

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676390	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER LEXINGTON MEDICAL LODGE		STREET ADDRESS, CITY, STATE, ZIP 2000 WEST AUDIE MURPHY PKWAY FARMERSVILLE, TX 75442	
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 0607 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review the facility failed to implement their written policies and procedures that prohibit and prevent abuse and neglect for one (LVN B) of 8 employees reviewed for abuse prohibition. The facility failed to conduct LVN B's EMR/NAR and criminal history checks before hire. This failure could place residents at risk for abuse and receiving care from unemployable staff. Findings included: Review of the facility's undated policy entitled, Policy to Prohibit the Mistreatment, Neglect, and Abuse of Residents and Exploitation of Residents and the Misappropriation of Resident Property reflected: The facility will screen all potential employees for history of abuse, neglect, or mistreating residents. This will include . checking with the appropriate licensing boards and registries .the facility will conduct an annual check on each employee at the time of the employee's anniversary date of hire. Documentation of these checks will be kept in the employee's personnel file .Before a person can be hired the facility will conduct a criminal history check within 24 hours by accessing the Texas Department of Public Safety website .In addition, before hiring an unlicensed employee, the facility will search the Employee Misconduct Registry (EMR) and the Nurse Aide Registry (NAR), which is maintained by HHSC, to determine whether the person is designated in either registry . Review of LVN B's personnel records reflected she was hired on 11/07/17 and rehired on 08/01/19. Her last criminal history check was conducted on 11/01/18. There was no evidence the EMR/NAR and criminal history checks were conducted upon rehire on 08/01/19. An interview with the ED on 04/30/20 at 4:45 PM revealed LVN B changed from full-time to part-time on 08/01/19. He could not explain why the annual EMR/ NAR and criminal history checks were not ran for 2019. A follow-up interview with the ED on 04/30/20 at 5:00 PM revealed LVN B was terminated on 08/01/18 and re-hired on 08/01/19. He stated she did not change from full-time to part-time; she was always a part-time staff. He looked through LVN B's personnel file but was unable to find the criminal history and EMR/NAR check conducted before her re-hire. An interview with the HR Director on 04/30/20 at 5:23 PM revealed she had worked in the position for two weeks. She stated employee screenings were ran annually and before hire . The facility re-ran LVN B's EMR/ NAR check before the surveyor exited the facility.		
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.