre-glaucoma.</p> <p>Review of R132's medication administration record (MAR) for 08/2024 revealed he received the prescribed latanoprost eye drops in both eyes at bedtime, nightly from 08/01/2024 through 08/09/2024, at which time he was out of the facility.</p> <p>Observation made on 08/12/2024 at 3:40 PM revealed latanoprost 0.005% eye drops, multi-use vial labeled for R132, was dated as opened on 06/20/2024 on the outside of the medication box. Further observation revealed the label provided from the pharmacy on the container itself read good for 42 days after opening, with an area to write in the opened date, which was left blank, which meant the eye drops would have expired on 08/01/2024, if opened on 06/20/2024.</p> <p>In continued interview with RN1 on 08/12/2024 at 4:00 PM, she stated she was assigned to medication cart 1 and understood it was important to follow the manufacturer and pharmacy instructions for medications in regard to following expiration dates. RN1 stated giving expired medications to a resident could cause adverse reactions or not have the desired effects due to no longer being effective. RN1 stated it was important to have the opened date on the container because the box and the container could be separated, and staff would not know the opened date.</p> <p>During interview with RN9 on 08/15/2024 at 3:40 PM, she stated it was important to check multi-use medications to ensure they had been dated when opened, and the box and the container should both have a date that matched. She stated it was important not to use the medication past its expiration date, which could lead to a resident receiving medications that were not providing any therapeutic benefits.</p> <p>In continued interview with Unit Manager 1 on 08/12/2024 at 4:10 PM, she stated it was the policy of the facility to always write the opened date on multi-use vials and containers and also on the box they came in so, if separated, the nurse knew the opened date to ensure the medication was still okay to administer. She stated the expectation was for the nurse to check the expiration date before every administration to make sure they were not giving an out-of-date medication.</p> <p>In an interview with the Pharmacist on 08/16/2024 at 9:57 AM, he stated that latanoprost 0.005% eye drops were good for 42 days after being opened. He stated that the potency of the medication decreased the further out from the expiration date, but it did not cause any adverse effects if used, it just was not as beneficial.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the Director of Nursing (DON) on 08/16/2024 at 2:38 PM, she stated it was the policy and the expectation of the facility that every medication cart on every unit would be locked and secured every time the nurse was not actively removing or preparing medications at the cart. The DON stated it was important to ensure the carts were locked when unattended for resident safety that, if unlocked and accessible to residents, could result in overdosing and adverse reactions. She also stated it was important to prevent any potential drug diversion by visitors, residents, and staff. The DON stated if a medication cart was observed to be unlocked, it should be immediately secured, and the person who identified it should then report it to the nurse or unit manager to ensure nothing was missing. In addition, she stated the nurse assigned to the cart would be educated and given a verbal warning with escalation, if indicated. The DON stated the expectation and the facility's policy was to label all multi-use containers with the opened date and to follow the pharmacy's expiration date to ensure residents received effective medications.</p> <p>In an interview with the Administrator on 08/16/2024 at 3:26 PM, she stated it was the expectation and policy of the facility to ensure all medication carts were kept locked at all times when the nurse was away from the cart. The Administrator stated it was important to maintain security of all medications to deter drug diversion and prevent accidental ingestion by residents. She stated the facility's policy and her expectation was for all multi-use medications to be labeled when they were opened and not to be used past their expiration dates to ensure residents received effective medication.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44000</p> <p>Based on observation, interview, record review, review of the Centers for Disease Control and Prevention (CDC) documents, and review of the facility's policies, the facility failed to follow infection control precautions for 3 of 51 residents on infection control precautions, Resident (R) 12, R71, and R124.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Infection Prevention and Control Program, revised date 12/27/2023, revealed the facility had established and maintained an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines. The policy stated hand hygiene shall be performed in accordance with the facility's established hand hygiene procedures. Per the policy, reusable items and equipment shall be cleaned in accordance with the facility's current procedures governing the cleaning of contaminated equipment.</p> <p>Review of the facility's policy titled, PSTG (Prestige) Hand Hygiene (Soap and Water and Sanitizer), undated, revealed hand hygiene shall be performed between resident contacts and after handling contaminated objects/potentially contaminated objects; before handling medications (licensed nurse); before and after handling clean or soiled dressings, linens, etc.; before performing resident care procedures; before and after providing care to residents in isolation; after handling items potentially contaminated with blood, body fluid, secretions, or excretions; and during resident care and moving from a contaminated body site to a clean body site (nurses).</p> <p>Review of the CDC's document Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), dated 04/02/2024, revealed examples of high-contact resident care activities requiring gown and glove use for enhanced barrier precautions included wound care for any skin opening requiring a dressing. Further review revealed contact precautions were intended to prevent transmission of infectious agents, like MDROs, that were spread by direct or indirect contact with the resident or the resident's environment.</p> <p>1. a. Observation on 08/15/2024 at 9:50 AM of R124's room revealed the resident was in enhanced barrier precautions and contact precautions with signage of this outside the room. Observation of the Social Service Assistant (SSA) in R124's room revealed she picked up a clip board from a surface behind the curtain. She was wearing gloves, she put the clipboard on the sink, removed her gloves, picked up the clipboard, and left the room.</p> <p>During interview with the SSA after she left the room, she stated it was a mistake she did not wash her hands and clean the clipboard before leaving the room. She stated she should have washed her hands and not have placed the clip board on the resident's furniture.</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 - Few</p>	<p>b. Observation on 08/15/2024 at 9:59 AM revealed Licensed Practical Nurse (LPN) 4/Wound Care Nurse went into R124's room and changed R124's dressing. LPN4 wore a gown, gloves, eye shield, and a facemask. After providing wound care, she removed the gown, gloves, and mask and threw them in the trash container under the sink. She placed the eye shield on the sink and washed her hands. She picked up the eye shield from the sink, left the room, and laid it on the top of the treatment cart. She reached in the bottom drawer and removed a container of disinfectant. She cleaned the eye shield and placed it and the container of disinfectant in the bottom drawer of the treatment cart. She did not clean the top of the treatment cart.</p> <p>During interview with LPN 4/Wound Care Nurse at the time of the observation, she stated she should have disinfected the top of the treatment cart because there could have been infectious organism on the cart from the eye shield.</p> <p>2. Observation on 08/14/2024 at 8:35 AM revealed R71 was on enhanced barrier precautions as indicated on the signage outside the room. Registered Nurse (RN) 4 removed R71's medications from the medication cards and touched the medications without wearing gloves. She then put R71's medications in a medication cup, went into the room, and administered the medication without gloves.</p> <p>During interview with RN4 at the time of the observation, she stated she was nervous. She stated infectious organisms could have potentially been on her hands and transferred to the resident from not wearing gloves.</p> <p>3. Observation on 08/14/2024 at 3:08 PM revealed RN1 was at the bedside changing the dressing on R12's left arm. The signage on the door indicated the resident was on enhanced barrier precautions and required a gown and gloves for high contact resident care. However, RN1 did not have on a gown or gloves.</p> <p>During interview with RN1 on 08/14/2024 at 3:15 PM, she stated the gown was only worn when changing the dressing to R12's coccyx or when cleaning the resident.</p> <p>During interview with the Director of Nursing on 08/14/2024 at 3:11 PM, she stated nursing staff discussed residents on enhanced barrier precautions daily in their morning meetings. She stated they had not identified any issues with staff not following enhanced barrier precautions or hand hygiene requirements.</p> <p>During interview with the Infection Preventionist on 08/15/2024 at 2:30 PM, she stated it was important for staff to follow enhanced barrier and contact precautions to prevent the spread of infectious organisms. She stated she completed audits periodically to ensure staff was following the facility's policies.</p> <p>During interview with the Administrator on 08/15/2024 at 3:30 PM, she stated it was her responsibility to ensure the infection control policies were implemented. She stated infection control issues were discussed in the monthly Quality Assurance Performance Improvement (QAPI) meetings. She stated she was not aware of any issues with infection control.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46710</p> <p>Based on observation and interview, the facility failed to provide a safe environment for residents, staff, and the public for one of three resident care units.</p> <p>The findings include:</p> <p>Observation on 08/12/2024 at 4:06 PM revealed the [NAME] Hall was crowded with four wheelchairs folded up against the handrail on the right side of the hallway, across from a linen cart on the left side of the hallway.</p> <p>In an interview on 08/16/2024 at 10:58 AM, Registered Nurse (RN) 5 stated the hallways in the facility were frequently crowded with linen carts, medication carts, meal tray carts, and extra resident equipment, such as wheelchairs. She further stated the excess equipment created a safety issue for residents trying to maneuver the hallway, especially in an emergency. RN5 stated the residents' rooms were crowded and family members often asked for wheelchairs to be placed in the hallway due to a lack of space in the resident's room.</p> <p>In interview on 08/16/2024 at 1:56 PM, the [NAME] Unit Manager stated the hallways needed to be kept clear for safety in case of an emergency. She further stated that on 08/12/2024, the hallway was crowded because staff had washed the four wheelchairs, but they did not have residents' names on them, so the staff members did not know where to put them. The Unit Manager stated she instructed staff to take the wheelchairs down to the therapy department so residents could use them there and keep the upstairs hallway clear. Additionally, the Unit Manager stated her expectations were for staff to store wheelchairs folded up in the residents' rooms or folded up in the shower room if the shower room was not in use.</p> <p>In an interview on 08/16/2024 at 2:58 PM, the Director of Nursing (DON) stated the hallways were to be kept clear of excess equipment for resident safety. She further stated wheelchairs should have been stored in resident rooms. The DON stated she expected management staff to be present on the units and assist with keeping the hallways clear. Additionally, the DON stated the hallways tended to be more crowded during mealtimes when the tray carts were on the floor in addition to regular equipment.</p> <p>In an interview on 08/16/2024 at 3:21 PM, the Administrator stated she expected the hallways to remain free from excess equipment for resident safety in case of an emergency.</p>		