STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345419	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lexington Health Care Center	17 Cornelia Drive Lexington, NC 27292

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 0657 Level of Harm - Potential for minimal harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40197 Based on record review and staff interviews, the facility failed to revise a care plan for an indwelling urinary catheter for 1 of 3 residents whose care plans were reviewed (Resident #1). The findings included: Resident #1 was admitted to the facility on [DATE] with diagnoses that included a neuromuscular disorder of the bladder. A nursing progress note dated 9/18/24 read that Resident #1's indwelling urinary catheter was removed. A significant change in status Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #1 had frequent urinary incontinence. He was not coded as having an indwelling urinary catheter. Review of Resident #1's active care plan, last reviewed on 12/3/24, revealed a care plan for an indwelling urinary catheter due to neurogenic bladder. On 1/30/25 at 1:40 PM, an interview occurred with the MDS nurse. She reviewed Resident #1's care plan and verified that he no longer had a urinary catheter, and the care plan should have been resolved. She felt it was an oversight. The Administrator was interviewed on 1/30/25 at 2:55 PM, and stated it was her expectation for the care plan to be an accurate representation of the resident.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40197 Based on record review and staff interviews, the facility failed to maintain accurate medical records in the area of medication management for 1 of 3 residents reviewed for accurate medical records (Resident #1). The findings included: Resident #1 was admitted to the facility on [DATE]. A review of the January 2025 physician orders included the following: - Atorvastatin 80 milligrams (mg) one tablet via G-tube in the evening for hyperlipidemia. - Insulin Lispro inject per sliding scale subcutaneously every six hours for diabetes type 2. - 150 milliliters (ml) water flush six times a day via G-tube for hydration. A review of the January 2025 Medication Administration Record (MAR) indicated that the Atorvastatin, Insulin Lispro and water flush were not signed off as provided or refused by Resident #1 on 1/18/25 at 6:00 PM. A phone interview occurred with Nurse #1 on 1/30/25 at 1:26 PM. She was assigned to care for Resident #1 on 1/18/25 from 7:00 AM to 7:00 PM. The January 2025 MAR was reviewed, and she stated that she provided Resident #1 with his medication and water flush as well as his insulin on 1/18/25 at 6:00 PM but forgot to sign off that it was completed. The Administrator was interviewed on 1/30/25 at 2:55 PM and stated that she expected the medical records to be complete and accurate.