STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345419	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lexington Health Care Center	**17 Cornelia Drive , Lexington, North Carolina, 27292**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS A complaint investigation survey was conducted from 12/30/25 through 12/31/25. Event ID# 1DF782-H1. The following intakes were investigated 2702688, 2689393, 2691992, 2687017, 2689177, 2604100, and 2695101. 2 of the 9 complaint allegations resulted in deficiency.	F0000		
F0609 SS = D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: Based on record review, and resident and staff	F0609		

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 reverse for further 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 CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345419	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lexington Health Care Center	**17 Cornelia Drive , Lexington, North Carolina, 27292**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0609 SS = D	Continued from page 1 interviews, the facility failed to report reasonable suspicion of a crime to law enforcement when Resident #1 was identified with an odor of marijuana after he returned inside the facility from the smoking area. A subsequent drug screen was completed and the resident tested positive for Tetrahydrocannabinol (THC [the main psychoactive ingredient in marijuana]). This deficient practice affected 1 of 3 residents reviewed for accidents (Resident #1). The findings included: Review of the facility policy and procedure titled “Substance Use” with a date of 01/29/24, states to protect the health and safety of resident, the center prohibits unprescribed use of drugs and alcohol. The policy indicated if items were found that posed a health and safety risk they were to be confiscated if in plain sight and law enforcement was to be contacted. Resident #1 was admitted to the facility on 04/12/25. Resident #1’s quarterly Minimum Data Set (MDS) dated 07/18/25 revealed the resident was cognitively intact. A phone interview with Nurse Aide (NA) #1 on 12/31/25 at 12:25 PM revealed on 11/13/25 around 11:00 PM when Resident #1 came back inside the facility from the smoking area the resident smelled of marijuana. NA #1 further revealed he immediately reported the odor of marijuana to Nurse #2 who was assigned to the resident. A phone interview with Nurse #2 on 12/31/25 at 3:20 PM revealed on 11/13/25 during the second shift (7:00 PM to 7:00 AM) NA #1 reported an odor of marijuana coming from Resident #1. Nurse #2 stated Resident #1 agreed to drug screen but denied smoking marijuana/THC. A 10-panel urine drug screen (tests for 10 common drug classes) was completed for Resident #1 on 11/14/25. Results of the screen (dated 11/15/25) indicated Resident #1 tested positive for cannabinoids (marijuana/THC). An interview with Resident #1 on 12/30/25 at 11:50 AM revealed in November 2025 he had smoked a THC vape that he obtained from another resident. During an interview with the Director of Nursing (DON) on 12/30/25 at 12:45 PM she confirmed that staff identified that Resident #1 had an odor of marijuana, a drug screen was completed, and Resident #1 tested positive for cannabinoids. The DON revealed Resident #1 allowed the facility to search his room and nothing was	F0609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345419	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lexington Health Care Center	**17 Cornelia Drive , Lexington, North Carolina, 27292**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0609 SS = D	Continued from page 2 found. The DON stated that she felt law enforcement did not need to be contacted because no hard evidence was found during the room search. An interview with the Administrator on 12/30/25 at 1:00 PM revealed an investigation was completed after he was notified in November 2025 that staff suspected Resident #1 utilized marijuana. The Administrator indicated Resident #1 allowed the facility to drug screen him and search his room. The facility was unable to find any signs of illegal substances when they searched Resident #1's room and he (the Administrator) was unable to determine where the THC had come from. The Administrator revealed that even though the facility did an investigation and the resident tested positive for an illegal substance, he did not feel that he needed to report the incident to law enforcement because he did not think they would have been able to do anything more than the facility had done.	F0609		
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on record review, and resident and staff interviews, the facility failed to complete smoking assessments when a resident was identified as a smoker and to provide supervision and retain smoking materials in accordance with the smoking policy for a resident assessed as a supervised smoker for 1 of 3 residents reviewed for accidents (Resident #1). The findings included: Review of the policy titled "Patient Smoking" dated 01/29/24 indicated if supervision was deemed necessary, the resident would be supervised by staff or other appropriate person (i.e., family member). Residents who wished to smoke would be evaluated using the Smoking Safety Screen Assessment upon admission and as needed	F0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345419	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lexington Health Care Center	**17 Cornelia Drive , Lexington, North Carolina, 27292**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0689 SS = D	Continued from page 3 to determine need for supervision. The facility would maintain all smoking paraphernalia for residents who required supervision with smoking. Resident #1 was admitted to the facility on 04/12/25 with diagnoses of tobacco use. Resident #1's care plan with a date of 04/12/25 revealed the resident preferred to smoke. Interventions included educating Resident #1 on facility smoking policy, assessing smoking as needed, and being supervised while smoking. Resident #1's quarterly Minimum Data Set (MDS) assessment dated 07/18/25 revealed the resident was cognitively intact and had no functional impairments with range of motion. The MDS further revealed Resident #1 used a wheelchair and walker for mobility. Resident #1's smoking assessments revealed an assessment was completed by Nurse #1 on 08/11/25 that deemed the resident was a supervised smoker. There was no evidence that a smoking assessment was completed prior to 08/11/25 for Resident #1. An interview with Nurse #1 on 12/31/25 at 11:45 AM revealed she completed Resident #1's initial smoking assessment on 08/11/25. Nurse #1 revealed a staff member (she was unable to recall which staff member) had brought it to her attention during a staff meeting that Resident #1 did not have a smoking assessment completed. She explained that she believed the resident did not smoke when he was admitted to the facility. She indicated she recalled Resident #1 not wanting to smoke cigarettes until later in his stay at the facility but could not recall the date. Nurse #1 indicated Resident #1 was deemed to be a supervised smoker on 08/11/25 due to his dexterity issues. Nurse #1 could not recall why Resident #1's care plan indicated that the resident was a smoker since admission (04/12/25). An interview and observation of Resident #1 on 12/30/25 at 11:50 AM revealed he had never been supervised while smoking at the facility and went out to smoke whenever he wanted to. Resident #1 indicated he had smoked cigarettes since admission and kept his lighter and cigarettes in his possession. Resident #1 did not have any burn holes on his clothing or his wheelchair seat cushion at the time of the observation. A phone interview with Nurse Aide (NA) #1 on 12/31/25 at 12:25 PM was conducted. NA #1 indicated Resident #1 was an unsupervised/independent smoker and kept his smoking materials on him. NA #1 stated he was not aware	F0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345419	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lexington Health Care Center	**17 Cornelia Drive , Lexington, North Carolina, 27292**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0689 SS = D	Continued from page 4 Resident #1 was assessed as requiring supervision to smoke. NA #1 revealed he had not been educated on which residents required supervision for smoking. NA #1 added that he normally worked the 7:00 PM to 7:00 AM shift when supervised smokers did not have scheduled smoking times. NA #1 stated he had observed Resident #1 going out to smoke unsupervised throughout the night when he worked. He explained that the assigned nurses never said anything about the resident requiring supervision to smoke, so he thought it was okay. NA #1 revealed unsupervised smokers were allowed to keep their smoking materials in their possession and supervised smokers had their smoking materials kept at the nurse's desk. A phone interview with Nurse #2 on 12/31/25 at 3:20 PM was conducted. Nurse #2 revealed she did not recall Resident #1 ever being supervised for smoking during his (the resident's) time at the facility. Nurse #2 stated a few months ago there had been a smoking list posted at the nurse's desk that indicated which residents required supervision to smoke. Nurse #2 revealed she did not recall Resident #1 being on the supervised smoker list. He indicated he had not seen a smoking list recently. She explained that Unit Manager (UM) #1 also sometimes communicated to her (Nurse #2) when she came on shift if a resident's smoking status changed. She further explained that UM #1 did not communicate any information about Resident #1's smoking status. Nurse #2 indicated Resident #1 went in and out throughout the night (the shift Nurse #2 worked) to smoke independently and kept his smoking materials on him. Nurse #2 revealed supervised smokers had smoking materials secured and unsupervised smokers were able to keep their smoking materials in their possession. An interview with UM #1 on 12/30/25 at 12:20 PM revealed Resident #1 had been an independent (unsupervised) smoker since admission. It was further revealed she was not aware that Resident #1 had been care planned at admission for being a supervised smoker and had been assessed to be a supervised smoker on 08/11/25. UM #1 revealed smokers were discussed in staff meetings and there was a list with supervised and unsupervised smokers. UM #1 revealed independent smokers were able to have their smoking materials in their possession and supervised smokers had their smoking materials stored at the nurse's desk. UM #1 recalled that Resident #1 always had his own smoking materials. UM #1 did not recall why a smoking assessment was not completed at admission for Resident #1. UM #1 stated a smoking assessment should have been completed at admission on Resident #1 by the assigned nurse.	F0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345419	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lexington Health Care Center	**17 Cornelia Drive , Lexington, North Carolina, 27292**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0689 SS = D	Continued from page 5 An interview with the Administrator on 12/30/25 at 1:00 PM revealed he was not aware Resident #1 had no smoking assessment completed prior to 08/11/25. The Administrator further revealed he expected smoking assessments to be conducted on admission and quarterly for residents who smoked. The Administrator indicated that per nursing staff he understood that Resident #1 had not started smoking until 08/11/25. The Administrator did not indicate which nursing staff informed him of this information or when he was informed. He did not explain why Resident #1 had a care plan for smoking that was initiated on admission (04/12/25). The Administrator stated unsupervised smokers kept their own smoking materials and supervised smokers had their smoking materials secured by nursing staff. The Administrator revealed staff should have been aware of smokers' assessed status through communication between nursing staff, discussions from staff meetings, reviewing the care plans, and reviewing the residents' charts for orders and progress notes.	F0689		