STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375514	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lexington Nursing Home, Inc.	632 Southeast 3rd Street Lexington, OK 73051

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and interview, the facility failed to ensure the care plan was revised related to wound care for 1 (#19) of 12 sampled residents reviewed for care plan revision. The DON identified 39 residents resided in the facility. Findings:An undated face sheet showed Res #19 admitted to the facility with diagnoses which included heart disease, muscle wasting and atrophy, and muscle weakness.A progress note, dated 04/20/26, showed Res #19 had an open area to the lateral side of their left foot. The note showed new physician orders for wound care and to wear heel protection boot on the left foot.The care plan was not revised to include the new open area or the heel protector boot for Resident #19.On 04/30/26 at 12:59 at p.m., LPN #1 stated the new wound, and the heel protector should have been care planned.

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

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure proper infection control for 1 (#2) of 1 sampled resident reviewed for catheter care.The DON identified 39 residents resided in the facility. The facility matrix identified two residents had catheters.On 04/27/2026 at 8:06 a.m., CNA #1 and CNA #2 were observed donning personal protective equipment which included gowns and gloves in preparation to assist Res #2 out of bed. CNA #1 emptied the catheter into a urinal and then disposed of the urine in the toilet. CNA #1 returned to assist CNA #2 with transferring Res #2 from bed to wheelchair. CNA #1 did not change their gloves or perform hand hygiene after the catheter care and before continuing to assist Res #2.A Perineal Care Policy and Procedure, updated May 2022, showed gloves should be worn to provide catheter care. Soiled supplies should be placed in the appropriate trash bag. The policy showed remove gloves, perform hand hygiene, and then don clean gloves before continuing care.A quarterly assessment for Res #2, dated 11/03/25, showed the resident admitted [DATE] and was cognitively intact. The assessment showed Res #2 required substantial to maximum assistance with bed mobility, transfers, and catheter care. The assessment showed Res #2's left hand and foot were both contracted.On 04/27/26 at 8:15 a.m., CNA #1 stated I should have changed my gloves after emptying that catheter. On 04/27/26 at 12:26 p.m., LPN #1 stated If staff touched the catheter at all, then they need to wash their hands and apply new gloves before continuing to provide care.