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

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lexington House	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)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation and interview, the facility failed to ensure menus were followed in order to meet the nutritional needs of residents who required a puree diet. The facility failed to follow the established recipes to ensure the nutritional adequacy of the meal for all 18 residents who received a puree diet.Findings:Review of a facility policy on 05/11/2026 at 3:15 p.m. titled, Standardized Recipes with a review date of 05/2023 revealed the following in part . Standardized recipes are used in preparation of food of control of quality, quantity, and uniformity of product. 5. The director of food and nutrition services requires the food and nutrition service staff to follow the standardized recipes. Review of the facility's standardized recipe for puree steamed rice revealed the following in part .Preparation for rice according to regular recipe: 20 servings, 1 1/4 cups 3 tablespoons of whole milk and 3/4 cups of soft margarine. Place food in processor, process until smooth adding 1.5 tablespoons of margarine per portion. Review of the facility standardized recipe for puree boneless pork chops revealed the following in part .Preparation for pork chop according to regular recipe: 20 servings, 1/4 cup 1 tablespoon of food thickener bulk. Mix broth and thickener to make slurry. Review of the facility standardized recipe for puree seasoned greens revealed the following in part .Preparation for seasoned greens/mustard greens according to regular recipe: 20 servings, 1/4 cup 2 tablespoons of food thickener bulk. Process until smooth adding 1 tablespoon of food thickener per serving. Kitchen observation on 05/11/2026 at 11: 05 a.m. revealed S4 [NAME] prepare the following pureed food items .-Observed S4 [NAME] pour an unmeasured amount of thickener into the blended pureed pork chops and stated, I am just going to eyeball it.-Observed S4 [NAME] prepare pureed rice using 2 ounces of chicken broth. S4 [NAME] did not use milk or margarine during preparation. -Observed S4 [NAME] prepare pureed mustard greens using 8 ounces of chicken broth. S4 [NAME] did not use thickener during preparation. In an interview on 05/11/2026 at 1:40 p.m., S3 DM revealed there were a total of 18 residents who received puree diets in the facility. S3 DM revealed S4 [NAME] was trained properly on how to follow the standardized puree recipes during preparation procedures. S3 DM confirmed the above recipes for puree pork chops, steamed rice, and mustard greens were not followed, but should have been. S3 DM confirmed S4 [NAME] should have measured the thickener for the pork chops, should have used measured milk and margarine for the steamed rice, and should have used measured thickener for the mustard greens, but did not.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to maintain a clean and sanitary kitchen to prevent the likelihood of foodborne illnesses and failed to store food in accordance with professional standards for food service safety. The facility census was 110. Findings: Review of a facility policy on 05/11/2026 at 3:15 p.m. titled, Food Storage Labeling with a review date of 05/2018 revealed the following in part .The facility will ensure the safety and quality of food by adhering to proper storage and labeling procedure. 1. Labelling: A. All temperature-controlled foods and ready-to-eat foods that are prepared in the facility and held for longer than twenty-four hours will be labelled. Information included on the label: Name of the food and date of storage. 3. Rotation: A. Identify the food item's use by date or expiration date. Store items with the earliest use by or expiration date in front of items with later dates. B. Foods stored in storage units will by surveyed routinely to identify and discard foods that have passed its manufacturer use by date or expiration date. Review of a facility policy on 05/11/2025 at 3:15 p.m. titled, Sanitary Conditions of the Food Service Department with a revision date of 05/2018 revealed the following in part .Facilities and equipment used in the preparation and serving of food provided to residents are to be safe and sanitary. Observation on 05/11/2026 at 8:10 a.m. of the facility kitchen accompanied by S3 DM revealed the following: Walk-In Refrigerator:- One container of Italian dressing with an expiration date of 04/15/2026; - One carton of sweet tea with an expiration date of 04/30/2026;- One container of ranch dressing with an expiration date of 04/30/2026; - Three containers of chopped garlic in water with an expiration date of 01/07/2026; - One container of chicken base with an expiration of 02/18/2026; - One carton of milk with an expiration date of 03/03/2026; - One opened cardboard box that contained: Opened, unsealed, and undated plastic wrap of sausage patties (9 individual sausage patties);- One opened cardboard box that contained: green bells peppers (over 50 bell peppers) with fuzzy, brown/grey substance on multiple green bell peppers- bell peppers were soggy and decomposing; and- One opened cardboard box that contained: oranges (over 50 oranges) with fuzzy, brown/grey substance on multiple oranges- oranges were soggy and decomposing; Walk-In Freezer:- One opened cardboard box that contained: opened, unsealed, and undated plastic wrap of biscuits (over 50 individual biscuits); - One opened cardboard box that contained: opened, unsealed, and undated plastic wrap of peanut butter cookie dough (over 100 individual cookie doughs); and- One opened cardboard box that contained: opened, unsealed, and undated plastic wrap of hamburger patties (over 50 hamburger patties). At the time of observation, S3 DM confirmed all of the above findings. S3 DM revealed that all dietary staff were aware of how to correctly label/store opened food items and to discard any expired food items in the kitchen. S3 DM confirmed the above listed items were expired, opened, unsealed, and/or undated and should have been disposed of properly. S3 DM confirmed the bell peppers and oranges were decomposing, had growing mold on them and should have been discarded, but were not.

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F 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services. Based on record review and interview, the facility failed to ensure that residents who required urostomy services received care consistent with professional standards of practice, as evidenced by the facility failing to ensure the physician's order for nephrostomy tube irrigation was followed for 1 (Resident #35) of 1 residents reviewed for catheter care. Total sample size: 37 Findings:Review of Resident # 35's medical record revealed an admission date of 02/27/2025, with diagnoses that included, in part.Encounter for Attention to other Artificial Openings of Urinary Tract; Chronic Kidney Disease, Stage 3; Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms; and Hydronephrosis with Renal and Ureteral Calculous Obstruction. Review of Resident # 35's Quarterly MDS with an ARD of 03/05/2026 revealed a BIMS score of 11, indicating moderate cognitive impairment. Resident #35 required supervision and/or touching assistance for toileting and personal hygiene. Review of Resident #35's Care Plan with a review date of 03/09/2026, read in part. Resident #35 has a diagnosis of Hydronephrosis with Renal and Ureteral Calculous Obstruction requiring a nephrostomy tube. Review of Resident # 35's Physician's Order dated 10/03/2025 read in part. Irrigate nephrostomy tube to the right mid-back with 3ml of wound cleanser twice daily to maintain tube patency. Review of Resident #35's Medication Administration Record for 05/1/2026-05/12/2026 revealed nursing staff signed off on the physician's order twice daily, indicating that Resident #35's nephrostomy tube irrigation was completed as ordered. On 05/12/2026 at 8:44 a.m., an interview with Resident #35 revealed that staff were not performing the ordered twice-daily irrigation of his nephrostomy tube. On 05/12/2026 at 11:43 a.m., an interview with S6LPN revealed she was unaware Resident #35 had a scheduled physician order to irrigate the nephrostomy tube twice daily. S6LPN stated she irrigated the nephrostomy tube as needed for patency. S6LPN confirmed she had not irrigated the tube since it was replaced on 05/06/2026 because she was unfamiliar with the procedure for irrigating the new nephrostomy tube. S6LPN further confirmed she did not notify the physician to obtain clarification or education regarding the nephrostomy tube maintenance. S6LPN acknowledged that she signed the physician orders on 05/07/2026 and 05/08/2026 indicating the nephrostomy tube irrigation had been completed; however, S6LPN confirmed the ordered treatment was not performed. On 05/13/2026 at 3:08 p.m., an interview with S7LPN revealed she routinely provided care for Resident #35 and was familiar with his treatment needs. S7LPN revealed she was unaware Resident #35 had a scheduled physician order to irrigate the nephrostomy tube twice daily. S7LPN further stated she had never irrigated Resident #35's nephrostomy tube. S7LPN acknowledged her initials on 05/04/2026, 05/06/2026, and 05/11/2026 indicating the nephrostomy tube irrigation had been completed. S7LPN confirmed the ordered treatment had not been performed. On 05/13/2026 at 3:20 p.m., S2DON acknowledged that the physician's order to irrigate Resident #35's nephrostomy tube was not being performed as ordered, but should have been.

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. Based on observation, record review, and interview, the facility failed to ensure a resident's therapeutic diet was followed according to the physician's orders by failing to ensure a resident received double portion on her lunch tray for 1 resident (#14) in a total sample of 37 residents. Findings:Observation of Resident #14 during the lunch meal on 05/13/2026 at 11:45 a.m. revealed the resident was served one piece of chicken, instead of two pieces. Review of Resident #14's Electronic Health Record (EHR) revealed an admit date of 06/04/2021 and diagnoses that included in part, Type 2 Diabetes Mellitus with Hyperglycemia, Dementia in Other Diseases Classified Elsewhere, Severe, with Other Behavioral Disturbance, and Cognitive Communication Deficit. Review of the Physician's orders with a start date of 04/30/2026 revealed the diet ordered for Resident #14 was NSOT (No Salt on Tray) diet, Regular texture, Regular consistency, Double portion. Review of the resident's care plan also revealed the resident was identified with a potential for altered nutritional status.tries to take food off other trays.looks for food after she has eaten, with a revision date of 05/01/2026. Interventions included in part, double portions and diet as ordered, which were initiated on 05/01/2026. Interview with S3 DM on 05/13/2026 at 11:50 a.m. confirmed Resident #14 should have received double portions, which included two pieces of chicken, according to her therapeutic diet order, but did not.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that all mechanical, electrical, and patient care equipment were maintained in a safe operating condition for 1 (Resident #113) of 6 residents reviewed for physical environment. The total sample size was 37 residents.Review of facility policy with a last review date of 07/2025, titled Housekeeping Safety, revealed in part . Check for and report all defective equipment. Review of Resident #113's medical record revealed Resident #113 was admitted to the facility on [DATE] with diagnoses that included, in part., Parkinson's disease without Dyskinesia with Fluctuations, Neurocognitive Disorder with Lewy Bodies, and Essential Tremor. Review of Resident #113's Significant Change MDS with ARD 04/16/2026 revealed the resident had a BIMS score of 12, indicating moderate cognitive impairment. Resident #113 was dependent for all ADLs, including bed mobility. On 5/12/2026 at 8:45 a.m., observation revealed Resident #113 sitting up in bed with the head of the bed elevated. The resident's bed remote was observed located on the resident's right side rail, with the wire casing broken from the base of the remote, extending down about 4 inches, revealing approximately 4 inches of exposed frayed wire. Resident #113 stated she did not know how long her bed remote had exposed wire. On 5/12/2026 at 1:53 p.m., observation revealed Resident #113 sitting up in bed with the head of the bed elevated. The resident's bed remote was observed located on the resident's right side rail, with the wire casing broken from the base of the remote, extending down about 4 inches, revealing approximately 4 inches of exposed frayed wire. On 5/12/2026 at 2:35 p.m., observation of Resident #113's bed remote with S5 Maintenance at this time. S5 Maintenance confirmed Resident #113's bed remote wire casing was broken with exposed frayed wire, and should not be on the resident's bed. On 5/12/2026 at 2:46 p.m., observation of Resident #113's frayed wired bed remote with S1Admin at this time. S1Admin stated Resident #113 is dependent for all care, including bed mobility, and direct care staff should have identified the exposed wire as an issue and reported it. S1Admin confirmed the residents' bed remote should not have been on the residents' bed in that condition, but was.