

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365578	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER New Lexington Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 920 South Main Street New Lexington, OH 43764	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47987</p> <p>Based on interviews, record reviews, and facility validation accessing implanted vascular access port guidelines the facility failed to ensure an antibiotic was ordered correctly and an implanted vascular access port (port a cath) was accessed with a physician's order. This affected one resident (#11) of two residents reviewed for indwelling devices and antibiotics. The facility census was 56.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #11, revealed an admitted [DATE] and a was sent to the hospital when at Fairfield Healthcare Professional Hematology and Oncology infusion appointment on 03/07/25. Diagnoses included but were not limited to partial intestinal obstruction, malignant neoplasm of colon, moderate protein-calorie malnutrition, osteoarthritis, iron deficient anemia, essential hypertension and personal history of venous thrombosis and embolism.</p> <p>Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 15 out of 15. The resident was assessed to require setup or clean-up assistance with eating, oral hygiene, toilet hygiene, shower/bathe self, and supervision or touching assistance with bed mobility and transfers. This resident was also assessed to be occasionally incontinent or bladder and bowel elimination.</p> <p>Review of the hospital discharge paperwork dated 02/12/25 revealed Resident #11 had an implanted vascular access port to her left upper chest.</p> <p>Review of the facility admission assessment dated [DATE] revealed Resident #11's implanted vascular access port was not accessed.</p> <p>Review of the plan of care for Resident #11 revealed no focus, goal and interventions for the un accessed implanted vascular access port.</p> <p>Review of the physician's order dated 03/06/25 at 5:22 P.M. entered by Registered Nurse (RN) #323 revealed Cefepime Hydrochloric Acid (HCL) intravenous solution reconstituted 2 grams, use 2 grams intravenously two times a day for bacteremia until 03/18/25 telephone order from Physician #222.</p> <p>Review of the progress note dated 03/07/25 at 6:10 A.M. authored by RN #420 revealed a Huber needle 20 gauge by 1 inch accessed to left upper chest per sterile procedure. Port a cath flushed with blood return from cath. Resident tolerated procedure well. Intravenous (IV) antibiotics started.</p> <p>(continued on next page)</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Medication Administration Record dated 03/07/25 at 7:00 A.M. revealed Resident #11 received the Cefepime HCL IV 2 grams.</p> <p>Review of Resident #11's medical record did not reveal any provider documentation and no laboratory tests to support the new diagnosis of bacteremia for antibiotic medication order of the Cefepime HCL. Further review also revealed no physician's order to access the implanted vascular access port.</p> <p>Interview on 03/31/25 at 1:58 P.M. with Physician #222 via telephone revealed he did not order the Cefepime HCL antibiotic medication via telephone on 03/06/25 for Resident #11 for bacteremia. Also verified he did not give the facility an order and permission to access her implanted vascular access port and does not allow them to be accessed for medications and labs at all unless it is urgent.</p> <p>Interview on 03/31/25 at 2:10 P.M. with Certified Nurse Practitioner (CNP) #520, who works under Physician #222, via telephone revealed she did not order the Cefepime HCL antibiotic medication via telephone on 03/06/25 for Resident #11. Also verified she did not give the facility an order and permission to access her implanted vascular access port.</p> <p>Interview on 03/31/25 at 3:02 P.M. with RN #323 revealed she took the telephone order for the Cefepime HCL antibiotic medication for Resident #11 from a woman and could not remember who it was. Verified she placed the order under Physician #222's name and stated I entered the order under him because that is her doctor.</p> <p>Interview on 03/31/25 at 3:29 P.M. with the Director of Nursing (DON) revealed she is unable to confirm what provider ordered the Cefepime HCL antibiotic medication for Resident #11 as well as find any provider notes supporting the new diagnosis of bacteremia for it.</p> <p>Interview on 03/31/25 at 3:43 P.M. with the Assistant Director of Nursing revealed to access an implanted vascular access port an order is usually required, and the facility has a guideline to follow.</p> <p>Interview on 03/31/25 at 3:58 P.M. with Medical Assistant #1000 at Fairfield Healthcare Professionals General Surgery office of Physician #777 via telephone revealed Resident #11 was seen in their office on 03/05/25 and Physician #777 did not order the Cefepime HCL antibiotic medication and did not give an order to access the implanted vascular access port.</p> <p>Interview on 04/01/25 at 9:00 A.M. with CNP #111 via telephone revealed Resident #11 was at their infusion clinic for fluids and iron on 03/07/25. An infusion nurse noted Resident #11 to have her implanted vascular access port to be improperly accessed was concerned for her decline in overall condition. CNP #111 assessed Resident #11 and decided to send her to the emergency room due to a decline in her overall condition. No adverse effects to Resident #11 were assessed by CNP #111 due to the improper access of her implanted vascular access port and she sent a communication to the facility to not access it. She also verified she never ordered the Cefepime HCL antibiotic medication and to have the facility access her implanted vascular access port.</p> <p>Interview on 04/01/25 at 9:35 A.M. with the DON revealed she was unable to provide documentation and an order for the Cefepime HCL antibiotic medication as well as an order and permission for the facility to access the implanted vascular access port for Resident #11.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Attempted to interview RN #420 via telephone with no successful attempts.</p> <p>Review of the facility validation checklist for accessing implanted vascular access ports with no date revealed the purpose of the checklist is to determine if the individual performs vascular access port care in accordance with professional standards of practice. The first step is to review the physician's orders.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00163982.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47987</p> <p>Based on interviews, observations and facility policy, the facility failed to maintain a safe and homelike environment for four residents (#11, #20, #30, and #40) of four residents reviewed. The facility census was 56.</p> <p>Findings include:</p> <p>Observation on 03/31/25 at 12:35 P.M. of private room [ROOM NUMBER] revealed in the bathroom, a small quarter size rusted hole through the sink.</p> <p>Interview on 03/31/25 at 12:59 P.M. with the Director of Nursing revealed the facility did an audit for the entire facility on resident's bathroom conditions on 03/06/25 and found two sinks that had rusted holes found in room [ROOM NUMBER] as well as the shared bathroom for rooms #106 and #108. Verified room [ROOM NUMBER] is now unoccupied, but did have Resident #11 when she was at the facility. room [ROOM NUMBER] has Resident #30 and #40 currently and room [ROOM NUMBER] has Resident #20 currently.</p> <p>Observed on 03/31/25 at 1:21 P.M. of the shared bathroom for rooms #106 and #108 revealed a baseball sized hole that was rusted through the sink.</p> <p>Interview on 04/01/25 at 8:38 A.M. with the Maintenance Director verified the bathrooms for room [ROOM NUMBER] and for the shared bathroom for rooms #106 and #108 had holes rusted through the sinks. He also revealed he ordered sinks about a month ago to replace them and was picking them up today to start the repairs.</p> <p>Review of the facility policy titled Safe & Homelike Environment last reviewed on 12/12/2023 revealed the facility will provide a safe, clean, comfortable homelike environment that includes ensuring that the residents can receive care and services safely and the physical layout of the facility maximizes residents' independence and does not pose a safety risk. The word environment includes but is not limited to the resident's bathroom.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00163982 and Complaint Number OH00162700.</p>