

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 08/06/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observations, interviews and record review the facility failed to ensure that each Resident was treated with respect and dignity and in an environment that promoted maintenance or enhancement of his or her quality of life for 1 (Resident #2) out of 3 (Resident #1, Resident #2, and Resident #3) sampled Residents, by failing to ensure staff displayed respect when speaking to Resident #2. Findings: Review of the facility's policy titled Dignity and Respect, with a revision date of 07/2022 revealed in part. A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promoted maintenance or enhancement of his or quality of life recognizing each residents individuality. The facility shall protect and promote the rights of the resident. 1. Facility staff shall display respect when speaking with, caring for and talking about residents, as constant affirmation of their individuality and dignity as human beings. 2. Each resident of the facility has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. Review of Resident #2's medical record revealed an admit date of 05/20/2025, with diagnoses that included: Acute on Chronic Combined Systolic and Diastolic Congestive Heart Failure, Hypertensive Heart and Chronic Kidney Disease with Heart Failure, Paroxysmal Atrial Fibrillation, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Major Depressive Disorder, Cognitive Communication Deficit and Anxiety Disorder. Review of Resident #2's admission MDS with an ARD of 05/27/2025, revealed Resident #2 had a BIMS score of 12 indicating moderate cognitive impairment. The MDS revealed Resident #2 required partial/moderate assistance with toileting, bathing and personal hygiene; set up assistance with eating. Resident #2's MDS revealed Resident #2 used a wheelchair for mobility. Review of Resident #2's Care Plan with a Target Date of 06/03/2025 revealed in part. Resident #2 needed assistance with ADL's; Resident #2 has Altered Thought Process related to Dementia with interventions that included: Maintain a quiet calm environment, observe for changes in cognitive status and reality orientation. Observation on 08/04/2025 at 11:16 a.m., this surveyor heard S2 CNA tell Resident #2 Don't hit the call light anymore, because I'm busy. Interview with S2 CNA at time of observation confirmed she had told Resident #2 not to put her call light on again. S2 CNA stated to Surveyor Do you know how many times I have been in that room? S2 CNA stated I know that was rude. Observation and Interview on 08/04/2025 at 11:29 a.m. with Resident #2 revealed she was sitting in a wheelchair in the doorway of her bathroom, with her head down. Resident #2 stated S2 CNA had told her not to put her call light on again because she was busy. Resident #2 stated that was not the first time S2 CNA had told her not to put her call light on. Resident #2 stated she didn't want S2 CNA telling her not to put her call light on. Interview on 08/04/2025 at 1:43 p.m. with S1 DON confirmed it was not the expectation of any staff to tell a resident not to put their call light on. S1 DON confirmed S2 CNA should not have told Resident #2 not to put her call light on again because she was busy.</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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