

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195424	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  Lexington House		STREET ADDRESS, CITY, STATE, ZIP CODE  16 Heyman Lane Alexandria, LA 71303	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38373</p> <p>Based on record review and interview, the facility failed to ensure services were provided to meet professional standards of quality by failing to ensure a resident with a UTI received timely and appropriate treatment for 1 (#1) of 3 (#1, #2, &amp; #3) sampled residents reviewed for UTIs. Findings:</p> <p>Resident #1</p> <p>Review of Resident #1's medical record revealed an admitted [DATE] with diagnoses that included in part . Unspecified Dementia, Urinary Tract Infection, Overactive Bladder, Uterovaginal Prolapse, and Anxiety disorder.</p> <p>Review of Resident #1's Significant Change MDS with an ARD of 06/22/2024 revealed a BIMS score of 9, which indicated the resident had moderate cognitive impairment. Review of the MDS revealed Resident #1 required substantial to maximal assistance with toileting hygiene, rolling left and right, sitting to lying, lying to sitting, sit to stand and chair/bed to chair transferring.</p> <p>Review of Resident #1's record revealed she was care planned for a history of UTIs and bladder spasms with an onset date of 07/07/2021. Interventions included administer medications as ordered, notify MD of any complications or any decreased urine output, observe for effectiveness of medications, encourage fluid intake, and fluids with meals.</p> <p>Review of Resident #1's urinalysis collected and reported on 05/08/2024 revealed Resident #1's urinalysis was positive for leukocytes, nitrites, and blood. The urinalysis was date stamped on the bottom of the results and revealed S7 MD notified on 05/08/2024 at 6:00 p.m. with an order written that read Start Bactrim DS BID x 7 days r/t elevated leukocyte and bacteria in urine.</p> <p>Review of Resident #1's culture and sensitivity revealed it was reported originally on 05/09/2024 at 1:25 p.m. and revealed the pathogen of Escherichia Coli was resistant to Trimethoprim/Sulfamethoxazole (Bactrim DS) as well as Cefazolin, Cefepime, and Ceftriaxone (Cephalosporins). An antibiotic note on the report revealed ESBL detected and stated these organisms tend to be resistant to all Penicillins, Cephalosporins, and Aztreonam and are usually multi-drug resistant. Review of the report revealed the pathogen was susceptible to Ertapenem.</p> <p>Review of Resident #1's physician's orders revealed the following:</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 195424	If continuation sheet Page 1 of 3

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>05/08/2024: Sulfamethoxazole-TMP DS (Bactrim DS) tablet give one tab PO BID X 7 days R/T elevated leukocytes and bacteria in urine.</p> <p>05/17/2024: Cefuroxime Axetil (Ceftin-a cephalosporin) 500mg Tab give 1 PO BID x 7 days R/T UTI</p> <p>05/27/2024: Ertapenem (Invanz) 1 GRAM vial Reconstitute with 3.2ml 1% Lidocaine HCL and administer IM QD x 7 days R/T UTI</p> <p>Review of Resident #1's May and June 2024 MARs revealed Resident #1 received the following:</p> <p>Received Sulfamethoxazole-TMP DS po bid from 05/08/2024-05/15/2024</p> <p>Received Cefuroxime Axetil 500mg po bid from 05/17/2024-05/23/2024</p> <p>Received Ertapenem 1 gram vial reconstitute w/ 3.2 ml 1% Lidocaine HCL IM every day from 05/27/2024-06/02/2024</p> <p>In an interview on 07/31/2024 at 10:14 a.m. S3 LPN acknowledged he wrote the telephone/verbal order for Ceftin on 05/17/2024 but couldn't remember why S7 MD gave the order for Ceftin.</p> <p>In an interview on 07/31/2024 at 10:19 a.m., S4 RN reported she was looking through the lab binder for another resident and saw Resident #1's culture and sensitivity results on the top. S4 RN reported she looked at Resident #1's results and recognized that she had not been treated with an appropriate antibiotic. S4 RN stated she contacted the doctor and obtained the order for Ertapenem/Invanz on 05/27/2024.</p> <p>In a telephone interview on 07/31/2024 at 10:39 a.m. with the lab who ran Resident #1's urinalysis and culture and sensitivity, the lab staff confirmed all lab results are automatically faxed to the nursing facility when they are resultud. Lab personnel reported the nursing home has passwords and can pull up the results as soon as they are ready on a computer.</p> <p>In an interview on 07/31/2024 at 10:45 a.m. with S5 LPN and S6 [NAME] Clerk, S5 LPN reported the lab results come across the fax or we can go in the computer and print them. S6 [NAME] Clerk reported she takes the lab off the fax and gives them to the assigned nurse.</p> <p>In an interview on 7/31/2024 at 11:15 a.m., S1 DON stated results of labs are faxed to them and they get the C&amp;S about 72 hours later. S1 DON stated the [NAME] Clerk stamps the labs and gives them to the nurse assigned to the resident and the assigned nurse handles it.</p> <p>In an interview on 07/31/2024 at 2:00 p.m., S2 ADON stated all labs come across the fax machine. An observation at that time of page 2/2 of Resident #1's culture and sensitivity (C&amp;S) results revealed it was originally reported on 05/09/2024 at 1:25 p.m. and stamped by the facility on 05/10/2024. S2 ADON confirmed this was page 2 of the C&amp;S and it was date stamped by the facility on 05/10/2024. S2 ADON reported if the results have not been received, nurses working with the resident should be looking for C&amp;S results because they know it was ordered.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 07/31/2024 at 2:25 p.m., S1 DON acknowledged Resident #1 was not treated timely with an appropriate antibiotic until 05/27/2024. S1 DON reported treatment of Resident #1's UTI was delayed because they didn't get the C&amp;S results until almost the end of the month. S1 DON confirmed staff can look up lab results in the computer.</p>		