

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/17/2024
NAME OF PROVIDER OR SUPPLIER  Lexington Manor Senior Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  56 Rockport Road Lexington, MS 39095	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>47874</p> <p>Based on staff interview and record review, the facility failed to accurately complete an Annual Minimum Data Set (MDS) for a resident that had a serious mental illness for one (1) of 17 MDS reviews. Resident #2</p> <p>Findings Include:</p> <p>The facility provided a statement on letterhead dated 10/16/24, It is the practice of this facility, Proper Name, to document data for the MDS 3.0 according to the instructions per the RAI (Resident Assessment Instrument) Manual.</p> <p>Record review of Resident #2's Preadmission Screening and Resident Review (PASRR) Summary of Findings Report dated 3/23/23 revealed under, Mental Health: . The individual meets criteria for having a diagnosis of mental illness as defined by PASRR with the primary diagnosis of Schizophrenia.</p> <p>Record review of the Transfer/Discharge Report revealed the facility admitted Resident #2 on 4/6/23 with a medical diagnosis of Schizophrenia.</p> <p>Record review of Resident #2's Annual MDS with an Assessment Reference Date (ARD) of 3/14/24 revealed under section A, Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition? No was documented.</p> <p>An interview with the MDS Nurse on 10/16/24 at 12:00 PM, confirmed she made an error when completing Resident #2's MDS and revealed she must have been rushing and missed it. She explained that the MDS should be accurate so that the residents get the care they need.</p> <p>An interview with the Director of Nursing (DON) on 10/16/24 at 12:11 PM, confirmed the MDS should be completed accurately so that the resident's individualized care needs were met.</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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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>47157</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to implement a smoking care plan for one (1) of 17 care plans reviewed. Resident #44</p> <p>Findings include:</p> <p>A review of a facility policy titled, Comprehensive Care Plans, reviewed 10/23 revealed, Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident</p> <p>An observation on 10/16/24 at 10:00 AM, revealed Resident #44 smoking with the supervision of Housekeeper #1. During the observation it was revealed that Resident #44 was observed to not be wearing a smoking vest while he was smoking a lit cigarette.</p> <p>A review of the care plan titled, Resident #44 is at risk for injuries related to smoking, revealed, Interventions: Resident #44 will require a smoking apron due to falling asleep while smoking initiated 5/28/24.</p> <p>In an interview with the Minimum Data Set (MDS) Coordinator on 10/16/24 at 10:53 AM, it was revealed after review of Resident #44's smoking care plan that staff were not following the care plan to wear a smoking apron. She then revealed the purpose of the care plan is to let staff know of the specific care a resident requires.</p> <p>Record review of the Admission Record revealed the facility admitted Resident # 44 on 12/02/22 with a diagnosis of Nicotine Dependence.</p> <p>Record review of Resident # 44's Section C of the Annual MDS with an Assessment Reference Date of 10/14/24 revealed a Brief Interview for Mental Status (BIMS) score of 12, indicating the resident was moderately cognitively impaired.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>47157</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to promote an environment as free of accident hazards as possible, when the facility failed to provide a resident a smoking protection assistive device to prevent accidents for one (1) of three (3) residents reviewed for accidents and hazards.(Resident #44)</p> <p>Findings include:</p> <p>A review of the facility policy titled, Smoking/Tobacco Use Policy, last review 2024 revealed, Procedure: 5.) Smoking aprons will be provided for residents who are evaluated to need them by the smoking safety assessment. Wearing of the apron will be assisted by staff during smoking times for those residents who require them .</p> <p>An observation of Resident #44 on 10/15/24 at 12:52 PM, revealed small cigarette burn holes on the blanket covering his legs.</p> <p>A record review of a Smoking Safety Screen for Resident #44 dated 5/28/24, revealed the resident needed adaptive equipment during smoking with a smoking apron and supervision. Notes on safety from Interdisciplinary team: Staff noted that Resident #44 fell asleep while holding a lit cigarette. Due to the risk of injury, Resident #44 will be required to wear an apron while smoking.</p> <p>Review of the Smoking Safety Screen for Resident #44 dated 10/14/24 revealed resident need for adaptive equipment needed was a smoking apron and supervision. Notes on safety from the Interdisciplinary team: Resident #44 has a history of dropping ashes on clothing. Resident requires supervision and an apron.</p> <p>Record review of the Smoking and Tobacco/Snuff list of residents revealed Resident #44 was listed but did not have two (2) asterisks next to his name to indicate he required a smoking apron.</p> <p>On 10/16/24 at 10:00 AM, an observation revealed Resident #44 smoking with the supervision of Housekeeper #1 and it was observed that Resident #44 was not wearing a smoking apron while he was smoking a lit cigarette. It was observed that there were two small burn holes on the blanket covering Resident #44's legs.</p> <p>Interview with Housekeeper #1 on 10/16/24 at 10:04 AM, revealed the Social Service Director lets him know who requires a smoking vest, and confirmed he was unaware that Resident #44 needed a smoking vest. He then revealed he was unaware of a smoking list that reflected which residents required a smoking vest.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with the Social Service Director on 10/16/24 at 10:10 AM, she confirmed Resident #44 was to wear a smoking vest and stated the housekeeper was unaware that the resident required a smoking vest. She confirmed that she updated the smoking list as changes occurred. In a review of the smoking list with the Social Service Director, she confirmed the smoking list did not reflect that Resident# 44 required a smoking vest. She then revealed that by not applying the smoking apron, the staff placed Resident #44 at risk for burning himself.</p> <p>An interview with the Minimum Data Set (MDS) Coordinator on 10/16/24 at 10:53 AM she revealed after review of the Smoking Assessment for Resident # 44 he should have been wearing a smoking apron and stated the smoking list should have been updated by the Social Service Director.</p> <p>Review of the Admission Record revealed the facility admitted Resident # 44 on 12/02/22 with a diagnosis of Nicotine Dependence.</p> <p>Record review of Resident # 44's Section C of the Annual MDS with an Assessment Reference Date of 10/14/24 revealed a Brief Interview for Mental Status (BIMS) score was 12, indicating the resident was moderately cognitively impaired.</p>