STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345419	A. BUILDING _____ B. WING _____	C 12/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HEALTH CARE CENTER	17 CORNELIA DRIVE LEXINGTON, NC 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
E 000	Initial Comments An unannounced Recertification survey was conducted on 12/9-12/2019. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #2BGJ11.	E 000		
F 000	INITIAL COMMENTS A recert and complaint survey was conducted from 12/09/2019-12/12/2019. 0 of the 13 complaint allegations were not substantiated resulting in no deficiencies.	F 000		
F 625 SS=B	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At	F 625		1/7/20

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

Electronically Signed | 12/31/2019

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F 625	Continued From page 1 the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record reviews, resident interview, and staff interviews, the facility failed to provide written notification to a resident, who was readmitted to the facility after hospitalization, regarding bed hold when the resident was hospitalized, for 1 of 2 residents reviewed for hospitalization (Resident #36). Findings included: Resident #36 was admitted to the facility 9/15/2015 with diagnoses to include diabetes, hypertension and muscle weakness. Resident #36 ' s medical record was reviewed, and no bed hold policy was scanned into the record. A nursing note written by Nurse #1 and dated 10/17/2019 was reviewed and the note documented Resident #36 was transferred to the hospital for elevated temperature, oxygen saturation of 83% (normal 88-100%) and an irregular heart rate. The annual Minimum Data Set (MDS) assessment dated 10/28/2019 assessed Resident #36 to be cognitively intact. The MDS care area assessment documented Resident #36 had been discharged to the hospital on 10/17/2019 and readmitted to the facility on 10/21/2019 with a diagnosis of pneumonia.	F 625	This Plan of Correction is submitted in compliance with applicable law and regulation. To demonstrate continuing compliance with applicable law, the center has taken or will take the actions set forth in the following allegation of compliance. The following Plan of Correction constitutes the center□s allegation of compliance. All alleged deficiencies have been, or will be completed by the dates indicated. F625 How corrective action will be accomplished for those residents found to have been affected by the deficient practice; " Resident #36 has re-admitted to the facility from the hospital. How the facility will identify other residents having the potential to be affected by the same deficient practice: " On 12/18/2019 residents who were transferred to the hospital in the last 7 days were reviewed by the Director of Nursing to ensure bed hold was offered to them. Corrections were made as necessary. There was only one resident	

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F 625	Continued From page 2 Resident #36 was interviewed on 12/9/2019 at 11:46 AM and he reported he had been hospitalized 10/17-21/2019 with pneumonia. Resident #36 reported he had not received a bed hold notice from the facility during his hospitalization. An interview was conducted with the Admissions staff member on 12/11/2019 at 3:34 PM and she reported the bed hold policy was sent with a resident when they were transferred to the hospital. The Admissions staff member reported she contacted the resident while they were in the hospital and inquired if they wanted to hold their bed at the facility. Nurse #1 was interviewed on 12/11/2019 at 3:39 PM and she reported she had transferred Resident #36 to the hospital on 10/17/2019 and she had not sent a bed hold policy with him. Nurse #1 retrieved a printed list and explained she used the list to help her prepare documents to send with a resident when they were transferred to the hospital and the bed hold policy was not on the list. Nurse #1 concluded by reporting she had never sent a bed hold policy with any resident when she transferred them to the hospital. Nurse #2 and Nurse #3 were interviewed on 12/11/2019 at 3:54 PM and they reported they had not sent a bed hold policy with any resident they had transferred to the hospital. The Director of Nursing (DON) was interviewed on 12/12/2019 at 2:41 PM and she reported that the nursing staff had been educated in October 2019 regarding the bed hold policy and all	F 625	affected and corrected. Measures to be put into place or systemic changes made to ensure that the deficient practice will not recur; " Licensed nurses were educated by the Staff Development Coordinator on sending the Bed Hold Policy with the resident upon transfer to hospital. This will be completed by 1/7/2020. " The bed hold will be sent with the resident upon transfer to the hospital. How the facility plans to monitor its performance to make sure that solutions are sustained; " DON will review weekly X 4 to ensure that Bed hold is being sent. Any issues will be addressed immediately at the time of identification. " The findings will be reviewed at the quarterly QAPI meetings for one quarter. Date of compliance is 1/7/2020. The Administrator is responsible for implementing the acceptable plan of correction.	

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F 625	Continued From page 3 residents who were transferred to the hospital should have a bed hold policy sent with them with the other paperwork. The DON reported it was her expectation that nursing staff sent the bed hold policy with all residents transferred to the hospital. The Administrator was interviewed on 12/12/2019 at 3:10 PM and she reported she was not aware the nurses were not sending a bed hold policy with residents when they were transferred to the hospital. The Administrator reported she expected all residents to receive a copy of the bed hold policy when they were transferred to the hospital.	F 625		
F 908 SS=D	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation, record reviews, staff and resident interviews, the facility failed to maintain a resident ' s bed in operating condition for 1 of 1 resident (resident #44). Findings: Resident #44 was admitted to the nursing home on 10/26/19. The Minimum Data Set of 11/2/19 coded the resident as being cognitively intact. An interview was conducted with resident #44 on 12/9/19 at 12:00 p.m. revealed the foot of the bed was not in working condition and did not raise up and down. Resident #44 stated she had requested to have the bed repaired in late	F 908	F908 How corrective action will be accomplished for those residents found to have been affected by the deficient practice; " Maintenance Director on 12/10/19 locked out/tagged out an unused bed and removed the motor from that bed to fix resident #44□s bed. How the facility will identify other residents having the potential to be affected by the same deficient practice: " On 12/20/19 the Maintenance Director	1/7/20

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F 908	Continued From page 4 November and it had not been repaired. Review of an undated work order showed a maintenance request was made regarding the foot of bed would not raise up and it had been that way since Resident #44 was admitted. The work order was requested on 11/22/19 and the part was ordered on 12/4/19. A purchase order dated 12/4/19 was reviewed and it showed the part needed for the bed repair was ordered on 12/4/19. An interview was conducted with the Maintenance Manager (MM) on 12/10/19 at 3:06 p.m. The work order was completed and submitted on 11/22/19. The MM stated he would replace the motor by removing a working motor from another bed. He was not aware he could switch out motors due to him being new to the position as of 11/25/19. He stated he will replace the motor on 12/10/19. An interview was conducted with the Regional Nurse Consultant on 12/10/19 at 3:06 p.m. and asked why the bed for resident #44 was not exchanged with an empty bed in working order. She stated they do not exchange residents ' beds. An interview with the MM on 12/11/19 at 11:30 a.m. stated the motor had been replaced on 12/10/19 for resident #44. Observation with the MM was conducted to see the bed in working order. During an interview with resident #44 on 12/12/19 at 9:40 a.m. She stated she would have liked to have raised the foot of the bed to aide in the edema she has in her legs and feet. She stated she is happy her bed was working properly. An Interview with the administrator on 12/12/19 at 3:10 p.m. stated that is policy that a resident cannot be moved from one bed to another once	F 908	reviewed the last 14 days of work orders to ensure there were none outstanding that affected resident occupied beds. Measures to be put into place or systemic changes made to ensure that the deficient practice will not reoccur; " Maintenance Director was educated on 12/20/19 regarding the importance of keeping resident occupied beds in working order or directing nursing to do a room change for the resident if it cannot be resolved timely. " Maintenance Director will check TELS for any new work orders for resident occupied beds not functioning properly three times a day on regularly scheduled days. " The Housekeeping Director will check TELS in the absence of the Maintenance Director on her regularly scheduled days. " If neither of them are here, the Maintenance Director will be notified by telephone. How the facility plans to monitor its performance to make sure that solutions are sustained; " The Director of Nursing will review work orders for resident occupied beds 3x□s a week for 2 weeks, then weekly x2 weeks. Any issues will be addressed immediately at the time of identification. " The findings will be reviewed at the quarterly QAPI meetings for one quarter. Date of compliance is 1/7/2020. The Administrator is responsible for implementing the acceptable plan of	

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F 908	Continued From page 5 the bed had been assigned to the resident. The resident was not offered to move to a different room with a fully functioning bed because of this policy.	F 908	correction.	