

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 01/07/2026
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure reasonable accommodation of needs by failing to ensure the call light was accessible by a resident for 3 (Resident #2, Resident #3, and Resident R4) of 4 sampled residents. Review of the facility's policy titled Call Light/Bell revised 01/2024 revealed, in part, place the call light within the resident's reach before leaving the room. Resident #2 Review of Resident #2's EMR revealed an admission date of 03/31/2022 with diagnoses including Hemiplegia and Hemiparesis, Generalized Muscle Weakness, Repeated Falls, and Personal History of Healed Traumatic Fracture. Review of Resident #2's Quarterly MDS with ARD of 10/07/2025 revealed a BIMS score of 13, indicating intact cognition. Resident #2 was dependent for toileting, hygiene, bathing, dressing, rolling, and transfers. Observation and interview of Resident #2 on 01/08/2026 at 8:54 a.m. revealed the call light was hanging off the left side of the bed, dangling below the bottom of the mattress. Resident #2 revealed she was unable to locate the call light. Observation of Resident #2 accompanied by S4LPN on 01/08/2026 at 8:56 a.m. revealed the call light should have been within reach of the resident at all times. S4LPN confirmed Resident #2's call light was not within reach of the resident, but should have been. Resident #3 Review of Resident #3's EMR revealed an admission date of 03/01/2023 with diagnoses including Hemiplegia and Hemiparesis, Paroxysmal Atrial Fibrillation, Muscle Weakness, Syncope and Collapse, History of Falling, and Personal History of Healed Traumatic Fracture. Review of Resident #3's Significant Change MDS with ARD of 11/18/2025 revealed a BIMS score of 3, indicating severely impaired cognition. Resident #3 was dependent for toileting, bathing, and hygiene. Resident #3 required partial/moderate assistance with position changes and substantial/maximal assistance with transfers. Observation and interview of Resident #3 on 01/05/2026 at 3:15 p.m. revealed the call light was hanging off the left side of the bed, dangling near the floor. Resident #3 revealed she was unable to locate the call light. Observation of Resident #3 accompanied by S11CNA on 01/05/2026 at 3:16 p.m. revealed the call light should have been within reach of the resident at all times. S11CNA confirmed Resident #3's call light was not within reach of the resident, but should have been. Resident R4 Review of Resident R4's EMR revealed an admission date of 12/27/2024 with diagnoses including Other Abnormalities of Gait and Mobility, Generalized Muscle Weakness, Age-Related Physical Debility, and Repeated Falls. Observation of Hall A on 01/06/2026 at 12:34 p.m. revealed Resident R4 lying in bed with call light laying on the floor to the left of the bed. Observation of Resident R4 accompanied by S6CNA on 01/06/2026 at 12:38 p.m. revealed the call light should have been within reach of the resident at all times. S6CNA confirmed Resident R4's call light was not within reach of the resident, but should have been. Interview with S10LPN on 01/06/2026 at 2:19 p.m. revealed call lights were to be on their beds, within reach of the residents, and in their hand when possible. Interview with S3QL on 01/07/2026 at 8:10 a.m. confirmed call lights were to be within reach of residents.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview and record review, the facility failed to complete a thorough investigation of an injury of unknown origin for 1 (Resident #1) of 4 sampled residents. Review of the facility's Critical Incident Report dated 12/08/2025 revealed Resident #1 complained of pain to her right lower extremity and x-rays revealed fractures of the tibial shaft and the proximal fibula. Statements were obtained from nursing staff who rendered care during the 48 hours prior to discovery of the injury. The facility substantiated an Injury of Unknown Origin. Review of the facility's policy titled Incident Investigation and Reporting revised 05/2024 revealed, in part. Criteria for an Injury of Unknown Origin include the source of the injury was not observed by any person, the source of the injury could not be explained by the resident, and the injury is suspicious due to the extent or location of the injury or the number of injuries at one time or the incidence of injury over time. In the event of an incident involving an allegation or suspicion of mistreatment, exploitation, neglect, abuse, misappropriation or other crime, as well as injuries of unknown origin. the administrator will begin an investigation. The facility will thoroughly investigate all alleged violations under the direct supervision of the Administrator. Review of Resident #1's EMR revealed an admission date of 03/15/2022 with diagnoses including Hemiplegia and Hemiparesis, Dementia, and Left Above-Knee Amputation. Review of Resident #1's Significant Change MDS with ARD of 12/18/2025 revealed a BIMS score of 3, indicating severely impaired cognition. Resident #1 was dependent for hygiene, bathing, dressing, and position changes. Review of Resident #1's History and Physical dated 12/09/2025 revealed, in part. X-rays of the right knee dated 12/08/2025 demonstrated partially visualized traumatic fractures of the proximal tibial and fibular diaphyses. X-rays of the right tibia and fibula dated 12/08/2025 demonstrated traumatic tibial and fibular fractures. Interview with S15CNA on 01/07/2026 at 3:41 p.m. revealed she provided care for Resident #1 from 3:00 p.m. until 11:00 p.m. on 12/06/2025 and 12/07/2025. S15CNA revealed she was not asked to provide a statement. S15CNA confirmed she provided care to Resident #1 in the 48 hours prior to identification of her injury of unknown origin, but was not interviewed or asked to provide a statement. Interview with S1ADM on 01/08/2026 at 10:05 a.m. revealed when Resident #1's injury was discovered on 12/08/2025 she had access to facility video surveillance footage for the previous 72 hours. S1ADM revealed she reviewed the facility's video surveillance for the previous 24 hours. S1ADM confirmed she did not review the facility's video surveillance footage from the 72 hours prior to discovery of Resident #1's injury, but should have.</p>		