STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255182	A. BUILDING _____ B. WING _____	C 01/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW NURSING CENTER	**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
F 000	INITIAL COMMENTS	F 000		

A COVID-19 Focused Infection Control Survey and two (2) Complaint Investigation (CI), CI MS #17301 and CI MS #17496 was conducted by the State Agency (SA) on 1/19/21 through 1/23/21. During the survey, the facility was found to not be in compliance with infection control regulations and had not implemented the Centers for Medicare and Medicaid (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Deficiencies were cited at F 880, F882, and F865.

The SA identified an Immediate Jeopardy (IJ) that began on 1/19/21, when the facility failed to follow the Infection Control guidelines by not donning Personal Protective Equipment (PPE) before entering COVID-19 positive rooms and observation rooms, not wearing face mask correctly, not disinfecting medical equipment before leaving a COVID-19 positive hall, not washing hands in resident rooms, or using hand sanitizer before exiting, having laundry on the floor at entrance of laundry room and COVID-19 positive resident room door not being closed. The facility also failed to have an Infection Control Preventionist on staff who had completed specialized training in Infection Prevention and Control prior to SA entering the facility and failed to implement and maintain an effective Quality Assurance and Performance Improvement (QAPI) program to focus on the facilities three (3) COVID-19 outbreaks. The facility had a total of 89 residents and 68 staff tested positive for COVID-19. The facility had a total of nine (9) deaths from 11/1/20/ thru 1/17/21.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		02/18/2021

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LAKEVIEW NURSING CENTER	**16411 ROBINSON ROAD GULFPORT, MS 39503**

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F 000	Continued From page 1	F 000		

The facilities failure to follow Infection Control guidelines, have an Infection Control Preventionist on staff, and implement an effective QAPI program placed all residents at risk, in a situation that was likely to cause serious harm, injury, impairment, or death.

On 1/21/21, at 11:35 AM, the SA notified the Administrator of the Immediate Jeopardy (IJ) and the IJ template was provided to the Interim Administrator.

The IJ existed at:
42 CFR(s): 483.80(a)(1)(2)(e)(f)-Infection Prevention and Control (F880)
42 CFR(s): §483.80(b)(4)(c)- Infection Preventionist (F882)
42 CFR §483.75 (a)(1)(b)(1)(2)(3)(f)(1)(2)(3)(4)(5)(6)(i)-Quality Assurance and Performance Improvement (QAPI) program (865)

The facility submitted an acceptable Removal Plan on 1/22/21 in which they alleged all corrective actions to remove the IJ were completed on 1/22/21 and the IJ was removed on 1/22/21.

The SA validated the facility's Immediate Jeopardy Removal Plan on 1/23/21 and determined the IJ was removed on 1/22/21 prior to the exit on 1/23/21. Therefore, the scope and severity for 42 CFR(s) 483.80(a)(1)(2)(e)(f)-Infection Control (F880), 42 CFR(s) §483.80(b)(4)(c)- Infection Preventionist (F882), and 42 CFR §483.75 (a)(1)(b)(1)(2)(3)(f)(1)(2)(3)(4)(5)(6)(i)-QAPI (F865) were lowered from "L" to a scope and severity of a "F" while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure

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F 000	Continued From page 2 the facility sustains compliance with regulatory requirements. CI #17301 was not substantiated for medical records (accident report) not being released to resident representative. CI #17496 was not substantiated for neglect. The census at the time of the survey was 75 with a license for 105.	F 000		