| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195424 | A. Building<br>B. Wing | 05/13/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Lexington House | 16 Heyman Lane<br>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) |
|---|---|
| F 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.<br><br>Based on record review and interviews the facility failed to ensure grievances/complaints had been documented and investigated. The facility failed to open a grievance/complaint investigation for 1 (#9) of 37 sampled residents. Findings:Review of policy titled Grievances with revision date of 06/11 revealed under the section Procedure:When a complaint or grievance is voiced, a Grievance/Complaint for will be completed by the Administrator or Department Head with follow-up as appropriate. Review of Resident #9's medical record revealed an initial admission date of 02/12/2026 with diagnoses that included, in part, Encounter for Surgical Aftercare Following Surgery on the Nervous System. Type 2 Diabetes Mellitus with Diabetic Polyneuropathy, Syncope and Collapse, and Muscle Weakness (Generalized.) Review of Resident #9's electronic health record (EHR) revealed a Nursing Note written by S8LPN on 04/06/2026 at 2:20 p.m. S8LPN's note stated that Resident #9's family relayed to the nurse that the resident did not want to be here because staff was ?mean and rude to her.' The note continued to relay details of concerns voiced either by the resident or her family member. Review of 2026 Grievance/Complaint Log failed to reveal any documented grievance in regard to Resident #9. Interview on 05/13/2026 at 4:15 p.m. with S8LPN clarified that her note on 04/06/2026 referenced a grievance/complaint received from Resident #9's family on behalf of Resident #9. S8LPN stated that she had notified S2DON regarding the grievance/complaint as relayed by Resident #9's family. Interview on 05/13/2026 at 4:00 p.m. with S1Admin revealed that an Administrator or Department Head would have to open a grievance/complaint in the facility's computer system, the other staff cannot open the grievance/complaint. S1Admin stated that she was unaware the Resident #9's family had expressed any grievances or complaints. Interview on 05/13/2026 at 4:50 p.m. S2DON stated that a grievance/complaint had not been opened regarding the grievance/complaint voiced by Resident #9's family on behalf of the resident. |

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 |
|---|---|---|
| | | |