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	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lexington Post Acute	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to ensure medications were properly stored when a medication was found unattended and unsecured in 1 of 5 (Resident #40) resident occupied rooms observed during medication administration. The findings include: 1. Review of the facility policy titled, Storage of Medications, with revision date 11/2020 revealed, .The facility stores all drugs and biologicals in a safe, secure, and orderly manner.Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls.The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe and sanitary manner. 2. Review of the medical record revealed Resident #40 was admitted to the facility on [DATE], with diagnoses including Vascular Dementia, Auditory Hallucinations, Cognitive Communication Deficit, and need for assistance with personal care. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #40 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment, which indicated no cognitive impairment. Resident #40 was set up assistance with eating, oral hygiene, personal hygiene, and supervision to touching assistance with bathing. Review of the Order Summary Report dated 2/11/2026, revealed an order for Fluticasone (steroidal medication used for allergies) 50 mcg (microgram) nasal spray 1 spray in both nostrils one time a day for seasonal allergic Rhinitis (inflammation of the nasal airway). Observation and interview during medication administration on the 200 Hall on 2/11/2026 at 8:40 AM, revealed Licensed Practical Nurse (LPN) D was unable to find Resident #40's Fluticasone nasal spray on the medication cart. LPN D asked Resident #40 about the nasal spray and if she was still taking the medication. Resident #40 stated, .the Flonase is in my walker, I only use it once per day . Resident #40 removed the Flonase from the seat of the walker and gave the medication to LPN D. LPN D assisted with the administration of the Flonase spray. LPN D was asked if Resident #40 was assessed to self-administer the medication. LPN D stated, .I don't see anything under her evaluations [referring to the electronic medical record] . During an interview on 2/11/2026 at 8:55 AM, the Director of Nursing (DON) was asked if Resident #40 had an evaluation to self-administer her nasal spray. The DON stated, .I don't see anything under evaluations in our computer system. During an interview on 2/12/2026 at 11:52 AM, the DON was asked if medication should be stored in a resident's room. The DON stated, .No, not unless the resident has been evaluated to use the medication safely on her own. The DON was asked if she was aware Resident #40 was storing the nasal spray in her walker. The DON stated, .I was not aware. ^^

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on policy review, Quarterly Payroll Based Journal (PBJ) review, facility staffing information review, and interview, the facility failed to submit accurate staffing data for Quarter 4 for PBJ 2025 (July 1, 2025- September 30, 2025) reviewed for staffing data. The findings include: Review of the facility policy titled, Reporting Direct Care Staffing Information (Payroll-Based Journal), with a revision date of August 2022, revealed .Complete and accurate direct care staffing information is reported electronically to CMS [Centers for Medicare and Medicaid Services] through the Payroll-Based Journal (PBJ) system in a uniform format specified by CMS.Direct care staffing information includes staff hired directly by the facility, those hired through an agency, and contract employees. Review of the PBJ Staffing Data Report for Quarter 4 of 2025 (July 1, 2025 - September 30, 2025) revealed excessively low weekend staffing. Review of LICENSURE STAFFING REQUIREMENTS for the following dates between July 1, 2025 and September 30, 2025, revealed weekend staffing percentages as follow: a. 7/5/2025 2.80% (percent) b. 7/6/2025 2.55% c. 7/12/2025 2.94% d. 7/13/2025 2.62% e. 7/19/2025 2.89% f. 7/20/2025 2.98% g. 7/26/2025 2.8% h. 7/27/2025 3.03% i. 8/2/2025 2.52% j. 8/3/2025 2.67% k. 8/9/2025 2.9% l. 8/10/2025 2.78% m. 8/16/2025 2.99% n. 8/17/2025 2.93% o. 8/23/2025 2.82% p. 8/24/2025 2.50% q. 8/30/2025 2.74% r. 8/31/2025 2.59% s. 9/6/2025 3.12% t. 9/7/2025 2.79% u. 9/13/2025 2.87% v. 9/14/2025 2.90% w. 9/20/2025 2.45% x. 9/21/2025 2.14% y. 9/27/2025 2.71% Z. 9/28/2025 2.60% During an interview on 2/12/2026 at 11:47 AM, the Administrator was asked why the PBJ report for Quarter 4 was triggered for excessive low weekend staffing. The Administrator stated, .higher census and acuity level.on-call staff was coming in and if they did not change the payroll code it would not be captured correctly and reflect accurate staffing

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, observation, and interview, the facility failed to maintain and ensure the prevention and spread of infection during incontinence care, wound care, and medication administration for 3 of 7 (Resident #3, #13, and #92) sampled residents reviewed. The findings included: 1.Review of policy titled, Laundry and Bedding, Soiled, dated September 2022 revealed, .Soiled laundry/bedding shall be handled, transported and processed according to best practices for infection prevention and control. All used laundry is handled as potentially contaminated using standard precautions .Contaminated laundry is bagged or contained at the point of collection (i.e., location where it was used).Leak-resistant containers or bags are used for linens or textiles contaminated with blood or body substances. Review of the facility policy titled, Handwashing/Hand Hygiene, dated 10/2023, revealed .Indications for Hand Hygiene.immediately after glove removal.The use of gloves does not replace hand washing/hand hygiene. 2. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Type 2 Diabetes Mellitus, Dementia, Dysphagia, Gastro-Esophageal Reflux Disease. Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #3 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment, which indicated Resident #3 was cognitively intact. Review of the Telephone/Verbal Order Signature Details dated 2/10/2026 revealed an order for Lidocaine Patch (topical medication used to relieve minor pain) 4 % (percent) apply to right knee topically one time a day for right knee pain. During observation and interview on 2/11/2026 at 8:10 AM, Licensed Practical Nurse (LPN) D was unable to find Resident #3's Lidocaine patch. LPN D stated, .I will notify the doctor and let him know I was unable to administer the Lidocaine. LPN D text the doctor on her personal phone with the doctor responding with a thumbs up. LPN D then opened the medication cart and proceeded to pull medications for the next resident. LPN D was asked if she should have sanitized her hands after using her personal cell phone. LPN D stated, .Yes, I use to be an infection control nurse, and I should have known that. During an interview on 2/11/2026 at 8:55 AM, the Director of Nursing (DON) was asked if LPN D used her personal cell phone to text the doctor should she have performed hand hygiene. The DON stated, .yes, a nurse should wash her hands. 3. Review of the medical record revealed Resident #13 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Cognitive Communication Deficit, Need for Assistance with Personal Care, and Reduced Mobility. Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #13 had poor short term and long-term memory. Resident #13 was dependent for incontinence care. During observation and interview in Resident #13's room on 2/10/2026 at 2:17 PM, Certified Nursing Assistant (CNA) A and CNA B prepared to provide incontinent care to Resident #13. CNA B rolled Resident #13 to her right side. CNA A removed the soiled cloth incontinent pad and gown then placed them on the floor. CNA A failed to place the soiled gown and incontinent pad in a bag or container. CNA B was asked if CNA A should have placed the soiled gown and pad on the floor. CNA A stated, .should be placed in a bag or pillowcase . CNA B was asked why should you bag or place it in a pillowcase CNA B stated .don't want to spread germs, I knew when she put it in the floor we had messed up. During an interview on 2/10/2026 at 3:00 PM, the Assistant Director of Nursing (ADON) was asked if soiled linen should be placed in the floor without being bagged. The ADON acknowledged the linen should have been bagged before transport to the soiled cart. 4. Review of the medical record revealed Resident # 92 was admitted to the facility on [DATE], with diagnoses including Alcohol Dependence with Withdrawal, Delirium, and Muscle Weakness. Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 11, which indicated Resident #92 was moderately cognitively impaired, and was dependent of staff for activities of daily living. Observation during wound care outside of Resident #92's room on 2/10/2026 at 2:35 PM, revealed the Wound Care Nurse gathered supplies for wound care for Resident #92. The Wound (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Care Nurse, performed hand hygiene and donned a gown and gloves (PPE), knocked on the door and entered the room, placed the wound care supplies on a barrier on the over the bed table and assisted CNA E with positioning Resident #92 in bed. The Wound Care Nurse opened Resident #92's incontinent brief, cleansed the wound, removed her gloves and donned a clean pair of gloves. The Wound Care Nurse, applied wound paste to the wound bed, removed her gloves and donned a clean pair of gloves, refastened the resident's incontinent brief and repositioned the resident onto her right side. The Wound Care Nurse, removed her gloves and PPE, washed her hands, exited the room and returned to the treatment cart. The Wound Care Nurse failed to wash and/or sanitize her hands after removing her gloves and before donning clean gloves. During an Interview on 2/11/2026 at 9:36 AM, the Director of Nursing (DON) was asked if hand hygiene should be performed between glove changes. The DON stated yes it should During an Interview on 2/11/2026 at 9:45 AM, the Wound Care Nurse was asked when hand hygiene should be performed while using gloves. The Wound Care Nurse stated before, after, and between glove changes.