STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255182	A. BUILDING **01 - MAIN BUILDING 0101** B. WING _____	**07/18/2023**

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
K 000	INITIAL COMMENTS 42 CFR 483.70(a) 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. This deficiency affected all 82 residents in the facility at the time of survey. Findings include: On 7/18/23 at 1:40 PM, observation and record review revealed a yellow tag on the master alarm panel of the fire alarm system. The facility was unable to provide the current year (2023) documentation of annual inspection of the fire	K 345	*On 7/18/23, The facility failed to provide documentation for current year (2023) annual inspection of the fire alarm system. Maintenance Supervisor obtained record of current year (2023) annual inspection from EFire dated for 6/28/23 on 7/21/23. **All residents are at risk for this same deficient practice. ***Maintenance will inform administrator of when annual inspection is complete and corresponding paperwork will be kept in the maintenance book in the administrator's office. ****Quality Assurance (QA) will monitor	8/15/23

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

Electronically Signed | 08/09/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255182	A. BUILDING **01 - MAIN BUILDING 0101** B. WING _____	**07/18/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW NURSING CENTER	**16411 ROBINSON ROAD** **GULFPORT, MS 39503**

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K 345	Continued From page 1 alarm system. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 7/18/23.	K 345	fire inspection reports for completion for a period of one year. QA will bring their findings to the monthly QA meeting for review and recommendations.	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to properly perform fire drills as per NFPA 101 section 19.7.1.2. The deficient practice affected all smoke compartments and residents in facility on the day of survey. Findings Include: On 7/18/23 at 1:40 PM, the facility could not	K 712	*The facility could not provide complete and proper documentation of fire drills for the last calendar year 2022 and the 1st & 2nd quarters of 2023. On 7/18/23 the Maintenance Supervisor held a fire drill. **All residents are at risk for this same deficient practice. ***The Maintenance Supervisor will perform fire drills at expected and unexpected times during varying conditions at least quarterly on each shift	8/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255182	A. BUILDING **01 - MAIN BUILDING 0101** B. WING _____	**07/18/2023**

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K 712	Continued From page 2 provide complete and proper documentation of fire drills for the last calendar year 2022 and the 1st & 2nd quarters of 2023. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 7/18/23.	K 712	beginning 7/18/23. The fire drill documentation will be kept in the maintenance record book in the administrator's office. ****Quality Assurance (QA) will monitor the maintenance record book quarterly for documentation of the fire drills quarterly X 1 year.	