

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	

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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33379</p> <p>Based on policy review, record review, observation, and interview, the facility failed to provide a nourishing and well-balanced diet that meets each resident's daily nutritional and dietary needs for 3 of 5 (Residents #2, #5 and #16) residents reviewed for nutrition. The facility had a census of 78, with 76 of those residents receiving a meal tray from the kitchen.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled, Dietary: Menus and Adequate Nutrition, dated 7/25/2024, revealed . The purpose of the policy is to assure menus are developed and prepared, based on reasonable efforts, to provide each resident choices that reflect their nutritional, religious, cultural, and ethnic needs, while using guidelines and considering resident preferences .shall ensure that menus .Meet the nutritional needs of residents .Be followed . 2. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including Atrial Fibrillation, Coronary Artery Disease, Anxiety and Depression. <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #2 with a Brief Interview for Mental Status (BIMS) score of 9, which indicated Resident #2 was moderately cognitively impaired, was coded for weight loss, and required staff to set up his meals.</p> <p>Review of Resident #2's Care Plan dated 10/23/2024, revealed .Problem . is at risk for weight loss .had 5% [percent] weight loss in last 30 days .Interventions .Diet as ordered. See MD [Medical Doctor] orders for current diet/interventions .Monitor meal intake and offer substitutes prn [as needed] .Please see current MD orders .Adhere to food preferences .</p> <p>Review of the November 2024 Physician's orders revealed, .Diet - Regular .</p> <p>Review of the WEIGHT CHANGE assessment dated [DATE], revealed .Assessment due to continual weight loss/gain monitoring is needed .Previous Weight .178 [pounds] .Current weight .157 [pounds] .Weight change Percentage: 11.0 .Weight Change in Pounds: 21 .Timeframe for WT [weight] change 90 days .Diet Regular, with large portions at breakfast and lunch (11/11) [11/11/2024]. Inserviced staff on offering alternatives (11/6) [11/6/2024] .Sandwich at 3:00pm .Mirtazapine 7.5 mg [milligram] [to cause weight gain .it can make you feel hungrier than normal] QHS [every night at bedtime] loss of 11% .</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Registered Dietician Clinical Notes dated 11/12/2024, revealed 3.17% wt [weight] loss x [times] 30 days. 10.78% wt loss x 90 days. 14.57% wt loss x 180 days. Diet ordered regular with large options at breakfast and lunch added on 11/11 [11/11/2024].</p> <p>a. Observation and interview in Resident #2's room on 12/9/2024 at 2:15 PM, revealed Resident #2 to be neatly dressed, and playing his keyboard. Resident #2 was asked if he had any concerns with the meals at the facility. Resident #2 stated, .it [the kitchen problems] was bad .cook didn't come .it [the kitchen problems] got in a mess .the Administrator was trying to cook, run her office. I felt so sorry for her .couldn't get nobody up here to cook .</p> <p>b. Review of the lunch menu for 12/10/2024, revealed residents should have received the following:</p> <p>6 oz of ham and potato casserole.</p> <p>4 oz Lima beans.</p> <p>1 roll.</p> <p>2 chocolate chip cookies.</p> <p>c. Observation and interview in Resident #2's room on 12/10/2024 at 11:48 PM, revealed the resident to be sitting in the recliner, in his room. Certified Nurse Assistant (CNA) N delivered the resident's lunch meal tray containing 1 piece of ham, 1 pureed vegetable and an oatmeal pie. CNA N confirmed the resident didn't receive double portion for lunch and stated, .I will go to the kitchen now . CNA N returned in a few minutes with 2 pieces of ham, 2 pieces of bread and 2 small cups of strawberry ice cream and stated, .didn't have any other vegetable .</p> <p>Review of Resident #2's meal ticket dated 12/10/2024 revealed, .LUNCH .DIET: Regular, DOUBLE PORTIONS .</p> <p>The facility was unable to provide the ham and potato casserole, lima beans and 2 chocolate chip cookies, the menu had to be changed due to the food truck not coming in time for lunch. Resident #2 was not served double portions as prescribed.</p> <p>4. Review of the breakfast menu for December 10th, for a regular breakfast residents should have received the following:</p> <p>2 oz egg</p> <p>2 oz sausage</p> <p>6 oz cereal</p> <p>1 waffle</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview in the kitchen of the breakfast tray line on 12/10/2024 at 7:17 AM, revealed residents in the main dining room, 200 and 300 hall that received a regular tray got one piece of bacon, eggs, oats or cereal and 1 biscuit and the residents on the 100 hall received 2 pieces of bacon. Dietary [NAME] #O was asked why the residents now are receiving 2 pieces of bacon. Dietary [NAME] O stated, . because we had some left over .if a resident had a mechanical diet they only got scramble egg, oats and a biscuit .supposed to get sausage but we don't have any . a regular diet receives 2 oz scramble egg, 1 piece of bacon, bowl of 6oz oats, and 1 biscuit . a puree diet, receives 2 oz of pureed egg, puree meat, and puree bread. Dietary [NAME] #O confirmed waffles were on the menu for breakfast, but the facility didn't have any and stated, Truck is coming today .</p> <p>5. Random observation and interview in Resident #16's room on 12/10/2024 at 12:00 PM, revealed the resident to be dressed, and sitting up in her bed. Staff delivered her lunch tray, containing 1 piece of ham, 1 vegetable of sweet potatoes, 1 bread roll and 1 [NAME] butter bar. Resident #16 was asked about her meals. Resident #16 stated, .lousy for 2 or 3 months .1 tiny biscuit, 1 bacon, egg .one time it was 2 o'clock before lunch was served.</p> <p>6. Random observation and interview in Resident #5's room on 12/10/2024 at 12:05 PM, revealed the resident to be dressed, sitting in his room, in front of his computer. Resident was asked how her breakfast was this morning. Resident #5 stated .it [breakfast] was lacking [not enough food and the food was not good]</p> <p>7. During a telephone 12/19/2024 at 3:25 PM, Family Nurse Practitioner (FNP) P was asked if she had concerns about kitchen. FNP P stated, I know they have been short staff .in there .meal later than usual on some days .I have heard complaints of the small portion . FNP P confirmed they are pulling from the floor and the Administrator is working in the kitchen and stated, They don't have a dietary manager .I think they need consistency [in kitchen staff] .she is the administrator not dietary and it makes a difference .there should be standard serving size across the board .</p> <p>During a telephone interview on 12/19/2024 at 3:43 PM, FNP Q stated, I have overheard residents say their breakfast and lunch has been late . FNP Q confirmed she provided care to Resident #2, he should had received double portion with his meal as order and stated, .I would absolutely expect them to honor that .if it was my mom or father I would be pretty upset if they didn't receive what they were supposed to .I know they have had a lot of issue with staffing in the kitchen .I would be upset . FNP Q confirmed nutrition is very important for residents.</p> <p>During a telephone interview on 12/19/2024 at 4:07 PM, the previous Registered Dietician (RD) stated, I would expect everything on that menu to be on that tray . The previous RD was asked if a resident didn't get a complete meal would it meet the nutritional needs. The previous RD stated, .in my expertise, no .</p> <p>During an interview on 12/23/2024 at 7:40 AM, the Housekeeping and Laundry Supervisor stated, .I have helped out with lunch .was calling for beef noodles and I didn't know where that stuff was .it was supposed to be hamburger helper and I said well I'm sorry they got beef and noodle .what I have been told, regular tray . gets eggs, 1 sausage, oatmeal or dry cereal, biscuit .if its bacon they should receive 2 pieces of bacon .a couple of times didn't have enough bacon to give them 2 pieces . The Housekeeping and Laundry Supervisor confirmed sometimes residents didn't get sausage and just got 1 piece of bacon.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/23/2024 at 8:38 AM, Housekeeper I stated, .sometimes a person is supposed to receive double portion but we don't have enough for them to have double portion . Housekeeper I confirmed residents are supposed to receive 2 pieces of bacon and stated, If they have enough that day .if not receive 1 piece .they aren't ordering enough food .it's all disorganized . Housekeeper I was asked if residents are receiving the appropriate meal. Housekeeper I stated, Not really .would only get a meat and one vegetable and .like yesterday they had breakfast, it was bacon, eggs and muffin .grits . the resident got the meal, wanted pancakes .they didn't have pancakes and just sent out what they had .</p> <p>During an interview on 12/23/2024 at 9:08 AM, The Director of Nursing (DON) was asked about complaints from residents or families of the food portions being small, that the food is cold and inedible. The DON stated, I have heard all three .I think that goes back to not having leadership in the kitchen and not doing the planning .I don't know who is doing the ordering . The DON confirmed if a resident was supposed to receive double portion the orders should be followed, and they should receive double portions. The DON was asked if 1 piece of ham and 1 vegetable was a double portion. The DON stated, .it should have been double meat and double portion of the 2 vegetables .double portion of everything . The DON was asked what her concerns are in the kitchen. The DON stated, .the kitchen needs guidance, leadership and thorough training .</p> <p>During an interview on 12/23/2024 at 11:30 AM, the Administrator confirmed physician orders should be followed, residents should receive a full nutritional meal, residents should had received 2 pieces of bacon. The Administrator was asked had she had complaints from residents or families, that there is not enough food in the kitchen. The Administrator stated, Yes ma'am .when our truck didn't deliver due to the transition .I went to the store and bought groceries to make it through for the truck to be delivered the next day .</p> <p>During a random interview on 12/23/2024 at 1:00 PM, Resident #10 stated, Can you get us some more food . get one scoop of egg .one sausage and one biscuit .won't give us anymore until everyone is served .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33379</p> <p>Based on policy review, observation, and interview, the facility failed to ensure a Registered Dietician (RD) or Qualified Nutritional Professional was employed to provide oversight of the kitchen sanitation, kitchen staff competencies, residents' prescribed diets, and meals served in a timely manner.</p> <p>The findings include:</p> <p>1. Review of the policy titled, Dietary-Dining Services, dated 3/28/2024, revealed .CART DELIEVERY TIMES . Meals shall be delivered to the residents in a timely fashion .</p> <p>Review of the facility's policy titled, Dietary: Menus and Adequate Nutrition, dated 7/25/2024, revealed .The purpose of the policy is to assure menus are developed and prepared, based on reasonable efforts, to provide each resident choices that reflect their nutritional, religious, cultural, and ethnic needs, while using guidelines and considering resident preferences .shall ensure that menus .Meet the nutritional needs of residents .Be followed .</p> <p>Review of the facility policy titled, Dietary-Cleaning, dated 7/25/2024, revealed .Adequate cleaning and sanitizing shall minimize the risk of food borne illnesses .Cleaning surfaces, equipment or utensils involves the use of hot water and detergent which removes soil, grease, food and odors .Sanitizing can occur by applying heat and/or chemicals for enough time to reduce bacterial count on counters, dishware .pots and pans .The CDM/Kitchen Supervisor shall audit the cleaning schedule for completeness .shall conduct sanitation / safety inspection / kitchen observations .</p> <p>Review of the facility policy titled, Dietary-Mechanical Dish Washing, revised on 10/9/2023, revealed .to ensure dishes and utensils are cleaned under sanitary conditions. Dishes shall be cleaned and sanitized after each use .The temperature of the dish machine shall be recorded three (3) times a day .Wash and rinse temperatures shall be observed and recorded at each meal service .Low temperature machines should be between 120-140 F [Fahrenheit] .Dish machine sanitizer must be tested and recorded before each meal when using a low temp machine .Employees should initial after completion .</p> <p>2. The facility failed to provide a nourishing and well-balanced diet that meets each resident's daily nutritional and dietary needs as follows:</p> <p>a. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including Atrial Fibrillation, Coronary Artery Disease, Anxiety and Depression.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #2 with a Brief Interview for Mental Status (BIMS) score of 9, which indicated Resident #2 was moderately cognitively impaired, was coded for weight loss, and required staff to set up his meals.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #2's Care Plan dated 10/23/2024, revealed .Problem . is at risk for weight loss .had 5% [percent] weight loss in last 30 days .Interventions .Diet as ordered. See MD [Medical Doctor] orders for current diet/interventions .Monitor meal intake and offer substitutes prn [as needed] .Please see current MD orders .Adhere to food preferences .</p> <p>Review of the November 2024 Physician's orders revealed, .Diet - Regular .</p> <p>Review of the WEIGHT CHANGE assessment dated [DATE], revealed .Assessment due to continual weight loss/gain monitoring is needed .Previous Weight .178 [pounds] .Current weight .157 [pounds] .Weight change Percentage: 11.0 .Weight Change in Pounds: 21 .Timeframe for WT [weight] change 90 days .Diet Regular, with large portions at breakfast and lunch (11/11) [11/11/2024]. Inserviced staff on offering alternatives (11/6) [11/6/2024] .Sandwich at 3:00pm .Mirtazapine 7.5 mg [milligram] [to cause weight gain .it can make you feel hungrier than normal] QHS [every night at bedtime] loss of 11% .</p> <p>Review of the Registered Dietician Clinical Notes dated 11/12/2024, revealed 3.17% wt [weight] loss x [times] 30 days. 10.78% wt loss x 90 days. 14.57% wt loss x 180 days. Diet ordered regular with large options at breakfast and lunch added on 11/11 [11/11/2024].</p> <p>Observation and interview in Resident #2's room on 12/9/2024 at 2:15 PM, revealed Resident #2 to be neatly dressed, and playing his keyboard. Resident #2 was asked if he had any concerns with the meals at the facility. Resident #2 stated, .it [the kitchen problems] was bad .cook didn't come .it [the kitchen problems] got in a mess .the Administrator was trying to cook, run her office. I felt so sorry for her .couldn't get nobody up here to cook .</p> <p>Review of the lunch menu for 12/10/2024, revealed residents should have received the following:</p> <p>6 oz of ham and potato casserole.</p> <p>4 oz Lima beans.</p> <p>1 roll.</p> <p>2 chocolate chip cookies.</p> <p>Observation and interview in Resident #2's room on 12/10/2024 at 11:48 PM, revealed the resident to be sitting in the recliner, in his room. Certified Nurse Assistant (CNA) N delivered the resident's lunch meal tray containing 1 piece of ham, 1 pureed vegetable and an oatmeal pie. CNA N confirmed the resident didn't receive double portion for lunch and stated, .I will go to the kitchen now . CNA N returned in a few minutes with 2 pieces of ham, 2 pieces of bread and 2 small cups of strawberry ice cream and stated, .didn't have any other vegetable .</p> <p>Review of Resident #2's meal ticket dated 12/10/2024 revealed, .LUNCH .DIET: Regular, DOUBLE PORTIONS .</p> <p>The facility was unable to provide the ham and potato casserole, lima beans and 2 chocolate chip cookies, the menu had to be changed due to the food truck not coming in time for lunch. Resident #2 was not served double portions as prescribed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. Review of the breakfast menu for December 10th, for a regular breakfast residents should have received the following:</p> <p>2 oz egg</p> <p>2 oz sausage</p> <p>6 oz cereal</p> <p>1 waffle</p> <p>Observation and interview in the kitchen of the breakfast tray line on 12/10/2024 at 7:17 AM, revealed residents in the main dining room, 200 and 300 hall that received a regular tray got one piece of bacon, eggs, oats or cereal and 1 biscuit and the residents on the 100 hall received 2 pieces of bacon. Dietary [NAME] #O was asked why the residents now are receiving 2 pieces of bacon. Dietary [NAME] O stated, . because we had some left over .if a resident had a mechanical diet they only got scramble egg, oats and a biscuit .supposed to get sausage but we don't have any . a regular diet receives 2 oz scramble egg, 1 piece of bacon, bowl of 6oz oats, and 1 biscuit . a puree diet, receives 2 oz of pureed egg, puree meat, and puree bread. Dietary [NAME] #O confirmed waffles were on the menu for breakfast, but the facility didn't have any and stated, Truck is coming today .</p> <p>c. Random observation and interview in Resident #16's room on 12/10/2024 at 12:00 PM, revealed the resident to be dressed, and sitting up in her bed. Staff delivered her lunch tray, containing 1 piece of ham, 1 vegetable of sweet potatoes, 1 bread roll and 1 [NAME] butter bar. Resident #16 was asked about her meals. Resident #16 stated, .lousy for 2 or 3 months .1 tiny biscuit, 1 bacon, egg .one time it was 2 o'clock before lunch was served.</p> <p>d. Random observation and interview in Resident #5's room on 12/10/2024 at 12:05 PM, revealed the resident to be dressed, sitting in his room, in front of his computer. Resident was asked how her breakfast was this morning. Resident #5 stated .it [breakfast] was lacking [not enough food and the food was not good]</p> <p>e. During a telephone 12/19/2024 at 3:25 PM, Family Nurse Practitioner (FNP) P was asked if she had concerns about kitchen. FNP P stated, I know they have been short staff .in there .meal later than usual on some days .I have heard complaints of the small portion . FNP P confirmed they are pulling from the floor and the Administrator is working in the kitchen and stated, They don't have a dietary manager .I think they need consistency [in kitchen staff] .she is the administrator not dietary and it makes a difference .there should be standard serving size across the board .</p> <p>During a telephone interview on 12/19/2024 at 3:43 PM, FNP Q stated, I have overheard residents say their breakfast and lunch has been late . FNP Q confirmed she provided care to Resident #2, he should had received double portion with his meal as order and stated, .I would absolutely expect them to honor that .if it was my mom or father I would be pretty upset if they didn't receive what they were supposed to .I know they have had a lot of issue with staffing in the kitchen .I would be upset . FNP Q confirmed nutrition is very important for residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a telephone interview on 12/19/2024 at 4:07 PM, the previous Registered Dietician (RD) stated, I would expect everything on that menu to be on that tray . The previous RD was asked if a resident didn't get a complete meal would it meet the nutritional needs. The previous RD stated, .in my expertise, no .</p> <p>During an interview on 12/23/2024 at 7:40 AM, the Housekeeping and Laundry Supervisor stated, .I have helped out with lunch .was calling for beef noodles and I didn't know where that stuff was .it was supposed to be hamburger helper and I said well I'm sorry they got beef and noodle .what I have been told, regular tray . gets eggs, 1 sausage, oatmeal or dry cereal, biscuit .if its bacon they should receive 2 pieces of bacon .a couple of times didn't have enough bacon to give them 2 pieces . The Housekeeping and Laundry Supervisor confirmed sometimes residents didn't get sausage and just got 1 piece of bacon.</p> <p>During an interview on 12/23/2024 at 8:38 AM, Housekeeper I stated, .sometimes a person is supposed to receive double portion but we don't have enough for them to have double portion . Housekeeper I confirmed residents are supposed to receive 2 pieces of bacon and stated, If they have enough that day .if not receive 1 piece .they aren't ordering enough food .it's all disorganized . Housekeeper I was asked if residents are receiving the appropriate meal. Housekeeper I stated, Not really .would only get a meat and one vegetable and .like yesterday they had breakfast, it was bacon, eggs and muffin .grits . the resident got the meal, wanted pancakes .they didn't have pancakes and just sent out what they had .</p> <p>During an interview on 12/23/2024 at 9:08 AM, The Director of Nursing (DON) was asked about complaints from residents or families of the food portions being small, that the food is cold and inedible. The DON stated, I have heard all three .I think that goes back to not having leadership in the kitchen and not doing the planning .I don't know who is doing the ordering . The DON confirmed if a resident was supposed to receive double portion the orders should be followed, and they should receive double portions. The DON was asked if 1 piece of ham and 1 vegetable was a double portion. The DON stated, .it should have been double meat and double portion of the 2 vegetables .double portion of everything . The DON was asked what her concerns are in the kitchen. The DON stated, .the kitchen needs guidance, leadership and thorough training .</p> <p>During an interview on 12/23/2024 at 11:30 AM, the Administrator confirmed physician orders should be followed, residents should receive a full nutritional meal, residents should had received 2 pieces of bacon. The Administrator was asked had she had complaints from residents or families, that there is not enough food in the kitchen. The Administrator stated, Yes ma'am .when our truck didn't deliver due to the transition .I went to the store and bought groceries to make it through for the truck to be delivered the next day .</p> <p>During a random interview on 12/23/2024 at 1:00 PM, Resident #10 stated, Can you get us some more food . get one scoop of egg .one sausage and one biscuit .won't give us anymore until everyone is served .</p> <p>3. Observation in the kitchen on 12/9/2024 at 9:00 AM, revealed the November 2024, and December 2024, dish machine temperature log had not been fully completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the DISH MACHINE TEMPERATURES-SANITATION sanitation logs dated 11/2024 and 12/2024, revealed dish machine temperature checks and sanitizer testing with a chemical strip were to be tested at breakfast, lunch, and dinner and initialed as being completed. Review of the sanitation logs failed to show the completion of all the breakfast, lunch and dinner dish machine temperature checks, sanitizer checks, with initials on 11/1/2024, 11/2/2024, 11/3/2024, 11/4/2024, 11/5/2024, 11/6/2024, 11/7/2024, 11/8/2024, 11/9/2024, 11/10/2024, 11/11/2024, 11/12/2024, 11/13/2024, 11/14/2024, 11/15/2024, 11/16/2024, 11/17/2024, 11/18/2024, 11/19/2024, 11/20/2024, 11/21/2024, 11/22/2024, 11/23/2024, 11/24/2024, 11/25/2024, 11/26/2024, 11/27/2024, 11/29/2024, 11/30/2024, 12/1/2024, 12/2/2024, 12/3/2024, 12/4/2024, 12/5/2024, 12/6/2024, 12/7/2024, 12/8/2024, 12/9/2024, 12/10/2024, 12/11/2024, 12/17/2024, 12/19/2024, and 12/21/2024.</p> <p>During an interview on 12/23/2024 at 11:30 AM, the Administrator confirmed she was unable to find the kitchen sanitation log for the month of September and October 2024.</p> <p>4. Review of the November CLEANING SCHEDULE dated 11/11/2024 - 12/1/2024 revealed the cleaning schedule had multiple blank areas without initials that the AM aide was to perform. The following dates staff failed to empty and rinse out the mop bucket, wash and clean the mops with soapy water and rinse and hang up, shake off the crumbs and wipe off the toaster, walk in the cooler sweep and mop, check the dates, in the beverage station, clean the nozzles, empty the drip pan and wipe outside, clean the inside and wipe outside the microwave, spray and wipe down the outside carts, wash the inside of the coffee machine with soapy water and wipe clean outside, condiment, silverware bins and carts, sweep the kitchen floors, sanitize the garbage disposal, run the ice machine scoop through the dishwasher. Review of the cleaning schedule from 11/11/2024 - 12/1/2024 revealed the AM aide failed to perform the kitchen cleaning duties 18 days on 11/13/2024, 11/14/2024, 11/15/2024, 11/16/2024, 11/17/2024, 11/18/2024, 11/19/2024, 11/20/2024, 11/21/2024, 11/22/2024, 11/23/2024, 11/24/2024, 11/25/2024, 11/26/2024, 11/28/2024, 11/29/2024, 11/30/2024, and 12/1/2024.</p> <p>Review of the November CLEANING SCHEDULE dated 11/17/2024 - 12/1/2024 revealed the cleaning schedule had multiple blank areas without initials that the cook was to perform. The following dates the cook failed to clean the blender/food processor, can opener, ovens, counters, grill, mixer, slicer, steam table to replace the foil in the range, sweep and check dates in the freezer. The cook failed to perform the kitchen cleaning duties 15 days on 11/17/2024, 11/18/2024, 11/19/2024, 11/20/2024, 11/21/2024, 11/22/2024, 11/23/2024, 11/24/2024, 11/25/2024, 11/26/2024, 11/27/2024, 11/28/2024, 11/29/2024, 11/30/2024, and 12/1/2024.</p> <p>Review of the November CLEANING SCHEDULE dated 11/24/2024 - 12/1/2024 revealed the cleaning schedule had multiple blank areas without initials for the PM aide. The following dates staff failed to clean the hand sink, soap and paper towels, empty and clean the mop bucket, wash and clean the mops with soapy water and rinse and hang up, sweep and mop the walker in cooler and check dates, sweep the kitchen floors, sweep and mop the dish room floor, clean the reach in cooler, clean any spills and check dates, sweep and mop the store room wipe and sanitize the tray carts inside and out, wash the garbage can and lids inside and out. The PM aide failed to perform the kitchen duties on 11/29/2024, 11/30/2024, and 12/1/2024.</p> <p>5. Staff failed to ensure appropriate kitchen sanitation as follows:</p> <p>a. Observation in the kitchen on 12/9/2024 at 8:40 AM, revealed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The CDM J, from another facility, and Dietary [NAME] 2 were not wearing facial covering to cover their facial hair.</p> <p>The Kitchen floor had small pieces of paper on the floor and the floor was dirty.</p> <p>1 large cooking pan with dark black sticky build up.</p> <p>2 large skillets with peeling Teflon on the inside and a black sticky build up on the inside and outside of the skillet.</p> <p>During an interview on 12/9/2024 at 8:50 AM, CDM J from another facility confirmed that the pan and the skillets had carbon build up on them and facial hair should be covered in the kitchen.</p> <p>b. Observation in the kitchen on 12/10/2024 at 7:10 AM, revealed the following:</p> <p>Dietary [NAME] 2 was not wearing a facial covering to cover his facial hair while serving breakfast meals.</p> <p>The kitchen floor had small pieces of paper scattered on the floor and the floor was dirty.</p> <p>The Metal storage racks had dust buildup, peeling mental and the racks were dirty.</p> <p>The Convection Oven had dried food particles and brown buildup inside.</p> <p>c. Observation in the kitchen on 12/10/2024 at 12:13 AM, revealed the following:</p> <p>Dietary [NAME] 2 was not wearing a facial covering to cover his facial hair while serving lunch meals.</p> <p>The kitchen floor was dirty with 2 cup lids, plastic paper and small pieces of paper lying on the floor.</p> <p>The Metal storage racks had dust buildup, peeling mental and the racks were dirty.</p> <p>The Convection Oven had dried food particles and brown buildup inside.</p> <p>d. Observation in the kitchen on 12/10/2024 at 3:45 PM, revealed the following:</p> <p>The kitchen floor was dirty with 2 cup lids, plastic paper and small pieces of paper lying on the floor.</p> <p>The Metal storage racks had dust buildup, peeling mental and the racks were dirty.</p> <p>The Convection Oven had dried food particles and brown buildup inside.</p> <p>e. Observation in the kitchen on 12/11/2024 at 12:10 PM, revealed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The kitchen floor was dirty, with 2 cups lids, plastic paper, salt and pepper packets, a plastic fork and small pieces of paper scattered on the floor.</p> <p>The Metal storage racks had dust buildup, peeling mental and the racks were dirty.</p> <p>The Convection Oven had dried food particles and brown buildup inside.</p> <p>f. Observation in the kitchen on 12/14/2024 at 10:35 AM, revealed the following:</p> <p>Dietary [NAME] #3 was not wearing a facial covering to cover his facial hair.</p> <p>The kitchen floor was dirty, with 2 cups lids and small pieces of paper scattered on the floor.</p> <p>The Metal storage racks had dust buildup, peeling mental and the racks were dirty.</p> <p>The Convection Oven had dried food particles and brown buildup inside.</p> <p>6. Review of the facility MEAL TIMES document revealed meals are to be served as follows:</p> <p>The Main dining room breakfast was scheduled at 7:15 AM, Lunch at 11:30 AM and supper at 5:15 PM.</p> <p>The 300 hall Restorative dining room meal cart breakfast was at 7:15 AM, Lunch at 11:30 AM and supper at 5:15 PM.</p> <p>The 300 hall meal cart breakfast was at 7:30 AM, lunch at 11:45 AM, supper at 5:30 PM.</p> <p>The 300 hall overflow meal cart breakfast was at 7:40 AM, lunch at 11:55 AM, supper at 5:40 PM.</p> <p>The 200 hall dining room breakfast was at 7:50 AM, Lunch at 12:05 PM, and supper at 5:50 PM.</p> <p>The 100 hall breakfast was at 8:00 AM, lunch at 12:15 PM, and supper at 6:00 PM.</p> <p>During an interview on 12/9/2024 at 8:00 AM, the Administrator confirmed that she had fired the previous Certified Dietary Manager (CDM) in September 2024, that she (the Administrator) had been having to work in the kitchen and had worked 600 hours . The Administrator stated, .has a CDM [from another facility that comes on the weekends to help] . when I fired the Dietary Manager .had to get rid of some of them .not had a lot of staff which caused meal times to be late .Friday before the transition, our truck didn't come .I went to Walmart and spent 400 dollars .I had to call today [the company that delivers food] .and place order. The Administrator stated, .I order, schedule, cook .last Sunday I cooked all three meals .</p> <p>During an observation and interview in Resident #16's room on 12/9/2024 at 2:39 PM, revealed the resident to be dressed, and sitting up in the bed. Resident #16 was asked if her meals have ever been late. Resident stated, .one time it was 2 o'clock for lunch .</p> <p>During an observation and interview in Resident #10's room on 12/10/2024 at 11:28 AM, revealed resident neatly dressed sitting in his wheelchair. Resident #10 was asked if his meals have ever been late. Resident #10 stated, .it has been 1:30 [PM] or 2:00 [PM] o'clock before we get something .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation in the kitchen on 12/14/2024 at 10:35 AM, revealed there was a new Dietary cook for the facility that started this day, and two employees from 2 other facilities (a cook and a CDM). The meal trays were served late according to the scheduled times.</p> <p>The meal cart for the main dining room left the kitchen at 12:11 PM, and was 41 minutes late. The 300 hall meal cart left the kitchen at 12:19 PM, and was 49 minutes late. The 300 hall over flow meal cart went out at 12:26 PM, and was 31 minutes late. The 200 hall meal cart went out at 12:33 PM, and was 28 minutes late. The 100 hall meal cart went out at 12:39 PM, and was 24 minutes late.</p> <p>During a telephone interview on 12/19/2024 at 10:06 PM, Certified Nursing Assistant (CNA) L was asked if meals were ever served late. CNA L stated, .there have been days that they [referring to the CNA's] have had to pass the supper trays and pick them up . the staff had walked out [referring to some of the kitchen staff] .some of the CNA's have been asked to help in dietary .most of the time we have had the Administrator or Laundry to help us in the morning .sometimes Administrator or Laundry supervisor would have to come in at 5:00 AM to cook breakfast .it's almost pretty common .in the last few months .I have had the lady in Laundry to go ahead and tell [residents] breakfast was going to be late because they didn't have anybody come in .</p> <p>During a telephone interview on 12/19/2024 at 10:31 PM, CNA M was asked are if the meals were ever late. CNA M stated Yes .as soon as I walked in the door at 7:00 PM .I know the entire meals for that day was late . didn't get breakfast till 9:30 [AM] .lunch .about 2 [2:00 PM] .a couple a weeks ago . I believe it was the time we had a lot of the kitchen staff to quit . CNA M was asked if the staff on the floor and the Administrator were having to work in the kitchen due to not having enough staff in the kitchen. CNA M stated, Yes .</p> <p>7. During an interview on 12/11/2024 at 1:00 PM, the Administrator confirmed the facility had a Registered Dietician (RD) until the facility's transition to another company on 12/1 and that they had a CDM (Certified Dietary Manager) that was supposed to have started last Friday and she had text the Friday she was supposed to have started work and said she wasn't coming.</p> <p>During a telephone interview on 12/19/2024 at 4:07 PM, the previous Registered Dietician (RD) was asked about the kitchen staff. The previous RD stated, Their short staff has been issue .a few of my homes have been able to go help .because of short staffing . The previous RD confirmed residents' meals are sometimes late and stated, I have done inservice related to meal times .we have been trying to implement more staff to help with that issue . The previous RD confirmed staff in the kitchen should be trained, the kitchen should be clean and meal temperatures should be taken with every meal.</p> <p>During a telephone interview on 12/19/2024 at 4:08 PM, the previous RD confirmed she was no longer the RD at the facility and stated, My last time at the facility was last month .their short staff has been issue. The Previous RD confirmed due to the kitchen being short staff sometimes meals are served late, kitchen should be kept clean, meal temperatures should be taken with all 3 meals, and the dish machine temperatures and sanitizer should be checked twice a day and documented.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a telephone interview on 12/19/2024 at 4:27 PM, Dietary Aide A was asked if the meals were ever late. Dietary Aide A stated .lunch was served as late at 2 PM a couple weeks ago .due to the cook being new and me being by myself .that day it was just him [cook] and I . Dietary Aide A confirmed for the last 2 or 3 months it's just been her (Dietary Aide A) and the cook in the kitchen. Dietary Aide A confirmed due to being short staffed in the kitchen, the dish temperature machine checks and keeping the kitchen clean doesn't always get done and stated, .it's a lot . Dietary Aide A was asked what her concerns were in the kitchen. Dietary Aide stated, .being under staff [under staffed], and with a full staff we could operate a lot smoother .</p> <p>During an interview on 12/23/2024 at 7:40 AM, Housekeeping and Laundry Supervisor confirmed having to work in the kitchen and hadn't checked dish washing machine temperature or the sanitizer and stated, .I didn't know . I'm not officially trained to work back there .I've just volunteer to work back there and learning a little bit here and there .as I go .</p> <p>During an interview on 12/23/2024 at 8:14 AM, Housekeeper H confirmed she had been helping in the kitchen the last 3 months and stated, The kitchen is a mess .no one wants to listen to . Housekeeper H confirmed that the CDM from another facility had showed her the dish washing machine and what the temperatures were supposed to be and stated, I didn't know about dipping the little thing in there [referring to the sanitizer strip] .he [the CDM from another facility] asked me to show the others and they weren't taking me serious .I just worked the dish machine and put stock away . Housekeeper H confirmed she was not trained to work in the kitchen. Housekeeper H confirmed breakfast has been as late as 9:00 AM, lunch as late as 2:00 PM and supper as late as 6:30 PM. Housekeeper H was asked if the floor staff and the Administrator were having to work in the kitchen due to not having enough staff in the kitchen. Housekeeper H stated, They can't keep anyone back there .</p> <p>During an interview on 12/23/2024 at 8:38 AM, Housekeeping I confirmed meal trays are sometimes late, breakfast as late as 9:00 AM, and lunch as late as 2:00 PM. Housekeeper I was asked is the staff on the floor and the Administrator were having to work in the kitchen due to not having enough staff in the kitchen. Housekeeper I stated, Yes. Housekeeper I confirmed she had worked in the kitchen and stated, .usually for breakfast .because they don't have enough staff and my boss [Named Housekeeper/Laundry Supervisor] will go back there and cook breakfast because there is not enough staff and she will ask me to go with her .I'm running around trying to do everything . Housekeeper I confirmed at times it would just be her and the Housekeeper /Laundry Supervisor in the kitchen cooking breakfast, due to no dietary staff. Housekeeper/Laundry Supervisor I confirmed she had not been trained to work in the kitchen, that she had not checked the dish washer machine temperature or the sanitizer, and that no one had trained her about the checking the temperature or the sanitizer.</p> <p>During an interview on 12/23/2024 at 9:08 AM, the Director of Nursing (DON) confirmed that she has had to work in the kitchen due to low staffing in the kitchen, and had not been trained to work in the kitchen. The DON confirmed the dish washer machine temperature and sanitizer should be checked and documented. The DON was asked if the meals were sometimes late coming out of the kitchen. The DON stated, .Yes .to be honest .I have seen all three meals to be late .breakfast 9:00 o'clock .1:30 PM for lunch .supper the last tray called at 6:30 . The DON was asked what the reasons were for the meal trays to be late. The DON stated .I know we don't have fully trained staff in the kitchen, we lost our CDM in September .there were problems before that .trays wasn't late then .now they just don't have leadership .things fall apart quick .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/23/2024 at 10:15 AM, CNA G was asked, have you worked in the kitchen. CNA G stated, .I went back there to help them a few times . CNA G was asked if the meals were ever late. CNA G stated, It's easier to say are they never on time .they are always late . CNA G confirmed she had worked in the dish room and had not been told to check the dish machine temperature or the sanitizer and stated, None of the people back there have been trained .just get hired and thrown back there . CNA G was asked if the kitchen is dirty. CNA G stated, .it's disgusting . we have been complaining about dietary for months .</p> <p>During an interview on 12/23/2024 at 11:30 AM, the Administrator confirmed she was unable to find the kitchen sanitation log for the month of September 2024 and October 2024, and the temperatures of the dish machine and sanitizer should be checked before breakfast, lunch and supper and documented. The Administrator was asked if the floor staff had worked in the kitchen due to low staffing. The Administrator stated, On occasion . The Administrator confirmed having worked in the kitchen and stated, .logged 600 hours since last September including last week .no one to cover .sister facility had schedule to come in and they decided not to come .the Sunday before you came in .fixed all 3 meals .had to do breakfast .and lunch one day last week . The Administrator was asked is the kitchen dirty. The Administrator stated, Yes, it can be . The Administrator confirmed the kitchen, the floors, skillets, pans, metal racks and kitchen equipment should be kept clean and facial hair should be covered.</p> <p>The Administrator was asked to provide dietary competencies on all employees working in the Kitchen. Record review revealed there were no dietary competencies on Dietary Aides A, B, C, D, E, and F, CNA G, Housekeeper H and I, the Housekeeper/Laundry Supervisor, the DON and the Administrator. The Administrator confirmed not everyone has been trained and stated, We train as we go . The Administrator was asked what her concerns were in the kitchen. The Administrator stated, .proper training and compliance . as well as we have the right individual in there that actually cares .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>33379</p> <p>Based on facility policy review, document review, observation, and interview, the facility failed to provide sufficient staff with competencies and skill sets to carry out the functions of the food and nutrition services for 12 of 17 staff members (Dietary Aide A, B, C, D, E, F, Certified Nursing Assistant (CNA) G, Housekeeper H and I, Housekeeper/Laundry Supervisor, Director of Nursing (DON) and Administrator) working in the kitchen. The facility had a census of 78, with 76 of those residents receiving a meal tray from the kitchen.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Dietary: Food Safety Requirements, dated 9/20/2024, revealed .Food will be stored, prepared and served in accordance with professional standards of food service safety .</p> <p>Review of the facility policy titled, Dietary-Mechanical Dish Washing, dated 10/9/2023, revealed .to ensure dishes and utensils are cleaned under sanitary conditions. Dishes shall be cleaned and sanitized after each use .The temperature of the dish machine shall be recorded three (3) times a day .Wash and rinse temperatures shall be observed and recorded at each meal service .Low temperature machines should be between 120-140 F [Fahrenheit] .Dish machine sanitizer must be tested and recorded before each meal when using a low temp machine .Employees should initial after completion .</p> <p>Review of the policy titled, Dietary-Dining Services, dated 3/28/2024, revealed .CART DELIEVERY TIMES . Meals shall be delivered to the residents in a timely fashion .</p> <p>Review of the facility's policy titled, Dietary: Food Safety Requirements, dated 9/20/2024, revealed .Food will be stored, prepared and served in accordance with professional standards of food service safety .</p> <p>Review of the facility's form titled, ORIENTATION AND COMPETENCY ASSESSMENT DIETARY revealed . DIETS .Therapeutic Diets .Tray Cards .FOOD PREPARATION .Menu Substitution .Meal Alternates .MEAL SERVICE .Meal Times .WARE WASHING .Dish Machine Temps [temperatures] .Test Strips for dish machine .Logs for Dish Machine .SANITATION .Equipment Cleaning .Mopping .Staff Member Has Completed All Items, Demonstrated Competence .</p> <p>2. Observation in the kitchen on 12/9/2024 at 9:00 AM, revealed the November 2024, and the December 2024, dish machine temperature log had not been fully completed.</p> <p>Review of the DISH MACHINE TEMPERATURES-SANITATION sanitation logs dated 11/2024 and 12/2024, revealed dish machine temperature checks and sanitizer testing with a chemical strip was to be tested at breakfast, lunch, and supper and initialed as being completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the sanitation logs failed to reflect the completion of all the breakfast, lunch and supper dish machine temperature checks, sanitizer checks, with initials as required on 11/1/2024, 11/2/2024, 11/3/2024, 11/4/2024, 11/5/2024, 11/6/2024, 11/7/2024, 11/8/2024, 11/9/2024, 11/10/2024, 11/11/2024, 11/12/2024, 11/13/2024, 11/14/2024, 11/15/2024, 11/16/2024, 11/17/2024, 11/18/2024, 11/19/2024, 11/20/2024, 11/21/2024, 11/22/2024, 11/23/2024, 11/24/2024, 11/25/2024, 11/26/2024, 11/27/2024, 11/29/2024, 11/30/2024, 12/1/2024, 12/2/2024, 12/3/2024, 12/4/2024, 12/5/2024, 12/6/2024, 12/7/2024, 12/8/2024, 12/9/2024, 12/10/2024, 12/11/2024, 12/17/2024, 12/19/2024, and 12/21/2024.</p> <p>3. Review of the facility MEAL TIMES document revealed meals are to be served as follows:</p> <p>The Main dining room breakfast was scheduled at 7:15 AM, Lunch at 11:30 AM and supper at 5:15 PM.</p> <p>The 300 hall Restorative dining room meal cart breakfast was at 7:15 AM, Lunch at 11:30 AM and supper at 5:15 PM.</p> <p>The 300 hall meal cart breakfast was at 7:30 AM, lunch at 11:45 AM, supper at 5:30 PM.</p> <p>The 300 hall overflow meal cart breakfast was at 7:40 AM, lunch at 11:55 AM, supper at 5:40 PM.</p> <p>The 200 hall dining room breakfast was at 7:50 AM, Lunch at 12:05 PM, and supper at 5:50 PM.</p> <p>The 100 hall breakfast was at 8:00 AM, lunch at 12:15 PM, and supper at 6:00 PM.</p> <p>During an interview on 12/9/2024 at 8:00 AM, the Administrator confirmed that she had fired the previous Certified Dietary Manager (CDM) in September 2024, that she (the Administrator) had been having to work in the kitchen and had worked 600 hours . The Administrator stated, .has a CDM [from another facility that comes on the weekends to help] . when I fired the Dietary Manager .had to get rid of some of them .not had a lot of staff which caused meal times to be late .Friday before the transition, our truck didn't come .I went to Walmart and spent 400 dollars .I had to call today [the company that delivers food] .and place order. The Administrator stated, .I order, schedule, cook .last Sunday I cooked all three meals .</p> <p>During an observation and interview in Resident #16's room on 12/9/2024 at 2:39 PM, revealed the resident to be dressed, and sitting up in the bed. Resident #16 was asked if her meals have ever been late. Resident stated, .one time it was 2 o'clock for lunch .</p> <p>During an observation and interview in Resident #10's room on 12/10/2024 at 11:28 AM, revealed resident neatly dressed sitting in his wheelchair. Resident #10 was asked if his meals have ever been late. Resident #10 stated, .it has been 1:30 [PM] or 2:00 [PM] o'clock before we get something .</p> <p>Observation in the kitchen on 12/14/2024 at 10:35 AM, revealed there was a new Dietary cook for the facility that started this day, and two employees from 2 other facilities (a cook and a CDM). The meal trays were served late according to the scheduled times.</p> <p>The meal cart for the main dining room left the kitchen at 12:11 PM, and was 41 minutes late. The 300 hall meal cart left the kitchen at 12:19 PM, and was 49 minutes late. The 300 hall over flow meal cart went out at 12:26 PM, and was 31 minutes late. The 200 hall meal cart went out at 12:33 PM, and was 28 minutes late. The 100 hall meal cart went out at 12:39 PM, and was 24 minutes late.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a telephone interview on 12/19/2024 at 10:06 PM, Certified Nursing Assistant (CNA) L was asked if meals were ever served late. CNA L stated, .there have been days that they [referring to the CNA's] have had to pass the supper trays and pick them up . the staff had walked out [referring to some of the kitchen staff] .some of the CNA's have been asked to help in dietary .most of the time we have had the Administrator or Laundry to help us in the morning .sometimes Administrator or Laundry supervisor would have to come in at 5:00 AM to cook breakfast .it's almost pretty common .in the last few months .I have had the lady in Laundry to go ahead and tell [residents] breakfast was going to be late because they didn't have anybody come in .</p> <p>During a telephone interview on 12/19/2024 at 10:31 PM, CNA M was asked are if the meals were ever late. CNA M stated Yes .as soon as I walked in the door at 7:00 PM .I know the entire meals for that day was late . didn't get breakfast till 9:30 [AM] .lunch .about 2 [2:00 PM] .a couple a weeks ago . I believe it was the time we had a lot of the kitchen staff to quit . CNA M was asked if the staff on the floor and the Administrator were having to work in the kitchen due to not having enough staff in the kitchen. CNA M stated, Yes .</p> <p>During a telephone interview on 12/19/2024 at 4:07 PM, the previous Registered Dietician (RD) was asked about the kitchen staff. The previous RD stated, Their short staff has been issue .a few of my homes have been able to go help .because of short staffing . The previous RD confirmed residents' meals are sometimes late and stated, I have done inservice related to meal times .we have been trying to implement more staff to help with that issue . The previous RD confirmed staff in the kitchen should be trained, the kitchen should be clean and meal temperatures should be taken with every meal.</p> <p>During a telephone interview on 12/19/2024 at 4:27 PM, Dietary Aide A was asked if the meals were ever late. Dietary Aide A stated .lunch was served as late at 2 PM a couple weeks ago .due to the cook being new and me being by myself .that day it was just him [cook] and I . Dietary Aide A confirmed for the last 2 or 3 months it's just been her (Dietary Aide A) and the cook in the kitchen. Dietary Aide A confirmed due to being short staffed in the kitchen, the dish temperature machine checks and keeping the kitchen clean doesn't always get done and stated, .it's a lot . Dietary Aide A was asked what her concerns were in the kitchen. Dietary Aide stated, .being under staff [under staffed], and with a full staff we could operate a lot smoother .</p> <p>During an interview on 12/23/2024 at 7:40 AM, Housekeeping and Laundry Supervisor confirmed having to work in the kitchen and hadn't checked dish washing machine temperature or the sanitizer and stated, .I didn't know . I'm not officially trained to work back there .I've just volunteer to work back there and learning a little bit here and there .as I go .</p> <p>During an interview on 12/23/2024 at 8:14 AM, Housekeeper H confirmed she had been helping in the kitchen the last 3 months and stated, The kitchen is a mess .no one wants to listen to . Housekeeper H confirmed that the CDM from another facility had showed her the dish washing machine and what the temperatures were supposed to be and stated, I didn't know about dipping the little thing in there [referring to the sanitizer strip] .he [the CDM from another facility] asked me to show the others and they weren't taking me serious .I just worked the dish machine and put stock away . Housekeeper H confirmed she was not trained to work in the kitchen. Housekeeper H confirmed breakfast has been as late as 9:00 AM, lunch as late as 2:00 PM and supper as late as 6:30 PM. Housekeeper H was asked if the floor staff and the Administrator were having to work in the kitchen due to not having enough staff in the kitchen. Housekeeper H stated, They can't keep anyone back there .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/23/2024 at 8:38 AM, Housekeeping I confirmed meal trays are sometimes late, breakfast as late as 9:00 AM, and lunch as late as 2:00 PM. Housekeeper I was asked is the staff on the floor and the Administrator were having to work in the kitchen due to not having enough staff in the kitchen. Housekeeper I stated, Yes. Housekeeper I confirmed she had worked in the kitchen and stated, .usually for breakfast .because they don't have enough staff and my boss [Named Housekeeper/Laundry Supervisor] will go back there and cook breakfast because there is not enough staff and she will ask me to go with her .I'm running around trying to do everything . Housekeeper I confirmed at times it would just be her and the Housekeeper /Laundry Supervisor in the kitchen cooking breakfast, due to no dietary staff. Housekeeper/Laundry Supervisor I confirmed she had not been trained to work in the kitchen, that she had not checked the dish washier machine temperature or the sanitizer, and that no one had trained her about the checking the temperature or the sanitizer.</p> <p>During an interview on 12/23/2024 at 9:08 AM, the Director of Nursing (DON) confirmed that she has had to work in the kitchen due to low staffing in the kitchen, and had not been trained to work in the kitchen. The DON confirmed the dish washer machine temperature and sanitizer should be checked and documented. The DON was asked if the meals were sometimes late coming out of the kitchen. The DON stated, .Yes .to be honest .I have seen all three meals to be late .breakfast 9:00 o'clock .1:30 PM for lunch .supper the last tray called at 6:30 . The DON was asked what the reasons were for the meal trays to be late. The DON stated .I know we don't have fully trained staff in the kitchen, we lost our CDM in September .there were problems before that .trays wasn't late then .now they just don't have leadership .things fall apart quick .</p> <p>During an interview on 12/23/2024 at 10:15 AM, CNA G was asked, have you worked in the kitchen. CNA G stated, .I went back there to help them a few times . CNA G was asked if the meals were ever late. CNA G stated, It's easier to say are they never on time .they are always late . CNA G confirmed she had worked in the dish room and had not been told to check the dish machine temperature or the sanitizer and stated, None of the people back there have been trained .just get hired and thrown back there . CNA G was asked if the kitchen is dirty. CNA G stated, .it's disgusting . we have been complaining about dietary for months .</p> <p>During an interview on 12/23/2024 at 11:30 AM, the Administrator confirmed she was unable to find the kitchen sanitation log for the month of September 2024 and October 2024, and the temperatures of the dish machine and sanitizer should be checked before breakfast, lunch and supper and documented. The Administrator was asked if the floor staff had worked in the kitchen due to low staffing. The Administrator stated, On occasion . The Administrator confirmed having worked in the kitchen and stated, .logged 600 hours since last September including last week .no one to cover .sister facility had schedule to come in and they decided not to come .the Sunday before you came in .fixed all 3 meals .had to do breakfast .and lunch one day last week .</p> <p>The Administrator was asked to provide dietary competencies on all employees working in the Kitchen. Record review revealed there were no dietary competencies on Dietary Aides A, B, C, D, E, and F, CNA G, Housekeeper H and I, the Housekeeper/Laundry Supervisor, the DON and the Administrator. The Administrator confirmed not everyone has been trained and stated, We train as we go . The Administrator was asked what her concerns were in the kitchen. The Administrator stated, .proper training and compliance . as well as we have the right individual in there that actually cares .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33379</p> <p>Based on policy review, observation, kitchen sanitation logs, and interview, the facility failed to ensure food was stored, handled, prepared, and served under sanitary conditions and when for 3 of 6 (Certified Dietary Manager (CDM) J from another facility, Dietary [NAME] O, and Dietary [NAME] V) dietary staff were observed. The dietary staff failed to cover facial hair, the kitchen floor was dirty with pieces of paper scattered on the floor, and cook ware had sticky black carbon build-up. The facility failed to take dish washer temperatures and test the sanitizing solution level of the low temperature dishwasher three times a day. The convection oven had dried food particles inside with thick brown sticky substance buildup, the metal storage racks were rusty with peeled metal and dust buildup. The facility had a census of 78 with 76 of those residents receiving a tray from the kitchen.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Dietary-Cleaning, dated 7/25/2024, revealed .Adequate cleaning and sanitizing shall minimize the risk of food borne illnesses .Cleaning surfaces, equipment or utensils involves the use of hot water and detergent which removes soil, grease, food and odors .Sanitizing can occur by applying heat and/or chemicals for enough time to reduce bacterial count on counters, dishware .pots and pans .The CDM [Certified Dietary Manager]/Kitchen Supervisor shall audit the cleaning schedule for completeness .shall conduct sanitation / safety inspection / kitchen observations .</p> <p>Review of the facility policy titled, Dietary-Mechanical Dish Washing, revised on 10/9/2023, revealed .to ensure dishes and utensils are cleaned under sanitary conditions. Dishes shall be cleaned and sanitized after each use .The temperature of the dish machine shall be recorded three (3) times a day .Wash and rinse temperatures shall be observed and recorded at each meal service .Low temperature machines should be between 120-140 F [Fahrenheit] .Dish machine sanitizer must be tested and recorded before each meal when using a low temp machine .Employees should initial after completion .</p> <p>Review of the facility policy titled, Dietary: Cleaning revised on 7/25/2024, revealed .Adequate cleaning and sanitizing shall minimize the risk of food borne illnesses .The CDM/Kitchen Supervisor is responsible for maintaining a cleaning schedule to indicate which equipment and areas are to be cleaned and at what frequency .The CDM/Kitchen Supervisor shall post a weekly cleaning schedule that identifies .The equipment or area to be cleaned .frequency of cleaning .position/staff responsible for cleaning .The weekly cleaning schedule shall be used to document when a cleaning assignment is completed .</p> <p>Review of the policy titled, Dietary-Dining Services, dated 3/28/2024, revealed .CART DELIEVERY TIMES . Meals shall be delivered to the residents in a timely fashion .</p> <p>2. Observation in the kitchen on 12/9/2024 at 8:40 AM, revealed the following.</p> <p>The CDM J, from another facility, and Dietary [NAME] 2 were not wearing facial covering to cover their facial hair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2 large skillet with a black sticky build up on the inside and outside of the skillet and peeling Teflon on the inside of the skillet.</p> <p>1 large cooking pan with dark black sticky build up on the inside and outside of the pan.</p> <p>The Kitchen floor was dirty with small pieces of paper throughout the kitchen floor.</p> <p>During an interview on 12/9/2024 at 8:50 AM, CDM J from another facility was shown the skillets and pan and asked what the black sticky were on them. CDM J stated, .that's bad buildup .carbon and grease. CDM J was asked should facial hair be covered in the kitchen. CDM J stated, .can't find any here .going to have them bring some from my facility today .</p> <p>3.Observation in the kitchen on 12/9/2024 at 9:00 AM, revealed the November 2024, and December 2024, dish machine temperature log had not been fully completed.</p> <p>Observation in the kitchen on 12/9/2024 at 9:00 AM, revealed the November 2024, and the December 2024, dish machine temperature log had not been fully completed.</p> <p>Review of the DISH MACHINE TEMPERATURES-SANITATION sanitation logs dated 11/2024 and 12/2024, revealed dish machine temperature checks and sanitizer testing with a chemical strip was to be tested at breakfast, lunch, and supper and initialed as being completed. Review of the sanitation logs failed to reflect the completion of all the breakfast, lunch and supper dish machine temperature checks, sanitizer checks, with initials on the following dates:</p> <p>11/1/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/2/2024, no temperatures or sanitizer were checked for supper.</p> <p>11/3/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/4/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/5/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/6/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/7/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/8/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/9/2024, no temperatures or sanitizer were checked for breakfast or supper.</p> <p>11/10/2024, no temperatures or sanitizer were checked for breakfast or supper.</p> <p>11/11/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11/12/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/13/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/14/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/15/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/16/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/17/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/18/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/19/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/20/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/21/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/22/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/23/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/24/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/25/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/26/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/27/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/29/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>11/30/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>12/1/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>12/2/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>12/3/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>12/4/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>12/5/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>12/6/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>12/7/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>12/8/2024, no temperatures or sanitizer were checked for breakfast, lunch, or supper.</p> <p>12/9/2024, no temperatures or sanitizer were checked for breakfast or supper.</p> <p>12/10/2024, no temperatures or sanitizer were checked for lunch or supper.</p> <p>12/11/2024, no temperatures or sanitizer were checked for breakfast or lunch.</p> <p>12/17/2024, no temperatures or sanitizer were checked for breakfast.</p> <p>12/19/2024, no temperatures or sanitizer were checked for supper.</p> <p>12/21/2024, no temperatures or sanitizer were checked for breakfast or lunch.</p> <p>During an interview on 12/23/2024 at 11:30 AM, the Administrator confirmed she was unable to find the kitchen sanitation log for the month of September and October 2024.</p> <p>4. Review of the November CLEANING SCHEDULE dated 11/11/2024 - 12/1/2024 revealed the cleaning schedule had multiple blank areas without initials that the AM aide was to perform. The following dates staff failed to empty and rinse out the mop bucket, wash and clean the mops with soapy water and rinse and hang up, shake off the crumbs and wipe off the toaster, walk in the cooler sweep and mop, check the dates, in the beverage station, clean the nozzles, empty the drip pan and wipe outside, clean the inside and wipe outside the microwave, spray and wipe down the outside carts, wash the inside of the coffee machine with soapy water and wipe clean outside, condiment, silverware bins and carts, sweep the kitchen floors, sanitize the garbage disposal, run the ice machine scoop through the dishwasher. Review of the cleaning schedule from 11/11/2024 - 12/1/2024 revealed the AM aide failed to perform the kitchen cleaning duties 18 days on 11/13/2024, 11/14/2024, 11/15/2024, 11/16/2024, 11/17/2024, 11/18/2024, 11/19/2024, 11/20/2024, 11/21/2024, 11/22/2024, 11/23/2024, 11/24/2024, 11/25/2024, 11/26/2024, 11/28/2024, 11/29/2024, 11/30/2024, and 12/1/2024.</p> <p>Review of the November CLEANING SCHEDULE dated 11/17/2024 - 12/1/2024 revealed the cleaning schedule had multiple blank areas without initials that the cook was to perform. The following dates the cook failed to clean the blender/food processor, can opener, ovens, counters, grill, mixer, slicer, steam table to replace the foil in the range, sweep and check dates in the freezer. The cook failed to perform the kitchen cleaning duties 15 days on 11/17/2024, 11/18/2024, 11/19/2024, 11/20/2024, 11/21/2024, 11/22/2024, 11/23/2024, 11/24/2024, 11/25/2024, 11/26/2024, 11/27/2024, 11/28/2024, 11/29/2024, 11/30/2024, and 12/1/2024.</p> <p>Review of the November CLEANING SCHEDULE dated 11/24/2024 - 12/1/2024 revealed the cleaning schedule had multiple blank areas without initials for the PM aide. The following dates staff failed to clean the hand sink, soap and paper towels, empty and clean the mop bucket, wash and clean the mops with soapy water and rinse and hang up, sweep and mop the walker in cooler and check dates, sweep the kitchen floors, sweep and mop the dish room floor, clean the reach in cooler, clean any spills and check dates, sweep and mop the store room wipe and sanitize the tray carts inside and out, wash the garbage can and lids inside and out. The PM aide failed to perform the kitchen duties on 11/29/2024, 11/30/2024, and 12/1/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Observation in the kitchen on 12/10/2024 at 7:10 AM, revealed the following:</p> <p>Dietary [NAME] 2 was serving breakfast meals and not wearing a facial covering to cover his facial hair.</p> <p>The kitchen floor was dirty, with small pieces of paper throughout the kitchen floor.</p> <p>The metal storage racks rusty, peeling metal and dust buildup.</p> <p>The Convection Oven had a brown buildup and dry food particles inside.</p> <p>6. Observation in the kitchen on 12/10/2024 at 12:13 AM, revealed the following:</p> <p>Dietary [NAME] 2 was serving lunch meals without a facial covering to cover his facial hair</p> <p>The kitchen floor was dirty with small pieces of paper scattered throughout the kitchen, and 2 cups lids and plastic paper lying on the floor.</p> <p>The Metal storage racks were rusty, the meal was peeling and had a buildup of dust.</p> <p>The Convection Oven had a brown buildup and dry food particles inside.</p> <p>7. Observation in the kitchen on 12/10/2024 at 3:45 PM, revealed the following:</p> <p>The kitchen floor had small pieces of paper scattered throughout the kitchen, and 2 cups lids and plastic paper lying on the floor.</p> <p>The metal storage racks were rusty, was peeling, and had a dust buildup.</p> <p>The Convection Oven had a brown buildup and dry food particles inside</p> <p>8. Observation in the kitchen on 12/11/2024 at 12:10 PM, revealed the following:</p> <p>The kitchen floor was dirty with small pieces of paper scattered, salt and pepper packets, a plastic fork, 2 cups lids and plastic paper lying throughout on the floor.</p> <p>The metal storage racks were rusty, peeling metal and a dust buildup.</p> <p>The Convection Oven had a brown buildup and dry food particles inside</p> <p>9. Observation in the kitchen on 12/14/2024 at 10:35 AM, revealed the following:</p> <p>Dietary [NAME] #3 was not wearing a facial covering to cover his facial hair.</p> <p>The metal storage racks were rusty, had peeling metal and had a buildup of dust.</p> <p>The Convection Oven had a brown buildup and dry food particles inside.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Ahc Lexington		STREET ADDRESS, CITY, STATE, ZIP CODE 727 East Church Street Lexington, TN 38351	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The kitchen floor was dirty with small pieces of paper scattered throughout and 2 cup lids.</p> <p>10. The facility was unable to provide October 2024 daily food temperatures for breakfast, lunch, and dinner, and could only show 11/28/2024 dinner meal temperatures for the month of November 2024.</p> <p>During an interview on 12/11/2024 at 12:23 PM, CDM J, from another facility, stated just my second time here .they are so shorthanded .don't want them to lose what they already got . CDM J was asked if the kitchen was clean. CDM J stated, .the lack there of .it's some bad habits for sure .tray carts had not been cleaned from the night before .4 of my people came Monday and cleaned for about 3 hours .I think it's an afterthought . CDM J confirmed the kitchen should be clean.</p> <p>During an interview on 12/23/2024 at 7:40 AM, the Housekeeping and Laundry Supervisor confirmed she worked in the kitchen and the kitchen should be clean and stated, .me and one of my housekeepers came in and strip the floor it was bad . The Housekeeper/Laundry Supervisor confirmed that she hadn't checked dish washer machine temperature or the sanitizer and stated, .I didn't know .we need somebody in there that can manage the kitchen and get them on the right track .</p> <p>During an interview on 12/23/2024 at 9:08 AM, the Director of Nursing (DON) was asked has she had to work in the kitchen. The DON stated, I've gone back there .a couple of weeks ago . The DON was asked if the kitchen was dirty. The DON stated, .parts of it are .their main focus to get the food out and no one in the leadership to make them adhere to the cleaning scheduled . The DON confirmed all hair should be covered in the kitchen and the dish wash machine temperature and sanitizer should be checked and documented and stated, It just goes back to accountability and some people need constant supervisor at least till they get in the habit of things.</p> <p>During an interview on 12/23/2024 at 10:15 AM, Certified Nursing Assistant (CNA) G was asked if they have worked in the kitchen. CNA G stated, .I went back there to help them a few times . CNA G confirmed she worked in the dish room, and she had not been told to check the dish washer machine temperature or the sanitizer. CNA G was asked if the kitchen was dirty. CNA G stated, .yes it's filthy .</p> <p>During an interview on 12/23/2024 at 11:30 AM, the Administrator was asked is the kitchen dirty. The Administrator stated, Yes, it can be . The Administrator confirmed the kitchen, the floors, skillets, pans, metal racks and kitchen equipment should be kept clean and facial hair should be covered. The Administrator was asked how often the dish machine temperature, and the sanitizer should be taken. The Administrator stated, . before they clean the breakfast .dinner and supper dishes .</p>		