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 **09/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW NURSING CENTER	**16411 ROBINSON ROAD , GULFPORT, Mississippi, 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
M0000	Initial Comments The State Agency (SA) conducted annual recertification survey at the facility from 9/15/25 to 9/18/25. 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 M640 and M840.	M0000		
M0640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to ensure oxygen cautionary signage was posted on a resident's door for one (1) of 20 sampled residents (Resident #59). Findings include: A review of the facility's policy, "Oxygen Administration," dated 7/24/23, revealed, "…Oxygen is administered to residents who need it, consistent with professional standards of practice…Policy Explanation and Compliance Guidelines…6. Oxygen warning signs must be placed on the door of the resident's room where oxygen is in use…" On 9/15/25 at 12:05 PM, an observation revealed no oxygen signage was posted on the door of Resident #59, where an oxygen concentrator was noted inside the room. On 9/16/25 at 9:00 AM, during an observation and interview, Resident #59 was observed with an oxygen concentrator in his room and there was no cautionary signage on the door. The resident stated he uses the oxygen sometimes, particularly after dialysis, when he	M0640		

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

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M0640	Continued from page 1 feels tired. On 9/16/25 at 1:45 PM, during an interview with Licensed Practical Nurse (LPN) #1, she stated that Resident #59 did not use his oxygen continuously, but rather as needed after dialysis if short of breath. She confirmed there was no oxygen signage posted on the resident's door. On 9/16/25 at 4:45 PM, during an interview with the Director of Nursing (DON), she confirmed oxygen signage should have been posted on Resident #59's door because of his oxygen use. A record review of the "Admission Record" revealed the facility initially admitted Resident #59 on 9/18/23 and he has current diagnoses including chronic kidney disease. A record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/21/25 revealed Resident #59 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact. A record review of the "Order Summary Report" revealed Resident #59 had a Physician's Order, dated 6/6/25, for oxygen to be administered continuously.	M0640		
M0840	45.30.4 Menu Menu. The menu shall be planned and written at least one week in advance. The current week's menu shall be approved by the dietitian, dated, posted in the kitchen and followed as planned. Substitutions and changes on all diets shall be documented in writing. Copies of menus and substitutions shall be kept on file for at least thirty (30) days. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, and record review, the facility failed to provide residents with an alternative meal choice of equal nutritive value for one (1) of 22 sampled residents (Resident #62). Findings include: On 9/17/25 at 11:00 AM, during an observation, the posted menu consisted of barbecue chicken, baked beans, and mixed vegetables, with no alternative entrée listed. On 9/17/25 at 11:30 AM, during an observation and	M0840		

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M0840	Continued from page 2 interview with the Dietary Manager (DM), there was no alternative entrée or vegetables on the steam table. The DM stated that residents were provided with a "Between Meal" dining sheet, which included choices of hamburger with chips, grilled cheese with chips, cream of chicken soup with crackers, chicken noodle soup with crackers, peanut butter and jelly sandwich, or deli sandwich. She further explained that salad and chicken tenders were also available but verified the facility did not prepare any readily available alternative entrées. She stated residents requested an item from the "Between Meal" menu, and staff submitted the request using the sheet. On 9/17/25 at 12:45 PM, during an interview with the Registered Dietitian (RD), she reported that the facility's resident council voted a few years ago to switch from an alternative entrée to the current "Between Meal" menu system. She explained that the "Between Meal" dining options did not provide the same nutritive value as the main menu but did allow residents a choice. On 9/17/25 at 1:07 PM, during an observation and interview with Resident #62, he stated he grew tired of eating the same foods "over and over" from the "Between Meal" menu. He had several boxes of snacks in his room and reported he purchased those to eat when he was served food he did not like. On 9/18/25 at 11:30 AM, during an interview with the Administrator, she confirmed the facility did not provide a readily available alternative entrée of equal nutritive value. Instead, residents were allowed to choose items from the "Between Meal" menu as an alternative food choice. A record review of the "Between Meal Dining" menu revealed choices included Cheeseburger and Fries, Hamburger and chips, Grilled Cheese and chips, Cream of Chicken soup and crackers, Chicken Noodle soup and crackers, Peanut Butter and Jelly sandwich, and Deli sandwich and chips. A record review of the "Admission Record" revealed the facility admitted Resident #62 on 11/15/2019 with current diagnoses including Hemiplegia and Hemiparesis. A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/5/25 revealed Resident #62 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated his cognition was intact.	M0840		