

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Lexington Court Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Delaware St Lexington, OH 44904	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36648</p> <p>Based on medical record review, resident and staff interviews, and policy review, the facility failed to ensure a care plan reflected a resident's current status. This affected one (#61) of one reviewed for care plans. The facility census was 69.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #61 revealed an admitted [DATE]. Diagnoses included myelofibrosis, muscle weakness, migraines, and infection of surgical site. The resident was cognitively intact.</p> <p>Review of Resident #61's care plan updated 02/28/25 revealed it did not include goals and interventions in place for Activities of Daily Living (ADLs).</p> <p>Interview with Resident #61 on 03/25/25 at 10:00 A.M. confirmed she uses a wheelchair and requires assistance from staff to complete ADLs.</p> <p>Interview on 03/25/25 at 1:35 P.M. with the Director of Nursing (DON) verified Resident #61's care plan did not address the resident's ADL needs.</p> <p>Review of the facility's policy titled, Resident Assessment Accuracy of Assessment, dated 11/28/27 revealed the facility must conduct initially and periodically a comprehensive and accurate assessment of each resident's functional capacity. The assessment must accurately reflect the residents' status.</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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333</p> <p>Based on observation, interview, record review, and review of facility policy, the facility failed to ensure resident food preferences were honored. This affected one resident (#42) of one resident reviewed for food preferences. The census was 69.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #42 revealed an admitted [DATE] with diagnoses included but not limited to Alzheimer's disease, heart failure, and thyrotoxicosis.</p> <p>Review of the most recent completed Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #42 was severely cognitively impaired and was dependent for activities of daily living.</p> <p>Review of the care plan dated 03/03/22 revealed Resident #42 was at nutritional risk related to diagnoses. Interventions included but not limited to honoring preferences.</p> <p>Review of Resident #42's diet ticket revealed Resident #42 disliked chicken.</p> <p>Observation of lunch tray line on 03/26/25 at 12:10 P.M. revealed Resident # 42's tray was portioned up with pureed chicken alfredo and pureed broccoli. Resident #42's diet ticket stated Resident #42 disliked chicken. [NAME] #302 stated Resident #42 has gotten chicken already and eats it, so she did not need a substitute.</p> <p>Observation and interview on 03/26/25 at 12:40 P.M. revealed Resident #42's was served pureed chicken alfredo. An interview with daughter of Resident # 42 revealed her mother does not like chicken and would like a substitution. Regional Clinical Director #301 called the kitchen for an alternative.</p> <p>Interview on 03/26/25 at 5:18 P.M. with Registered Diet Technician #310 revealed she does a tray audit monthly but does not have access to the diet ticket system to audit the diet tickets and/or update preferences.</p> <p>Review of the facility policy dated 01/2025 titled, Resident Interviewing/Obtaining Nutritional History, revealed preferences will be obtained by the resident or resident representative.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39333</p> <p>Based on observation, interview, and facility policy, the facility failed to ensure a clean and sanitary kitchen as well as hair restraints were worn by kitchen staff while in the kitchen. This had the potential to affect 69 residents out of 69 who received meals from the facility kitchen. The census was 69.</p> <p>Findings include:</p> <p>Observation on 03/25/25 at 10:27 A.M. revealed Interim Dietary Manager (IDM) #300 was not wearing a hair restraint. IDM #300 stated he did not know it was a regulation to wear a hair restraint in Ohio. Further observation of the kitchen revealed there was grease running down the front of the stove. IDM #300 verified the grease and stated that he would get it cleaned up.</p> <p>Observation on 03/26/25 at 11:45 A.M. [NAME] #302 was serving garlic bread with her gloved hand after touching other utensils and plates. She stated that she knew better and then got a pair of tongs.</p> <p>Observation on 03/26/25 at 11:58 A.M. revealed grease started to run down the front of the stove again. Looking at the stove, there was a grease tray that was overflowing, so when someone bumped the stove, it started to run down the front of the oven door. The shelf above the stove was greasy with dust on top of the grease. IDM #300 verified the grease and stated that he would get it cleaned up.</p> <p>Review of the facility policy from the diet manual dated 01/2025 titled, Sanitation Standards of Practice, revealed that it is policy to ensure food service areas are clean, sanitary and in compliance.</p>

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have policies on smoking.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36648</p> <p>Based on observation, resident interview, staff interview, record review, and review of facility policy, the facility failed to ensure smoking materials were stored in a safe manner. This affected one (Resident #50) of one resident reviewed for storage of smoking materials. The facility census was 69.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #50 revealed an admitted [DATE]. Diagnoses included hypokalemia, absence of right leg below knee, disorders of plasma-protein metabolism, Peripheral vascular disease, unspecified sequelae of cerebral infarction and depression. She required limited assistance with activities of daily living and she was cognitively intact.</p> <p>Review of Resident #50's smoking assessment dated [DATE] revealed she is to be supervised when smoking and all smoking materials are to be given to staff members to be kept in a locked location.</p> <p>Observation on 03/26/25 at 9:47 A.M. with Maintenance Man (MM) #473 revealed Resident #50 had four packs of cigarettes in the refrigerator in her room.</p> <p>Interview on 03/26/25 at 10:52 A.M. with Housekeeper Supervisor (HS) #472 revealed Resident #50 did not go out to smoke on 03/26/25 at 7:00 A.M. HS #472 confirmed she was not aware Resident #50 had cigarettes in her room but had a supply of cigarettes locked up behind the nurse's station.</p> <p>Interview on 03/26/25 at 11:00 A.M. with Medical Records Coordinator (MRC) #462 revealed Resident #50 went out to smoke on 03/26/25 at 10:00 A.M. She was given cigarettes to smoke that were kept behind the nurse's station locked up. She denied knowing Resident #50 had cigarettes in her room.</p> <p>Interview on 03/26/25 at 11:11 A.M. with Resident #50 revealed last night, she was short on cigarettes and a staff member in the afternoon shift was going to the store. Resident #50 gave the staff member money to buy her cigarettes. When she received her cigarettes, she put them in the refrigerator. She forgot they were in there until MM #473 and Surveyor found them in her refrigerator.</p> <p>Review of the facility's policy, Smoking Policy last updated 09/2022, revealed residents are not permitted to have lighters or other smoking paraphernalia on their person during non-smoking times. This includes both safe and unsafe smokers. Residents will be given their cigarettes and E-cigarettes, upon arrival to designated smoking areas. All cigarettes that are unsmoked will be returned to facility staff for storage. Smoking material will be labeled and kept in a central location lock and key and available by staff members or family.</p>		