

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675840	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER LEXINGTON PLACE NURSING & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 7146 BAKER BLVD RICHLAND HILLS, TX 76118	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source, were reported within 24 hours for one (Resident #33) of four residents (Resident #33) reviewed for reporting. The facility failed to report an injury of unknown source when Resident #33 was found to have a bruise to her forehead. Findings include: Review of Resident #33's Minimum Data Set (MDS) annual assessment, dated 03/13/20, revealed the resident was an [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The MDS assessment revealed that the resident was rarely or never understood and her cognitive skills for decision making were severely impaired. Review of the resident's care plan dated 0[DATE]6/20 revealed the resident had a bruise to her right forehead that descended her cheek. Review of nurse's note dated 0[DATE]5/20 at 8:41 AM by the ADON revealed in part that, (Resident #33) has a raised area to mid/right side of forehead, and discoloration noted. She has not had a fall, as she would have needed assist to get up. She has history of bumping into walls, etc, as she has poor safety awareness. Injury is of unknown origin. Will monitor for changes. DON aware. Review of nurse's note dated 0[DATE]6/20 at 8:45 AM revealed in part, IDT, met on 0[DATE]6/2020 to discuss skin. (Resident #33) has follow up to bruise on the right forehead. the bruising is dispersing across the forehead to the right and down ward to eye .she has raised area from unknown origin. Interview with Resident #33's family member on 04/28/20 at 5:30 PM revealed she noticed a bump above Resident #33's right eye on 04/27/20 when she came to visit her. She stated the facility had not notified her about the bump and when she asked the nurse, she told her that the bump was probably as a result of the resident bumping into the wall. The family member stated the resident had a previous bruise on 03/07/20 and the nurse stated the resident was involved in a physical altercation with her roommate. She stated the resident's roommate was always looking out for her mother and she did not believe that they got into a physical fight. She stated Resident #33 and her roommate looked like they had been beaten up. Interview with ADON on 04/29/20 at 10:30 AM revealed Resident #35 had a history of [REDACTED]. She stated the resident has had two incidents where she was found to have bruising to her face She stated on the second incident, it was highly unlikely that the resident had fallen because the resident was declining and was not getting out of bed. She stated the resident had an injury of unknown origin and it was concluded that the resident had most likely bumped her head on the bedside table. She stated the bruising started as a small bump on her the right side of her forehead then she had bruising that went down to the right side of her cheek. She stated the DON was in charge of reporting and she did not know why it was not reported. She stated she did an investigation, but it was not complete because she had to take some time off for personal reasons. She stated both incidents were unwitnessed. Interview with DON on 04/30/20 at 12:50 PM revealed after doing an investigation, they concluded that the resident had hit her head on the bedside table and the injury did not seem suspicious. The incident was not reported because it was not suspicious. Interview with the Administrator on 04/30/20 at 2:30 PM revealed Resident #33 had a history of [REDACTED]. She stated because the resident was declining and was not getting out of bed it was likely that she bumped her head on the bedside table. She stated the incident was not reported because the injury was not suspicious . She stated for an incident of unknown origin to be reported, it also had to be suspicious. She stated bruising to the armpits, between the legs and around the neck region were considered to be suspicious but a bruise to the face was not considered to be suspicious. She stated they could also not rule out that the resident had fallen out of bed. Review of the facility's policy on Abuse Prohibition Standards of Practice, dated November 2016 with a revision date of November 2017 revealed: All alleged violations involving abuse, neglect, exploitation or mistreatment, including injury of unknown source and misappropriation of property will be reported by the facility administrator, or his/her designee to the following persons and agencies, the state licensing/certification agency responsible for surveying/licensing the facility.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.