STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445431	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ahc Lexington	727 East Church Street Lexington, TN 38351

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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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285 Based on policy review, medical record review, observation, and interview, the facility failed to assess 1 of 1 resident (Resident #5) reviewed for self-administration of medication. The findings include: 1. Review of the facility policy titled, Administering Medications through a Small Volume (Handheld) Nebulizer dated 10/2010, revealed .The purpose of this procedure is to safely and aseptically administer aerosolized particles of medication into the resident's airway .Ask the resident to hold the mouthpiece gently between his/her lips .Instruct the resident .Encourage the resident to cough and expectorate .Administer therapy until medication is gone .When the treatment is complete, turn off nebulizer . 2. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE], with diagnoses including Rheumatoid Arthritis, Atrial Fibrillation, Heart Failure, and Hypertension. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #5 was cognitively intact. Review of the Physician Order Sheet January 2025, revealed .IPRATROPIUM/ALBUTEROL [used for shortness of breath] INH [inhalation] SOLN [solution] 1 inhalation .inhale orally four times a day related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE . Observation in the Resident's room on 2/3/2025 at 2:30 PM, revealed Resident #5 was sitting up in the wheelchair with the nebulizer mouthpiece sitting in the resident's lap and still running. There was no nurse present during the administration of the medication. Observation in the Resident's room on 2/3/2025 at 2:39 PM, revealed the nebulizer remains on and in the Resident's lap and no nurse present. Observation in the Resident's room on 2/3/2025 at 3:04 PM, revealed the nebulizer remains on and in the Resident's lap and no nurse present. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/3/2025 at 3:19 PM the Director of Nursing (DON) confirmed a nurse should be present with the Resident while medication administration and the nebulizer should be put away when the treatment is complete. She also stated that she was unable to provide an evaluation for medication self administration for Resident #5.

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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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285 Based on policy review, record review, and interview the facility failed to provide information to the residents regarding their right to refuse medical or surgical treatment or to formulate an advance directive for 11 of 24 (Resident #5, #11, #15, #29, #31, #41, #45, #52, #53, #58 and #60) residents reviewed for Advance Directives. The findings include: 1. Review of the facility policy titled, Advance Directives, dated September 2022, revealed .Prior to or upon admission of a resident, the social services director or designee inquires of the resident , his/her family members and/or his or her legal representatives, about the existence of any written advance directives .The resident or representative is provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so .If the resident or representative indicates that he or she has not established advance directives, the facility staff will offer assistance in establishing advance directives . 2. Review of the medical record revealed Resident #5 was admitted on [DATE], with diagnoses including Rheumatoid Arthritis, Atrial Fibrillation, Heart Failure, and Hypertension. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #5 was cognitively intact. Review of the .Consent and Authorizations, dated 6/5/2024, revealed Each section of the form must be reviewed with, initialed and signed . There were no initials that the resident or the resident representative was given information or had an Advanced Directive or wished to formulate one. 3. Review of the medical record revealed Resident #11 was admitted on [DATE], with diagnoses including Dementia, Anxiety, Hypertension, and Depression. Review of the quarterly MDS assessment dated [DATE], revealed Resident #11 had a BIMS score of 3, which indicated Resident #11 was severely cognitively impaired. Review of the .Consent and Authorizations, dated 9/8/2022, revealed Each section of the form must be reviewed with, initialed and signed . There were no initials that the resident or the resident representative was given information or had an Advanced Directive or wished to formulate one. 4.Review of the medical record revealed Resident #15 was admitted on [DATE], with diagnoses including Heart Failure, Anxiety, Depression, and Polyneuropathy. Review of the quarterly MDS assessment dated ,d+[DATE], revealed a BIMS score of 4, which indicated Resident #15 was severely cognitively impaired. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the .Consent and Authorizations dated 5/8/2024, revealed Each section of the form must be reviewed with, initialed and signed . There were no initials that the resident or the resident representative was given information or had an Advanced Directive or wished to formulate one. 5. Review of the medical record revealed Resident #29 was admitted on [DATE], with diagnoses including Alzheimer's Disease, Dementia, and Osteoarthritis. Review of the quarterly MDS assessment dated [DATE], revealed Resident #29's BIMS score was unable to be assessed due to being cognitively impaired. Review of the .Consent and Authorizations dated 3/13/2019, revealed Each section of the form must be reviewed with, initialed and signed . There were no initials that the resident or the resident representative was given information or had an Advanced Directive or wished to formulate one. 6. Review of medical record revealed Resident #31 was admitted on [DATE], with diagnoses including Dementia, Diabetes, Chronic Kidney Disease, Depression, and Heart Failure. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 7, which indicated Resident #31 was severely cognitively impaired. Review of the .Consent and Authorizations dated 7/8/2024, revealed Each section of the form must be reviewed with, initialed and signed . There were no initials that the resident or the resident representative was given information or had an Advanced Directive or wished to formulate one. 7. Review of medical record revealed Resident #41 was admitted on [DATE], with diagnoses including Cerebral Infarction, Chronic Obstructive Pulmonary disease, Dementia, and Heart Failure. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 9, which indicated Resident #41 was moderately cognitively impaired. Review of the .Consent and Authorizations, dated 3/6/2023, revealed Each section of the form must be reviewed with, initialed and signed . There were no initials that the resident or the resident representative was given information or had an Advanced Directive or wished to formulate one. 8. Review of the medical record revealed Resident #45 was admitted on [DATE], with diagnoses including Multiple Sclerosis, Heart Failure, Atrial Fibrillation and Diabetes. Review of the annual MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #45 was cognitively intact. Review of the .Consent and Authorizations, dated 2/2/2023, revealed Each section of the form must be reviewed with, initialed and signed . There were no initials that the resident or the resident representative was given information or had an Advanced Directive or wished to formulate one. 9. Review of the medical record revealed Resident #52 was admitted to the facility on [DATE], with diagnoses including Rheumatoid Arthritis, Morbid Obesity, Osteoarthritis, and Pain. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the annual MDS assessment dated ,d+[DATE] 2024, revealed a BIMS score of 15, which indicated Resident #52 was cognitively intact. Review of the .Consent and Authorizations, dated 3/3/2023, revealed Each section of the form must be reviewed with, initialed and signed . There were no initials that the resident or the resident representative was given information or had an Advanced Directive or wished to formulate one. 10. Review of medical record revealed Resident #53 was admitted on [DATE], with diagnoses including Depression, Hemiplegia and Hemiparesis, Chronic Respiratory Failure, and Aneurysm of Other Precerebral Arteries. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #53 was cognitively intact. Review of the undated .Consent and Authorizations, revealed Each section of the form must be reviewed with, initialed and signed . There were no initials that the resident or the resident representative was given information or had an Advanced Directive or wished to formulate one. 11. Review of the medical record revealed Resident #58 was admitted on [DATE], with diagnoses including Alzheimer's Disease, Dementia, Congestive Heart Failure, and Diabetes. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 14, which indicated that Resident #58 was cognitively intact. Review of the .Consent and Authorizations dated 3/14/2024, revealed Each section of the form must be reviewed with, initialed and signed . There were no initials that the resident or the resident representative was given information or had an Advanced Directive or wished to formulate one. 12. Review of the medical record revealed Resident #60 was admitted on [DATE], with diagnoses including Traumatic Brain Injury, Subdural Hematoma, Congestive Heart Failure and Anxiety. Review of the quarterly MDS assessment dated [DATE] revealed a BIMS score of 5, which indicated Resident #60 was severely cognitively impaired. Review of the .Consent and Authorizations dated 7/8/2024, revealed Each section of the form must be reviewed with, initialed and signed . There were no initials that the resident or the resident representative was given information or had an Advanced Directive or wished to formulate one. 13. During an interview on 2/05/2025 at 1:54 PM, the Administrator confirmed that the Consent and Authorizations should be initialed that the Resident or Responsible Party received education about Advance Directives . 49269 49311 50408

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49269 Based on policy review, medical record review, and interview, the facility failed to report an allegation of sexual abuse to all appropriate local and state agencies for 1 of 1 (Resident #57) sampled residents reviewed for abuse. The findings included: 1. Review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, dated 9/2022, revealed All reports of resident abuse .are reported to local, state and federal agencies (as required by current regulations .Findings of all investigations are documented and reported . The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: The state licensing/certification agency responsible for surveying licensing the facility; the local ombudsman; The resident's representative; Adult protective services .Law enforcement officials, The resident's attending physician, and the facility's medical director .Immediately is defined as . within two hours of an allegation involving abuse .Verbal/written notices to agencies are submitted via [by way of] special carrier, fax, e-mail, or by telephone .Upon receiving any allegation of abuse . 2. Review of the medical record revealed Resident #57 was admitted to the facility on [DATE], with diagnoses including Hypertension, Dementia, Hemiplegia, Seizure Disorder, Anxiety, and Depression. Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated Resident #57 was cognitively intact. Resident was dependent on staff for toileting, bathing, bed mobility, and transfers. During an interview on 2/3/2025 at 8:52 AM, Resident #57 stated that she had reported a sexual assault to the Assistant Director of Nursing (ADON) last month. Resident #57 stated, .During my bed bath CNA (certified Nursing Assistant) D started playing with my boob and said they are really soft. Review of the undated witness statement revealed [named ADON] ADON brought to administrator a complaint by [named resident] against CNA [named CNA D]. Stated he was a pervert and said during bed baths he said her boobs were so soft and patted her on the butt. When interviewing [named CNA D] CNA r/t [related to] allegation stated it was her bed bath day and he had to lift her breast to clean under it, but he never made any comments as such. Additionally when asking about patting on the butt he stated when was done cleaning one side he tapped her and asked her to help roll so he could get the other side. In an effort to appease [named resident] we removed [named CNA D] from her assignment. ADON and Admin [Administrator] followed up with [named resident] and when explained what he was doing she agreed yeah you're right. that makes sense. I just don't want him in there anymore. During an interview on 2/5/2025 at 3:36 PM, the Administrator confirmed that she was the Abuse Coordinator. The Administrator was asked the process of reporting allegations of abuse. The Administrator stated, For a true allegation an initial investigation is going to be completed before reporting to State Agency. The Administrator was asked, what is a true allegation. The Administrator stated, If we have a true suspicion then it is reported, and CNA D was interviewed and denied the allegation.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49269 Based on policy review, medical record review, and interview, the facility failed to thoroughly investigate allegations of sexual abuse for 1 of 1 (Resident #57) sampled resident reviewed for abuse. The findings included: 1. Review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, dated September 2022, revealed .All reports of resident abuse .are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by the facility management. Findings of all investigations are documented and reported .The administrator initiates investigations .Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete .The individual conducting the investigation as a minimum .reviews the documentation and evidence .reviews the resident's medical record to determine the resident's physical and cognitive status at the time of the incident and since the incident .observes the alleged victim, including his or her interactions with staff and other residents .interviews the person reporting the incident .interviews any witness to the incident .interviews the resident .interviews staff members (on all shifts) who have had contact with the resident during the period of the alleged incident .interviews the resident's roommate, family members, and visitors .interviews other residents to whom the accused employee provides care or services . reviews all events leading up to the alleged incident .documents the investigation completely and thoroughly . The investigator notifies the ombudsman that an abuse investigation is being conducted . 2. Review of the medical record revealed Resident #57 was admitted to the facility on [DATE], with diagnoses including Hypertension, Dementia, Hemiplegia, Seizure Disorder, Anxiety, and Depression. Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated Resident #57 was cognitively intact. Resident was dependent on staff for toileting, bathing, bed mobility, and transfers. During an interview on 2/3/2025 at 8:52 AM, Resident #57 stated that she had reported a sexual assault to the Assistant Director of Nursing (ADON) last month. Resident #57 stated, .During my bed bath CNA [certified nursing assistant] D started playing with my boob and said they are really soft. During an interview on 2/3/2025 at 1:00 PM, The Administrator was asked if Resident #57 reported an allegation of sexual abuse against CNA D. The Administrator replied, Yes, we had a conversation with her (Resident #57) and interviewed her (Resident #57) and him (CNA D). I will bring you the soft file. On 2/3/2025 at 4:17 PM, the Administrator brought in the soft file for the allegation of sexual abuse which consisted of a one-page undated witness statement. The Administrator was asked the date of the witness statement. The Administrator stated, It happened a couple of months ago, I think. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of an undated witness statement revealed [named ADON] ADON brought to administrator a complaint by [named resident] against CNA [named CNA D]. Stated he was a pervert and said during bed baths he said her boobs were so soft and patted her on the butt. When interviewing [named CNA D] CNA r/t [related to] allegation stated it was her bed bath day and he had to lift her breast to clean under it, but he never made any comments as such. Additionally when asking about patting on the butt he stated when was done cleaning one side he tapped her and asked her to help roll so he could get the other side. In an effort to appease [named resident] we removed [named CNA D] from her assignment. ADON and Admin [Administrator] followed up with [named resident] and when explained what he was doing she agreed yeah you're right. that makes sense. I just don't want him in there anymore. On 2/5/2025, the facility provided additional documents which consisted of an undated document titled, Resident Interviews, and skin assessments dated 11/26/2024. During an interview on 2/5/2025 at 3:36 PM, the Administrator was asked what the facility's process for allegations of abuse. The Administrator stated, .if there is allegation any suspicion .an initial investigation is done . The Administrator was asked what the facility did in relation to Resident #57's allegation of sexual abuse. The Administrator stated, We interviewed the resident [Resident #57] and the CNA [CNA D] .we instructed the CNA [CNA D] to stay out of her room . The Administrator was asked if she felt the facility completed a thorough investigation for the allegation of sexual abuse. The Administrator stated, .If it was written down, I feel like we took the appropriate steps .

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285 Based on policy review, medical record review, and interview, the facility failed to ensure Activities of Daily Living (ADL) assistance was provided related to showering for 2 of 2 sampled residents (Resident #41 and #45) reviewed for ADLs. The findings included: 1. Review of the facility policy titled, Activities of Daily Living (ADL), Supporting, dated 03/2018, revealed . Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene . 2. Review of the medical record review revealed Resident #41 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Disorders of the Brain, Chronic Obstructive Disease, Major Depressive Disorder, and Heart Failure. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #41 had a Brief Interview for Mental status (BIMS) score of 9, which indicated Resident #41 was moderately cognitively impaired. Resident #41 required partial/moderate assistance with bathing. During an interview on 2/4/2025 at 10:45 AM, Resident #41 was asked about her bathing and showering habits, she takes a calendar off her wall and shows me where she writes her shower dates and bowel movements . daily, she confirmed this is how she keeps up with her personal things. Resident #41 stated, I did not receive a shower for 2 whole weeks in January . Review of the facility Shower Schedule form revealed Resident #41 should get a shower on Tuesday, Thursday, and Saturday. Review of the Aide Bathing Task for January 2025 and February 2025 revealed Resident #41 did not receive a shower on 1/7/2025, 1/9/2025, 1/11/2025, 1/16/2025, 1/21/2025, 1/23/2025, 1/25/2025, 1/28/2025, 1/30/2025, and 2/4/2025. 3. Review of the medical record revealed Resident #45 was admitted to the facility on [DATE], with diagnoses including Multiple Sclerosis, Heart Failure, Dementia, Diabetes, and Arthritis. Review of the annual MDS dated [DATE], revealed a BIMS score of 15, which indicated Resident #45 was cognitively intact. Resident #45 required partial moderate assistance with bathing. During an interview on 2/3/2025 at 2:54 PM, Resident #45 was asked about her showers, Resident #45 confirmed she does get showers, but it may be 2 weeks in between times. Review of the facility Shower Schedule form revealed Resident #45 should get a shower on Monday, Wednesday, and Friday. Review of the Aide Bathing Task for January 2025, revealed Resident #41 did not receive a shower on 1/1/2025, 1/3/2025, 1/6/2025, 1/8/2025, and 1/13/2025. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/6/2025 at 4:01 PM, the Director of Nursing (DON) confirmed residents should be receiving their showers on the dates assigned to them. The DON confirmed there should not be any missing dates.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50408 Based on policy review, observation, dish machine log, emergency menu, and interview, the facility failed to ensure that food was stored, handled, prepared, and served under sanitary conditions. The facility failed to recognize the low temperature dishwasher log had low temperatures for the wash cycle and when the emergency menu food items were not in stock. The facility had a census of 68 with 68 of those residents receiving a tray from the kitchen. The findings include: 1. Review of the facility undated policy titled, Sanitation, revealed .The food service area shall be maintained in a clean and sanitary manner .All kitchens, kitchen areas and dining rooms shall be kept clean, free from litter and rubbish and protected from .other insects .all counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from cracks and chipped areas . Review of the facility undated policy titled, Dishwasher Use, revealed .Food Service will be trained in all steps of dish machine use by the supervisor or a designee in all aspects of proper use and sanitation .Low temperature dish machines must maintain the following wash and rinse temperatures .120 F (Fahrenheit) for stationary rack, single temperature machines .The operator will check temperatures using the machine gauge with each dish machine cycle and will record the results in a facility approved log .Inadequate temperatures will be reported to the supervisor and corrected immediately .If water temperatures .do not meet requirements, cease use of dish machine immediately . 2. Observation in the kitchen with Dietary Manager (DM) on 2/3/2025 at 8:25 AM, and 4:25 PM, revealed the following: a. 17 cartons of grape juice with dirt, debris and a dead insect on the top of one carton. b. A pink plastic container filled with individual cracker packages and the container had sticky brown debris on top of lid. c. A plastic peanut butter container with peanut butter on the outside of the container. d. An oven that had brown build-up with food particles in the doors of the oven. e. A grease trap tray under the stove filled with a large amount of grease and filled with dried and new grease. f. A vent hood that was greasy and dirty on the outside edges and the arms of the lights had grease build-up. g. A juice and coffee station cabinet with shelving underneath with dirty, sticky food debris. (continued on next page)

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	h. Undated and unlabeled sugar and corn meal in large containers that were dirty, and sticky with food debris. i. A cabinet with 3 utensil drawers storing tools for cooking, difficult for staff to open and close, with rust in the drawers and around the drawers. The outside of the cabinet had brown and white dried streaks with food particles on the cabinet. j. Pimento cheese container in the walk-in cooler with pimento cheese food particles on the outside of the container. k. [NAME] slaw in walk in cooler with [NAME] slaw food particles on the outside of the container. j. 3 white milky liquid areas in walk-in cooler on the floor. 3. Observation in the kitchen on 2/4/2025 at 1:20 PM, revealed the following: a. A pink plastic container filled with individual cracker packages and the container had sticky brown debris on top of lid. b. An oven that has brown build-up with food particles in the doors of the oven. c. A grease trap tray under stove filled with large amount of grease, filled with dried and new grease. d. A vent hood that was greasy and dirty on the outside edges and the arms of the lights had grease build-up. e. A juice and coffee station cabinet with shelving underneath with dirty, sticky food debris. f. A cabinet with 3 utensil drawers storing tools for cooking, difficult for staff to open and close, with rust in drawers and around the drawer. The outside of the cabinet had brown and while dried streaks with food particles on the cabinet. g. Pimento cheese in walk-in cooler with pimento cheese food particles on outside of the container. h. [NAME] slaw in walk in cooler with [NAME] slaw food particles on the outside of the container. 4. During an observation on 2/4/2025 at 1:20 PM, observed a 110 F wash cycle while a dietary staff member was operating the low temperature dish machine . Review of the February 2025 High Temp (temperature) Dish Machine Daily Temperature Log, revealed the following: 1. 2/1/2025 at breakfast a wash temp of 115, lunch 110, and supper 110. 2. 2/2/2025 at breakfast a wash temp of 110, lunch 110, and supper 110. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445431	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ahc Lexington	727 East Church Street Lexington, TN 38351

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. 2/3/2025 at breakfast a wash temp of 110, lunch 110, and supper 115. 4. 2/4/2025 at breakfast a wash temp of 115, lunch 75. 5. During an observation and interview on 2/5/2025 at 12:00 PM, with the Registered Dietician (RD) revealed missing foods from the menu that were not in the Emergency Food section. The RD confirmed there was not enough food in storage for a 72-hour emergency and needed to order additional meats and milk. Review of a (Named) Shop order dated 2/5/2025 revealed an order of additional foods needed for Emergency Menu. During an interview on 2/6/2025 at 9:30 AM, with the Registered Dietitian (RD) and the DM confirmed the kitchen should not be dirty, there should not be dirt, dust or bugs on containers, cabinets or counter-tops, food should not have food particles on the outside of their containers, the vent hood should be wiped down monthly so grease does not build up, all food items shall be dated and labeled in clean containers, utensils for cooking should not be stored in rusty drawers. The RD and DM confirmed the low temp dish machine temperatures were not adequate for washing dishes, and all wash cycles should be at least 120 degrees, with staff re-education 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** 49269 Based on policy review, medical record review, observation and interview, the facility failed to ensure infection control practices were followed during medication administration when 1 of 3 nurses Registered Nurse (RN) B failed to wear PPE (personal protective equipment) during the administration of medication by way of peg tube and when 1 of 1 Certified Nursing Assistant (CNA) C failed to perform hand hygiene during foley catheter care. The findings include: 1. Review of the facility policy titled, Enhanced Barrier Precautions, dated 3/2024, revealed Enhanced Barrier Precautions (EBPs) are utilized to reduce the transmission of multi-drug resistant organisms (MDROs) to residents .Gloves and gown are applied prior to performing the high contact resident care activity .EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization .Indwelling medical devices include central lines, urinary catheters, feeding tubes . Review of the facility policy titled, Handwashing/Hand Hygiene, dated 10/2023, revealed This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections . Perform hand hygiene before applying non-sterile gloves .When removing gloves, pinch the glove .Perform hand hygiene. 2. Review of the medical record revealed Resident #26 was admitted to the facility on [DATE], with diagnoses including Heart Failure, Multidrug-Resistant Organism, Urinary Tract Infection, Malnutrition and Diabetes. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 5, which indicated Resident #26 was severely cognitively impaired. Resident was dependent on staff for eating, toileting, bathing, bed mobility, and transfers. Resident was assessed for an indwelling catheter. Review of the Treatment Administration Record dated 12/2024, revealed .Catheter site care one time daily starting 11/22/2024 with soap and water . Observation in the Resident's room on 2/6/2025 at 11:12 AM, revealed CNA C performed catheter care and removed soiled gloves, donned gloves without performing hand hygiene. CNA C emptied basin in the resident's bathroom, removed gown and gloves, and took soiled linens to the biohazard room on the 300 Hall before performing hand hygiene. 2. Review of the medical record revealed Resident #39 was admitted to the facility on [DATE], with diagnoses including Wernicke's Encephalopathy, Diabetes, Dysphagia, Gastrostomy, and Respiratory Failure. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 13, which indicated Resident #39 was cognitively intact. Resident was assessed for a feeding tube. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Physician's Order dated 12/30/2024, revealed .Enhanced Barrier Precautions every shift . Observation during medication administration on the 300 Hall on 2/5/2025 at 10:22 AM, revealed RN B administered medications to Resident #39 via Peg-Tube without wearing a gown for enhanced barrier precautions. During an interview on 2/6/2025 at 10:58 AM, the Director of Nursing (DON) confirmed that staff should wear gown and gloves for medication administration with Peg Tube residents in enhanced barrier precautions. During an interview on 2/6/2025 at 11:34 AM, the DON confirmed that staff should perform hand hygiene before and after the removal of gloves.