

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24LA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/20/2023
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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI), MS #21834 and MS #21836, at the facility from 6/19/23 through 6/20/23. There were no deficiencies cited during the complaint investigation; however the facility remains out of compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement. The SA investigated MS #21834 related to insufficient linens, low staffing, water not offered to residents, infection control policy, roaches in facility, equipment not maintained, food cold, and employee to resident abuse. The SA investigated MS #21836 related to improper incontinence care and resident not treated with respect.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

06/27/23