

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/17/2026	
NAME OF PROVIDER OR SUPPLIER LEXINGTON MANOR SENIOR CARE, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 56 ROCKPORT ROAD , LEXINGTON, Mississippi, 39095			
(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	
M0000	Initial Comments		M0000				
	The State Agency (SA) conducted an annual re-licensure survey at the facility from 09/14/2026 through 09/17/2026. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M225 and M815.						
M0225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the		M0225				

Office of Primary Care and Health Systems Management

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

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/17/2026	
NAME OF PROVIDER OR SUPPLIER LEXINGTON MANOR SENIOR CARE, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 56 ROCKPORT ROAD , LEXINGTON, Mississippi, 39095			
(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
M0225	Continued from page 1 facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to comply with state nursing facility staffing requirements by failing to designate a licensed nurse to serve as the Charge Nurse responsible for supervision of the total nursing activities in the facility, separate from the medication/treatment nurse assignment, from 7:00 AM to 8:00 AM and from 4:30 PM to 11:00 PM, for one (1) of three (3) shifts reviewed for charge nurse supervision. Findings include: A review of the facility's policy titled "Nursing Services and Sufficient Staff" dated 2025, revealed "...Policy Explanation and Compliance Guidelines...2. The facility must designate a licensed nurse to serve as a charge nurse on each tour of duty..." A record review of the facility's "Daily Staffing Pattern" revealed no designated charge nurse for more than eight (8) hours a day. On 09/16/2026 at 10:35 AM, during an interview, Licensed Practical Nurse (LPN) #3, Staff Development			M0225			

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/17/2026	
NAME OF PROVIDER OR SUPPLIER LEXINGTON MANOR SENIOR CARE, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 56 ROCKPORT ROAD , LEXINGTON, Mississippi, 39095			
(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
M0225	Continued from page 2 Nurse, stated the facility had a Registered Nurse (RN) designated as the Charge Nurse from 8:00 AM until 4:30 PM. LPN #3 stated RN #3, Wound Care Nurse, assumed the Charge Nurse role until 5:30 PM. LPN #3 confirmed that between the hours of 5:00 PM and 11:00 PM, one of the cart nurses served as the Charge Nurse. LPN #3 stated there was no written assignment identifying which cart nurse was responsible for serving as the Charge Nurse; however, the nurses understood who would assume the role each night. On 09/16/2026 at 2:55 PM, during an interview, RN #1, Charge Nurse, stated her shift was from 8:00 AM until 4:30 PM. RN #1 stated that when her shift ended at 4:30 PM, the most seasoned cart nurse assumed the Charge Nurse role for the remainder of the evening. RN #1 stated that sometimes RN #3, Wound Care Nurse, assumed the Charge Nurse role until the end of her shift at 5:30 PM. On 09/16/2026 at 3:04 PM, during an interview, RN #3, Wound Care Nurse, stated her shift was from 8:30 AM until 5:30 PM. RN #3 stated that when RN #1's shift ended at 4:30 PM, she assumed the Charge Nurse role from 4:30 PM until 5:30 PM while continuing to perform her assigned Wound Care Nurse duties. RN #3 stated she continued to perform wound care and complete wound-care documentation during this time. On 09/16/2026 at 3:10 PM, during an interview, Certified Nursing Assistant (CNA) #2 stated her shift was from 6:30 AM through 7:00 PM. CNA #2 stated that from 7:00 AM through 8:00 AM and from 4:30 PM until the end of her shift at 7:00 PM, she depended on the cart nurse when she required supervisory assistance. On 09/16/2026 at 3:14 PM, during an interview, the Director of Nursing (DON) stated she was aware of the facility's need for a designated Charge Nurse from 7:00 AM through 8:00 AM and from 4:30 PM through 11:00 PM. The DON stated the importance of having a designated Charge Nurse was to provide coverage in the event of an immediate resident-care situation and to prevent the cart nurse from being pulled away from assigned duties. The DON stated the facility would have to hire someone to provide Charge Nurse coverage during the identified times. On 09/16/2026 at 3:19 PM, during an interview, the Administrator stated there had never been a problem that warranted hiring a Charge Nurse until 11:00 PM because the facility did not admit residents at night or on weekends. The Administrator stated she would			M0225			

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/17/2026	
NAME OF PROVIDER OR SUPPLIER LEXINGTON MANOR SENIOR CARE, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 56 ROCKPORT ROAD , LEXINGTON, Mississippi, 39095			
(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	
M0225	Continued from page 3 confer with the facility's corporate office regarding hiring someone to serve as a Charge Nurse until 11:00 PM.	M0225					
M0815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to store and maintain food under sanitary conditions by failing to: 1) properly package, date, and label an opened frozen food product; and 2) identify and remove spoiled produce from refrigerated storage, for one (1) of (4) days of survey. Findings include: A review of the facility's policy titled "Food Storage Labeling Policy," revised 10/2023, revealed "...the facility will ensure the safety and quality of food by following good storage and labeling procedures..." A record review of the "In-Service," dated 07/01/2026, revealed education included staff job duties and responsibilities related to the freezer and cooler. On 09/14/2026 at 11:03 AM, during an observation of the Dietary Department and interview with the Dietary Manager (DD) #1, the State Agency (SA) observed an opened box of frozen black-eyed peas stored in the freezer. The black-eyed peas were exposed and had not been repackaged, dated, or labeled after opening. The original shipping box containing the black-eyed peas was torn, tattered, and misshapen. The SA observed fresh broccoli stored in a clear plastic bag in the refrigerator. A brown, slimy substance was visible inside the bag surrounding the broccoli. DD #1 observed the broccoli and stated it appeared spoiled despite having been received the previous week. DD #1 removed the broccoli from the refrigerator. DD #1 stated the Head Cook was responsible for ensuring opened food items were repackaged, dated, and labeled after opening. DD #1 stated she was ultimately responsible for checking produce, ensuring it was properly rotated, and removing spoiled produce from storage.	M0815					

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/17/2026	
NAME OF PROVIDER OR SUPPLIER LEXINGTON MANOR SENIOR CARE, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 56 ROCKPORT ROAD , LEXINGTON, Mississippi, 39095			
(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
M0815	Continued from page 4 On 09/16/2026 at 12:33 PM, during an interview, DD #1 stated dietary staff received an in-service on 07/01/2026 that addressed job duties and freezer responsibilities. DD #1 stated the education included cook aides and their responsibilities related to the freezer. On 09/17/2026 at 10:55 AM, during an interview, the Director of Nursing (DON) stated her expectation was for the Dietary Department to establish a schedule for monitoring the refrigerators and freezers to ensure food items were properly packaged, dated, and labeled and were discarded when indicated. The DON stated dietary staff were responsible for following established food-storage and monitoring procedures. On 09/17/2026 at 10:59 AM, during an interview, the Administrator stated her expectation was for the Dietary Department to have a weekly monitoring system in place, with check sheets maintained for the refrigerators and freezers. The Administrator stated dietary staff were expected to use the check sheets to verify food products were properly packaged and labeled and expired food products were identified and removed.			M0815			