

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0101 B. WING _____		(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER LAKEVIEW NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 16411 ROBINSON ROAD GULFPORT, MS 39503		
(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	
K 000	INITIAL COMMENTS 42 CFR 483.90(b) The facility must meet the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).	K 000			
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to provide a properly maintained fire alarm system as required by NFPA 72 Table 14.3.1 and section 14.4.5.3.2. This deficiency affected the entire facility on the day of the survey. Findings include: On 4/2/25 at 10:00 AM, observation and record review revealed the facility was unable to provide the current year 2025 documentation of annual and sensitivity inspection of the fire alarm system.	K 345	1.The facility failed to provide a properly maintained fire alarm system as required by NFPA 72 Table 14.3.1 and section 14.4.5.3.2. This deficiency affected the entire facility on the day of the survey 4/2/25. 2. All residents are at risk for this deficient practice. 3. All current staff will receive a directed in-service on fire drill policy beginning on 4/17/25 and will be completed by 4/30/25, by staff development coordinator. Maintenance department was in-serviced on fire drill policy on 4/17/25.	5/13/25	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/21/2025

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.

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K 345	Continued From page 1 The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 4/2/25.	K 345	4. The Maintenance Director is responsible for conducting fire drills. E-Fire Southern is responsible for annual inspection and testing of the fire alarm system. Documentation of the fire drills and annual inspection and testing, will be maintained by Quality Assurance (QA) office and filed in the administrator's office. To ensure improvements are sustained QA nurse will review fire alarm inspection and maintenance log book biweekly for completion and present for review at the monthly QA meeting starting on 5/13/25 to make recommendations and changes as needed for three (3) months. 5. All corrective actions will be completed by 8/13/25.		