Printed: 12/22/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182 NAME OF PROVIDER OR SUPPLIER Lakeview Nursing Center For information on the nursing home's plan to correct this deficiency, please contains the contains the correct this deficiency, please contains the correct this deficiency.		(X2) MULTIPLE CONSTRUCTION A. Building B. Wing 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)		
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	and neglect by anybody. **NOTE- TERMS IN BRACKETS IN	pospital with vomiting and stomach pain ult of a bowel impaction on [DATE]. Readys prior to the hospital admission on [Date] on the Medication Administration Read on the Medication Administration Read bowel programs/interventions nor any is for the month of February 2023. #1's constipation resulted in neglect or is sary to prevent constipation resulted in care and services necessary to prevent m, impairment and possible death. In Immediate Jeopardy (IJ) and Substate agan vomiting and complaining of stomations and stomach pain and died on action.	ONFIDENTIALITY** 21029 Representative (RR) interview, job or prevent neglect of a resident and services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services accessible to five (5) of a state of the services acc

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.

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

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 255182

If continuation sheet Page 1 of 45

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER Lakeview Nursing Center		STREET ADDRESS, CITY, STATE, ZI 16411 Robinson Road Gulfport, MS 39503	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Therefore the scope and severity for lowered from an L to an F, while the systemic changes to ensure the facility systemic changes to ensure the facility policy. Policy with a revision date of [DATI health, welfare and rights of each report that prohibit and prevent abuse, ne means failure of the facility, its empt that are necessary to avoid physical Record review the facility policy title Exploitation/Misappropriation with a use/ administration of medication; leading the record review of the facility policy. Purpose: Monitoring of bowel move Policy: A daily BM record will be mean three consecutive days a Bowel Prabdomen for distention/pain. Ausci in 24 hours give fleets enema x 1 central practitioner). Record review of the Certified Nursursing personnel in provision of becompliance with (Formal name of formal name of State Agency). Of health care team under the direction reports to the Director of Nursing of facility) and regulatory policy. Resurinal, commode and/or toilet). 2. Joutput. 10. Accurate documentation.	n on [DATE], and determined the IJ was or CFR 483.12 (a) (1) Freedom from Al e facility developed a plan of correction cility sustains compliance with regulato and procedure titled Abuse Neglect an EJ revealed It is the policy of this facility esident by developing and implementing elect, exploitation and misappropriation olooyees, or service providers to provide al harm, pain, mental anguish, or emoti ed Recognizing Signs and Symptoms of a revision date of [DATE] revealed. Signadequate provision of care and procedure titled: Bowel Program Pements are important to the general he onitored by the Charge Nurse on a dail orgram will be initiated based on our Phultate bowel sounds. 2. Dulcolax supported by the Charge Nurse on a dail orgram will be initiated based on our Phultate bowel sounds. 2. Dulcolax supported by the Charge Nurse on a dail orgram will be initiated based on our Phultate bowel sounds. 2. Dulcolax supported by the Charge Nurse on a dail orgram will be initiated based on our Phultate bowel sounds. 2. Dulcolax supported by the Charge Nurse on a dail organization: The Certified Nurses Aide on of the RN (Registered Nurse) or LPN or ADON (Assistant Director of Nurses) ponsibilities: Assists patients in the folk Assists with feeding of residents. 3. Men of all ADL's (Activities of Daily Living) and or resident's continuation of the support any changes in resident's continuation.	d Exploitation/Misappropriation to provide protections for the gwritten policies and procedures of resident property Neglect goods and services to a resident onal distress of Abuse, Neglect, gns of Physical Neglect: Improper olicy dated [DATE] revealed, alth and well being of the resident. Yes basis. Should there be no BM of hysicians standing orders. 1. Check sitory x (times) 1 dose. 3. If no BM D/NP (Medical Doctor/Nurse), revealed Objective: Assists unit tasks and functions in able health care standards and functions as a member of the I (Licensed Practical Nurse) and in conformity with (Formal name of owing areas: .c. Toileting (bedpan, asuring and recording intake and by the end of each shift. Real time

CTATEMENT OF DEFICIENCIES	(VI) PDO//IDED/CLIPD/JED/CLIA	(va) MILLIDLE CONCEDUCTION	(VZ) DATE CUDVEV
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	03/31/2023
NAME OF PROVIDER OR SUPPLI	NAME OF PROVIDER OR SUPPLIER		P CODE
Lakeview Nursing Center 16411 Robinson Road Gulfport, MS 39503			
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Daily Living (ADL) care sheets wer all staff. The Certified Nursing Assi each eight (8) hour shift. The Care individual care plan of each resider and instituted for each resident. The facility on [DATE]. The DON stated report that to the Licensed Practical Charge Nurse for the ,d+[DATE] are charted manually on paper charts at the CNA's digitally chart on each removement (BM) during that shift the BM's can only be reported once perecord/documented the number of Resident #1 (Res #1) had been seinfection and did not have a known dependent upon staff for toileting. Interview on [DATE] at 3:30 PM, wensure that the Activities of Daily Laccording to the residents care playou are looking for. The CNA's did residents on each shift. The CNA's (1) year due to no computer/kiosk' BM's on the ADL sheets and if ther cart nurse and the med cart nurse resident's BM per the Bowel policy they did and the results of the met documented the BM's in the reside reviewed and an investigation com documentation of BM's on the ADL BM's for the residents. The DON sishe had BM's prior to her admissio were supervising the CNA's more of procedure had not been followed a resident and the licensed nurses had a resident and the licensed nurses had a supervising the CNA's more of procedure had not been followed a resident and the licensed nurses had a resident and the licensed nurses had a supervising the CNA's more of procedure had not been followed a resident and the licensed nurses had a supervising the cNA's more of procedure had not been followed a resident and the licensed nurses had a supervising the cNA's more of procedure had not been followed a resident and the licensed nurses had a supervising the cNA's more of procedure had not been followed a resident and the licensed nurses had the licensed nurse	with the DON and the facility ADM, the e kept in a binder at the nursing station stants (CNAs) documented the ADL's Tracker Documentation Record ADL shat. The ADL sheets were the venue in very process of the polysister. The ADL sheets were the venue in very process of the polysister. The DON confirmed that there were two (all hurses (LPN) medication cart nurses and ,d+[DATE] shifts. The DON revealed and on [DATE] the facility installed composition at the end of each 8 hour shift. The CNA's report that to the Charge Nurser shift in the digital system. On the mar BM's during the shift, that the resident not out to the hospital and later passed a bowel issue, I was informed by the nurse that the DON revealed that the facility diving (ADL) care and Bowel Movement on the DoN stated, We are not going not document the Bowel Movements (I have been documenting manually on a system available to CNA's. They had be the had been no BM for that 8 hour shift was to check the resident and decide the and procedure. The nurses were to do not for BM's. The DON stated that the ints medical records. She stated that the ints medical records. She stated that the ints medical records. She stated that the pleted by the two Quality Assurance (Counter that they had no nursing notes and not the hospital on [DATE]. The DON closely, but they had not. The DON stated that they had not been documented in the progress not unented information needed for bowel.	as and that they were accessible to for each resident at the end of heets were devised per the which the care plans are followed (2) care plan nurses working in the or a resident had issues the CNA's or to the Registered Nurse (RN) or a that for over a year the CNA's exputers (Kiosk) systems that now for a resident does not have a bowel are or to the medication cart nurses. In the ADM stated that one (1) away. But (Res #1) did not have an or sees that she (Res #1) was not and the ADM sheets for the ADM sheets for the ADL sheets for approximately one the appropriate method for the cument in the progress notes what nurses had not appropriately e ADL sheets had all been and of the cument in the progress notes what nurses had been notified of no and no documentation for Res #1 that thought that the med cart nurses ted that the Bowel policy and mented appropriately or often enough for

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	the facility on [DATE] due to vomitin DON stated that Res #1 was diagnored died of aspiration due to vomiting be the facility had no documentation the and procedure and the nursing staff in the nursing notes that the BM's hear for bowel movement programs. DO cart nurses had been monitoring are followed up and she should have such assurance (QA) nurses had conduct there was no documentation of BM had neglected to document and moultimately led to her death from an interest of the facility's Care were reviewed for Res #1 and they hour shift. The input and out put of the CNA's, in accordance to the fact had three (3) BM's during the dates BM during the 3:00 PM-11:00 PM stampers AM-3:00 PM shift; and on [DATE] the From [DATE]-[DATE], Res #1 had in Resident #1 went eight (8) days with Res #1 to indicate that the CNA's hid days. The record review revealed the spoke to Res #1's lack of BM's or the had received treatment and service progress notes documented/record dated February 1, 2023-February 1, 2023-February 1, 2023-February 15, 2023. The ADL documentation that Res #1 had two PM-11:00 PM shift on [DATE], and recorded on the ADL care sheets ff #1's BM's for [DATE]-[DATE] indicates that the condition that Res #1 had two PM-11:00 PM shift on [DATE] and recorded on the ADL care sheets ff #1's BM's for [DATE]-[DATE] indicates that the condition that Res #1 had two PM-11:00 PM shift on [DATE] and recorded on the ADL care sheets ff #1's BM's for [DATE]-[DATE] indicates that the condition that Res #1 had two PM-11:00 PM shift on [DATE] indicates the process and the pr	at 9:00 AM, revealed that Res #1 had by a coffee ground looking substances (cosed at the hospital on [DATE] with an ecause of the bowel obstruction/bowel nat Res #1 's BM's were appropriately referred that had not documented on the Medication and been monitored. The facility had not by stated that she felt responsible becard as uppervising the CNA's. She should represent the nursing staff more closed coted an investigation of the incident wit monitoring for Res #1. DON stated that onitor the input and out put of Res #1 with monitoring for Res #1. DON stated that onitor the input and out put of Res #1 with monitoring for Res #1. DON stated that onitor the input and out put of Res #1 with monitoring for Res #1. DON stated that onitor the input and out put of Res #1 with monitoring for Res #1. DON stated that make not appropriately documented for Res #1 was not appropriately documented for Res #1 was not appropriately documented in IDATE]. The record review shift on IDATE]; on IDATE] there was on the CNA's documented on the ADI with the licensed nurses had monitored and notified the licensed nurses that Referred that the Progress Notes for IDATE] did not the licensed nurses had monitored as for the lack of BM's during the month of Feb 5, 2023 had documentation that Res #1 care sheet for Res #1 dated February to (2) BM's during this time period, 1 BM on IDATE] during the 7:00 AM-3: form IDATE]. The facility documented that Res #1 had two (2) BM's record all record for Res #1 during the month of the progress was proposed and record for Res #1 during the month of the progress was proposed and record for Res #1 during the month of the progress was proposed and record for Res #1 during the month of the progress was proposed and record for Res #1 during the month of the progress was proposed and record for Res #1 during the month of the progress was proposed for Res #1 during the month of the progress was proposed for Res #1 during the month of the progress was proposed for Res #1 during the month of the progress was pr	emesis) and for stomach pain. The impaction and on [DATE] Res #1 impaction. The DON stated that monitored as per the facility policy on Administration Record (MAR) on the followed the policy and procedur use she had assumed that the month have assumed she should have y. DON stated that the Quality has #1 and they had found that at the CNA's and licensed nurses which led to her hospital transfer ar are sheets for January-[DATE] in Res #1's BM's on each eight (8) inted on each eight (8) hour shift by the should that Res #1 had one (1) ine (1) BM documented on the 7:00 ing the 7:00 AM -3:00 PM shift. In care sheets which confirms that in the BM's of Res #1 or that Res #1 in of [DATE]. There were no rouary 2023. The ADL care sheet 1 had no BM's from February 7, 16, 2023-February 28, 2023 had 1 recorded during the 3:00 in PM shift. Res #1 had no BM's from February 7, 16, 2023-February 28, 2023 had 1 recorded during the 3:00 in PM shift. Res #1 had no BM's intentation that was provided for Resided during a 13 day period. There

(continued on next page)

Res #1 received no bowel functioning treatment and services.

patient to (name of hospital) for further evaluation and treatment.

Record review of the Medication Administration Record (MAR) for the month of February 2023 revealed that

The record review of the Nurse Practitioner's (NP) Progress Note date [DATE] at 2:39 PM revealed: Acute Visit [DATE] Chef Complaint: Nausea, vomiting coffee-ground emesis, and abdominal distention. The patient also has associated abdominal distention with some tenderness to palpation worse on left upper and lower quadrants. Patient symptoms started today this morning nothing making it better or worse. We will send

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Record review of the medical recor was admitted with consult to gastro (CT) scan findings were consistent bowel perforation. Large amounts of positive left-sided abdominal tender general surgery. Was not felt necest attempt to relieve fecal impaction. RESUSCITATE/DO NOT INTUBAN nursing staff and as a result of asponiting due to small bowel obstruct Interview on [DATE] at 12:00 PM, with monitored the BM's of Res #1 and was unaware that the lack of docur Interview on [DATE] at 2:15 PM, with the rewas a problem with the monit (QA) nurses to do an investigation. The QA nurses. Interview on [DATE] at 2:50 PM, with asked her to monitor the ADL sheet the unit on [DATE] when the NP has #1 and found her with coffee ground was complaining of stomach pain a until the ambulance came to pick us appeared to possibly have a GI ble learned the next day that Res #1 has reported that her death was due to document in the progress notes eathey give certain medications such documented nursing progress notes the romonitor charts. ADON stated the nursing progress notes. Interview on [DATE] at 3:00 PM, with both to conduct an investigation. They discove the residents and the nursing staff nurses stated that the BM's of Resprocedure and the nurses had not the procedure an	rds from the hospital dated [DATE]-[DA penterology and general surgery. Abdor with small bowel obstruction, fecal imp of stool throughout the rectum. History rness. The patient was made NPO (not sary to place NG tube but instead was Discussion with family led to revelation TE. Unfortunately, shortly thereafter patientian had respiratory arrest and died. In the facility ADM revealed that she in never was told of the bowel impaction of mentation of bowel movements was negligible to the DON she stated that they knew the storing of the BM's and that was why she she stated that the written QA report which the Assistant Director of Nursing (All sts or the charting of nursing staff. She stated that the written QA report which the Assistant Director of Nursing (All sts or the charting of nursing staff. She stated at the written QA report which the Assistant Director of Nursing (All sts or the charting of nursing staff. She stated that the written QA report which the stomach was distended. She can be stated that the written QA report which was distended. She can be stored from the looks of the coffee ground and passed away at the hospital on [DA an impaction/bowel obstruction. ADON can have the stomach was distended that she residents and should do as PRN's (as needed medications). She is for the month of February 2023. ADO at that she had assumed that the DON which the two (2) QA nurses RN#2 and LP ation of the incident involving Res #1 at Then they had an emergency QA meeting wered that the CNA's had not document had not document what not been recorded on the ADL documented in the progress notes for Fent out to the hospital on [DATE] for volument to the hospital	TE] for Res #1 revealed: Patient minal Computerized Tomography fraction and stercoral colitis without and Physical Reports revealed thing by mouth) and evaluated by a given some measures in an patient wishes to be DO NOT tient vomited as witnessed by Cause of death Aspiration due to the case of death Aspiration due to the ADN stated that no one had ever aspirated to the NP that Res #1 the computer of the case of death aspiration due to the the case of the ca

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety	Interview on [DATE] at 4:10 PM, with the Administrator (ADM) she stated that she had no idea that Res #1 was impacted. All I was told was that Res #1 was sent out to the hospital because she was vomiting. I was told later by QA nurses that Res #1 only had seven (7) days that the BM's weren't recorded/documented. No one ever told me that was a problem, I'm not a nurse. I trusted what the nurses said. ADM stated that she had not read the hospital report for Res #1.		
Residents Affected - Many	At 8:20 AM on [DATE] interviews and record reviews were completed along with the former Administrator (ADM #2) and the current ADM. They confirmed that the ADL sheets for Res #1 were not completed for BM's for at least the last 11 days in February 2023 and that there was no documented nursing notes/progress notes for the entire month of February 2023 regarding Res #1. They confirmed that the MAR's had no documented laxatives or stool softeners recorded for January-[DATE] for Res #1. They both confirmed the facility policy and procedure for bowel programs had not been followed. (ADM#2) stated that she learned a long time ago that if it was not written down in the medical records it did not happen.		
	In an interview on [DATE] at 10:25 AM, with the ADON she confirmed that after the death of Res #1 on [DATE] that the facility had a QA committee meeting to discuss the lack of documentation for the BM's of Res #1 and the lack of nursing progress notes. The facility also discussed the need to return to using the kiosk so the monitoring would be easier to track. The facility reinstated the CNA's kiosk system on [DATE]. The ADON stated that she would be responsible for monitoring the ADL's through the week days and would do chart audits on the day shift 8:00AM-3:00PM Mon-Fri. and the weekend Charge Nurse would monitor the ADL sheets on the weekends. ADON stated that the facility was hiring a new Staff Development nurse and she would also monitor charts.		
	had been at the facility visiting Reshurting and that she was in pain. Rebut that she would talk and did at tiwhere the pain was located in her the RR stated that she did not know hurt. I am positive that Res #1 repowitness the nurse evaluating Res #AM she was contacted by the facilidue to vomiting and stomach pain. physician told RR that Res #1 had see where the blood was coming fingeresent somewhere. The hospital cimpaction and that was why she wishe had no Death Certificate as of impaction. RR stated that she coulincontinent of bowel and bladder by	ith the Resident Representative (RR) of #1 on [DATE] or [DATE] when Res #1 R stated that (Res #1) had dementia a times complain of generalized pain, but stomach. RR stated that Res #1 told he w who the nurse was but the nurse was orted not feeling well to the nurse, but I #1. RR stated that the next day early in the type that the the state of the the type that Res #1 was going to be transfer RR met Res #1 at the hospital and state been vomiting due to a possible GI ble rom because she had vomit that looked did the test and found that there was not as vomiting. The next day on [DATE] R yet but the hospital staff told her that the not figure out how that could happen ut at times she would ask to be assisted ther having constipation issues.	told her that her stomach was and had some cognitive difficulties on this day she was specific with the that she had told the nurse and is told by Res #1 that her stomach do not know who. RR did not the morning at approximately 9:00 and to the emergency room (ER) yed with her there. The hospital ed and that they would run a test to all like possible old blood was to GI bleed that Res #1 had a bowel es #1 passed away. RR stated that the cause of death was due to an RR stated that Res #1 was due to the bathroom. RR stated that
	(continued on next page)		

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F 0600	Resident #3:		
Level of Harm - Immediate jeopardy to resident health or safety	Observation on [DATE] at 12:20 PI interviewable.	M revealed that Res #3, was lying in he	er bed. Res #3 was not
Residents Affected - Many	Record review of the Care Tracker Documentation Record ADL sheets for January and February 2023 for Res #3 were not documented by the CNA's for every eight (8) hour shift seven (7) days per week as outlined in the CNA's Job Description.		
	Record review of Res #3 revealed that she had a Minimum Data Set (MDS) dated [DATE] that contained a Brief Interview of Mental Status (BIMS) score of 0 (Blank) which indicated that Res #3 was severely cognitively impaired.		
	Record review of Res #3's Face Sheet revealed an admitted [DATE] and diagnoses including Constipation, Heart Failure; and Hemiplegia following cerebral infract affecting right dominant side.		
	Res #3 had no nursing progress notes written/recorded during the month of February 2023 addressing the constipation risk. There was one nursing progress note documented for the month of February dated [DATE] which did not address Res #3's ADL's or bowel program. Res #3 had one (1) documented progress note dated [DATE] written by the social worker. No progress notes were documented for [DATE] by nursing staff.		
	Interview on [DATE] at 1:00 PM with CNA #2 stated that she was assigned to work with Res #3 on [DATE] on the first (1st) shift. CNA#2 stated that she documented on the ADL sheets prior to [DATE] the BM's for residents on every shift. She stated that currently when she completed a shift she documented in the kiosk at the end of each eight (8) hour shift the ADL's and the BM's. If a resident does not have a BM on the eight (8) hour shift it is reported to the med cart nurse. The med cart nurse was responsible for checking the resident after the CNA reported to them.		
	Resident #4:		
	was a good historian. She stated the retired Registered Nurse. I am able be assisted with my meds at times all things for myself. Res #4 stated had had a bowel movement or what had never seen prune juice in the bad talked to her about her bowel in the state of the	E] at 1:10 PM, with Res #4, revealed the tast she had been living in the facility for the todo most things for myself, I just hat a. I go to the bathroom by myself, I toilet that since she had been in the facility sat the consistency of her bowel movement and had never been offered a smovements. Res #4 stated that she thowel movements was because she was a	ra little over a year and was a ve bad knees and have a need to my self, I bath my self and do most she had never been asked if she ents were. Res #4 stated that she snack or juice of any type. No one ught that the reason why the staff
	Record review of the Care Tracker was not addressed by the staff for	Documentation Record ADL sheets re [DATE] - [DATE].	vealed Res #4's bowel functioning
		th CNA#3 revealed that they manually is kiosk were broken. She stated that if a it to the med nurse.	
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OR SUPPLIER		P CODE
Lakeview Nursing Center	Lakeview Nursing Center		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety	Record review of Res #4's Minimum Data Set (MDS) dated [DATE] contained a Brief Interview of Mental Status (BIMS) score of 14 which indicated that Res #4 was cognitively intact. Record review of Res #4's Face Sheet revealed an admitted [DATE] and diagnoses of Chronic Obstructive pulmonary disease; Gastro-escophageal reflux disease; among other diagnoses.		
Residents Affected - Many		4 had one (1) progress note date [DAT addressed her ADL's or bowel function	
	Resident #5:		
	On [DATE] at 9:55 AM, during an interview and observation with Res #5 revealed she was lying in bed. She did answer questions asked of her. She stated that she wears briefs and has been incontinent of bowel and bladder. Res #5 stated that she has to have the assistance of staff for all her ADL's. Res #5 stated that the CNA's change her briefs for her on a regular basis. She stated that she had never been offered a stool softener or a laxative. She stated that a very few times she had been constipated and she had asked the nurse for Metamucil. Res #5 was unable to recall when the event occurred for the medication for constipation. Res #5 stated that she had more times that she had diarrhea or loose stools rather than constipation. She stated that she had never been offered Prune Juice and had never asked for Prune Juice Res #5 stated that she had to have total assistance for all her ADL's.		
	Record review of the Face Sheet for Res #5 revealed a re-admitted [DATE]. Res #5 had diagnoses of Acute heart disease of native coronary artery; Acute systolic (congestive) heart failure; among other diagnoses.		
	Record review of Res #5's MDS da cognitively intact.	ated [DATE] contained a BIMS score of	14 which indicated that she was
	Record review of the Care Tracker Documentation Record [DATE] - [DATE] bowel function ADL sheet has Res #5 documented as having no bowel movements from [DATE]-[DATE] (3 consecutive days with no bowel movement) and from [DATE]-[DATE] (3 consecutive days with no bowel movement). There was no documentation in Res #5's medical record to indicate that the CNA's had notified the cart nurse of no BM for Res #5.		
	Record review of the February 2023 Care Tracker Documentation Record bowel function section of the A sheet revealed documentation that Res #5 had no bowel movements (BM's) for February ,d+[DATE], 202 Res #5 had no bowel movements recorded on the ADL sheet for the days of February 13, 2023-February 2023 (three (3) consecutive days). There was no documentation in the medical records of Res #5 that the CNA's had notified the licensed nurses (med cart nurse) about the bowel function of Res #5. There was n documentation provided by the facility to confirm that the nurses (cart nurses) had been monitoring the BN of Res #5 during the months of January-[DATE].		
	Summary:		
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER Lakeview Nursing Center		STREET ADDRESS, CITY, STATE, ZI 16411 Robinson Road Gulfport, MS 39503	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	FICIENCIES by full regulatory or LSC identifying information)	
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	appropriately documented/recorded documentation/recording of the BN had not been documented for Resinursing progress notes contained repolicies and procedures for documentally, Res #2; Res #3; Res #4; and RADL care. The medical record of RAs a result of neglecting to accurate Res #1 having un-treated serious of	or (5) of (5) sampled residents revealed on the ADL sheets by the CNA's and I's as per the facility policies and procedent #1 for the month of February 2023 to information of ADL and/or BM functionerting BM functioning. The Care Plans tes#5) had not been followed for bowel es #1 contained no monitoring of her Bely and appropriately document/record constipation which led to a bowel impact ath of Res #1 at the hospital on [DATE	there was no MAR dures. The nursing progress notes and five (5) of five (5) residents oning as outlined in the facility's for 5 of 5 Sampled Residents (Resfunctioning /constipation risk, and M's by the licensed nursing staff. the BM's of the residents led to the stion and hospital admission on

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER Lakeview Nursing Center		STREET ADDRESS, CITY, STATE, ZI 16411 Robinson Road Gulfport, MS 39503	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Timely report suspected abuse, ne authorities. **NOTE- TERMS IN BRACKETS In Based on record review, staff intemproper authorities the neglect of Refacility with a bowel impaction that five (5) sampled residents. Resider The facility's failure to report neglig which resulted in the ultimate death likely to cause serious harm, serious the State Agency (SA) identified a began on [DATE] when the facility local hospital on [DATE] with vomit vomiting due to a bowel impaction. On [DATE] at 5:30 PM the SA notification of SQC and provided the facility with Plan on [DATE], in which the facility IJ was removed on [DATE]. The SA validated the Removal Plan Therefore the scope and severity for the facility sustains compliance with refindings include: Record review of the facility's policy [DATE] revealed, Policy: The purporare reported immediately to the add State Law through established produced Compliance Guidelines: 2. If the all reported immediately but no later the goods and services necessary to a Record review of the facility policy Policy with a revision date of [DATI health, welfare and rights of each remains failure of the facility, its emprease failure of the facility.	glect, or theft and report the results of the second secon	the investigation to proper ONFIDENTIALITY** 21029 the facility failed to report to the he hospital on [DATE] from the hospital on [DATE] for one (1) of eccessary to prevent constipation a situation that caused or was Indard Quality of Care (SQC) that do in Res #1 being admitted to the TE] as a result of aspiration from Inderector of Nursing of the IJ and alternative and acceptable Removal opardy was removed on [DATE] the serious removed on [DATE], prior to exit, was lowered from an J to a D while the systemic changes to ensure the end Violations with a revision date of eged violations involving . neglect at a officials in accordance with and certification agency) . It is in serious bodily injury it must be at the Neglect: Failure to provide mental illness . Index provide protections for the ag written policies and procedures to of resident property Neglect goods and services to a resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Lakeview Nursing Center		16411 Robinson Road Gulfport, MS 39503	
For information on the nursing home's plan to correct this deficiency, please co		tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Exploitation/Misappropriation with a use/ administration of medication; I Interview on [DATE] at 12:00 PM, we revealed the DON stated that she he (SA). The DON stated that the ADM had been sent out to the hospital and Neglect/Abuse to the State Agency Interview on [DATE] at 3:30 PM with ensure that the Activities of Daily Li according to the facility's policies at (BM's) on the ADL sheets for the redocumentation of BM's for Res #1. prevent a bowel impaction. DON st #1) was not in the medical records. any SA. Interview with the DON (RN#1) on for reporting to the State Agencies stated that the CNA's and licensed Res #1 which led to her hospital trathat she had read the hospital repocause of death was aspiration due. Record review of Res #1's medical the treatments and services to Res Record review of the facility's ADL lacking documentation for Res #1's sheet for [DATE] revealed the CNA [DATE]-[DATE]. From [DATE]-[DATE] which confirms that Resident #1 we the medical record of Res #1 to ind BM's for eight (8) days. The record documentation that spoke to Res #Res #1 or that Res #1 had received The ADL care sheet dated Februar BM's from February 7, 2023-February 28, 2023 document facility documentation that was provided by the properties of the provided during a 13 day (2) BM's recorded during a 13 day (2) BM's recorded during a 13 day (2)	ed Recognizing Signs and Symptoms of a revision date of [DATE] revealed . Signadequate provision of care with the Director of Nursing (DON) and ad not reported any incidents of Negle M was responsible for all Reporting to (and later passed away. The ADM stated (SA) in the past three months (Jan-[DM]) are and Bowel Movement and procedures. The CNA's did not documented information need at the facility staff did not provide the call atted the documented information need. The DON confirmed that she had not a sident of the confirmed that she had not a sident of the confirmed that she did not repondent of the confirmed that she did not review revealed that the Res #1 had the repondent of the confirmed that the CNA's had notified the licent of the confirmed that the CNA's had notified the licent of the confirmed that the CNA's had notified the licent of the confirmed that the CNA's had notified the licent of the confirmed that the CNA's had notified the licent of the confirmed that the CNA's had notified the licent of the confirmed that the CNA's had notified the licent of the confirmed that the CNA's had notified the licent of the confirmed that the CNA's had notified the licent of the confirmed that the CNA's had notified the licent of the confirmed that the CNA's had notified the licent of the confirmed that the CNA's had notified the licent of the confirmed that the CNA's had notified the licent of the confir	the facility Administrator (ADM) ct/Abuse to the State Agencies SA). The ADM stated that Res #1 that she had not reported any ATE]). cility did not have documentation to (BM's) had been implemented ament the Bowel Movements not supervise the CNA's re and services for Res #1 to led for bowel movements on (Res reported the neglect of Res #1 to led for bowel movements on (Res reported the neglect of Res #1 to led for bowel movements on (Res reported the neglect of Res #1 to led for bowel movements on (Res reported the neglect of Res #1 to led for bowel movements on (Res reported the neglect of Res #1 to led for bowel movements on (Res reported the facility ADM was responsible at the facility ADM was responsible and the facility ADM was responsible and the facility ADM was responsible and form an impaction. DON stated ad documented that Res #1's ction. det that the facility had not provided wel impaction. reviewed for Res #1 and was ight (8) hour shift. The ADL care ree (3) BM's during the dates of lented on the ADL care sheets. There was no documentation in tensed nurses that Res #1 had no les for [DATE] did not contain any rese had monitored the BM's of BM's during the month of [DATE]. Ited/recorded that Res #1 had no les #1 dated February 16, M's during this time period. The late indicated that Res #1 had two Record (MAR) did not document

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROMPTS OF SUPPLIES		STREET ADDRESS CITY STATE 71	D CODE
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	PCODE
Lakeview Nursing Center		Gulfport, MS 39503	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0609 Level of Harm - Immediate jeopardy to resident health or safety	Record review of the NP progress note date [DATE] at 2:39 PM revealed: Acute Visit [DATE] Chef Complaint: Nausea, vomiting coffee-ground emesis, and abdominal distention. The patient also has associated abdominal distention with some tenderness to palpation worse on left upper and lower quadrants. Patient symptoms started today this morning nothing making it better or worse. We will send patient to (name of hospital) for further evaluation and treatment.		
Residents Affected - Few	Record review of the medical records from the hospital dated [DATE]-[DATE] for Res #1 revealed: Patie was admitted with consult to gastroenterology and general surgery. Patient was made NPO (Nothing by mouth) and evaluated by general surgery. Was not felt necessary to place NG tube but instead was give some measures in an attempt to relieve fecal impaction. She did have a small bowel movement. Patient found to have urinary tract infection and started on antibiotics. Discussion with family led to revelation paysishes to be DO NOT RESUSCITATE/DO NOT INTUBATE. Unfortunately, shortly thereafter patient vor as witnessed by nursing staff and as a result of aspiration had respiratory arrest and died. Cause of deat Aspiration due to vomiting due to small bowel obstruction. Time of death 1200 on 3 [DATE]. Interview on [DATE] at 12:00 PM, the ADM confirmed that she had not reported the incident of Res #1's impaction because she was unaware that the facility had failed to monitor and document. ADM stated the she was unaware that the lack of documentation of bowel movements was neglect. The ADM stated that		
	never told any staff not to report the incident because she did not know neglect was an issue for Res #1. Interview on [DATE] at 2:15 PM, with the DON stated that they knew on [DATE] when Res #1 died , that there was a problem with the monitoring of the BM's and that was why she had asked the QA nurses to do an investigation. She stated that the written QA report was given to her and to the ADM by the QA nurses.		
	Interview on [DATE] at 3:00 PM, with the QA nurses RN#2 and LPN#1 revealed that they were asked by the DON to conduct an investigation of the incident involving Res #1 and they gave a written report to the DON and she gave it to the ADM. The QA nurses both confirmed that they did not report the findings of their investigation to the (SA).		
	Interview at 9:30 AM on [DATE], the alleged neglect in to the required S	e ADM confirmed that on [DATE] at 5:0 tate Agencies (SA).	00 AM she called the incident of
	Summary:		
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Lakeview Nursing Center		16411 Robinson Road Gulfport, MS 39503	1 6052
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	revealed that the BM's had not bee and there was no MAR documenta progress notes had not been docur (5) residents nursing progress note policies and procedures for docummonitoring of her BM's by the licendocument/measure the BM's of the to a bowel impaction and hospital a hospital on [DATE]. The DON and #1 had not been properly monitored a bowel obstruction and was sent of interviews that Res #1's BM's were nurses had neglected to monitor Resident of neglect to the SA's of the incident of neglect to the SA's of the facility provided an acceptable the facility took the following action Removal Plan: On [DATE], Resident #1 began vor expired at the hospital on [DATE]. documenting bowel movements in documentation. The facility's failure adverse outcomes. The administral likelihood of serious harm, impairm The State Survey Agency (SA) call [DATE] for neglect, failure to maintaprovide residents with necessary tradminister the facility effectively. All 88 residents were assessed for the standing orders was initiated for RN#4, and RN#5 on [DATE]. Certified Nursing Assistants (CNA's documentation via the kiosk, to incideracteristics of size and consiste was conducted by Quality Assuran worked were in-serviced by Directo (LPN#1), in reference to checking the standing orders was initiated to the characteristics of size and consiste was conducted by Quality Assuran worked were in-serviced by Directo (LPN#1), in reference to checking the standing orders was initiated to the characteristics of size and consiste was conducted by Quality Assuran worked were in-serviced by Directo (LPN#1), in reference to checking the standing orders was initiated to characteristics of size and consiste was conducted by Quality Assuran worked were in-serviced by Director (LPN#1), in reference to checking the standing process of the standing orders was initiated to the standing orders was initiat	miting coffee ground emesis and was tr The facility determined that Certified Nu accurately on the paper records. No one likely placed residents who reside in the tion must take immediate action to mor	on the ADL sheets by the CNA's less and procedures. The nursing of February 2023; and five (5) of five ioning as outlined in the facility's ord of Res #1 contained no ing to accurately and appropriately sted serious constipation which led to the death of Res #1 at the firmed through interviews that Res and that on [DATE] Res #1 suffered ecord reviews and through by the CNA's, and the licensed in Res #1's death at the hospital on displays and the serious and through by the CNA's, and the licensed in Res #1's death at the hospital on displays and the serious and failure to late on [DATE] for failure to late on [DATE] for failure to late on (DATE). Medication nurses that and Licensed Practical Nurse and Licensed Practic

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Lakeview Nursing Center			P CODE
Lakeview Harsing Contor		16411 Robinson Road Gulfport, MS 39503	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		CIENCIES full regulatory or LSC identifying informati	on)
F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	CNA's have documented bowel movements via the kiosk on [DATE]. 45 minutes prior to the end the medication nurse on each hall checked CNA documentation for completion, beginning [DATI Medication nurses who have residents at risk initiated standing orders for no bowel movement p standing orders are as follows: If a resident goes 3 days with no bowel movement (BM) initiate the orders. Obtain vital signs, check abdomen for distention/pain. Auscultate bowel sounds. Administ suppository x 1 dose. Reassess resident. If no BM in 24 hours give fleet enema x 1 dose. Reasses If no BM 30 minutes after enema, notify Medical Doctor (MD)/Nurse Practitioner (NP). All staff that worked were in-serviced on the duty to report signs and symptoms of abuse and ne immediately to their supervisor, who will report to the DON and Administrator. They were also inthat it is the duty of anyone to report suspected abuse or neglect. This in-service was conducted RN#2 and LPN#1. This in-service began on [DATE] and no staff will be allowed to work until the training has been completed. On Friday [DATE] and Monday [DATE] the Attorney General Office facility and in-serviced all Administrative staff including the Administrator, DON, and facility staff and Neglect. CNA's and License Practical Nurse's (LPN) and RN's that worked were in-serviced on the imporreviewing and following resident care plans to prevent potentially serious outcomes. This in-service		
	worked and no staff will be allowed related to residents at risk for cons on [DATE]. The standing orders we interventions in place. An emergency QA meeting was he Preventionist (IP), Assistant Director Social Service Director and the Nu	and LPN#1. This in-service was completed to work until the in-service training has tipation were reviewed by Minimum Datere initiated for all residents identified a led on [DATE]. In attendance were the Approx of Nursing, QA RN#2 and QA LPN#7 rese Practitioner. Changes in CNA chart tipation and standing orders were discuurse.	s been completed. All care plans ta Set (MDS) assessment nurses t risk. All care plans have bowel Administrator, DON/Infection I, MDS RN#3 and MDS LPN#2, the ing from paper to kiosk was
	An Emergency QA meeting was held on [DATE]. In attendance was the Medical Director, A DON/IP, QA RN#2, QA LPN#1, MDS LPN #2 and Accounts Manager. Immediate Jeopardy immediate Action Plan was discussed.		
	We allege the immediacy of the jec	opardy was removed on [DATE] and the	e IJ was removed on [DATE].
	VALIDATION:		
	On [DATE], the SA validated the facility had implemented the following measures to Jeopardy (IJ). The Removal Plan was verified by staff interviews and record reviews sign-in sheets.		
	and LPN#1), interview with the AD with MDS/Care Plan nurse (RN#5)	gh interviews with DON (RN#1), intervi ON (RN#3), interview with the Wound (, and validated that the five (5) Registe ments (BM's) and they initiated the Bow fied.	Care Nurse (RN#4), and interview red Nurses assessed all 88
	(continued on next page)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED	
	255182	B. Wing	03/31/2023	
NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OR SUPPLIER		P CODE	
Lakeview Nursing Center		16411 Robinson Road Gulfport, MS 39503		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0609 Level of Harm - Immediate jeopardy to resident health or safety	The SA validated through interviews and record review of the in-service sign in sheets that eight (8) CNA's working in the building on all three (3) shifts on [DATE] had attended in-service training beginning on [DATE] in reference of documentation of BM's in the kiosk. Interviews with six (6) RN's and five (5) LPN's confirmed that they had been in-serviced to supervise the CNA's documentation and to check the kiosk documentation after the CNA's had documented.			
Residents Affected - Few	On [DATE] the SA confirmed through interviews that the CNA's (CNA#1, #2, #3, #4, #5, #6, #7, and CNA#8) that they had begun digital documentation of the residents ADL's and BM's in the kiosk on [DATE]. Validated through interviews with five (5) LPN's and one (6) RN's that they were instituting the no bowel movement protocol. All interviewed licensed nurses confirmed that they would contact the NP or the MD if the no bowel movement protocol did not produce BM results.			
	The SA confirmed through interviews and record reviews with six (6) Registered Nurses (RN's), eight (8) CNA's, five (5) LPN's, and the facility Administrator that all facility staff had been in-serviced on Abuse and Neglect and all staff knew that any signs and symptoms of abuse would be reported immediately to their supervisors and to the DON and ADM. The ADM and the DON both confirmed and produced the sign in sheets for review for the Abuse and Neglect in-service that was conducted on Friday [DATE] and on Monday [DATE] presented by the AGO.			
	Confirmed through record review of in-services and through interview with RN#1, RN#2 and LPN#1 that they conducted in-service training of all staff that had worked on the importance of reviewing and following the care plans of all residents in order to prevent serious negative outcomes. Confirmed through interview with the two (2) MDS/Care Plan nurses (RN#5 and LPN#2) that all 88 resident care plans have bowel interventions in place.			
	The QA Nurse (RN#2) and (LPN#1) confirmed through interview that the facility conducted an Emergency QA committee meeting on [DATE] to discuss the bowel program and the documentation of BM's and that there would be changes in the documentation by the CNA's to the new kiosk system rather than the paper documentation. The x 2 QA nurses confirmed through interview that a new Staff Development nurse had been hired and she had begun on [DATE] with in-servicing of facility staff. The ADM confirmed through interview that the QA meeting on [DATE] had all members in attendance except the MD and the ADM confirmed that the DON is the certified (IP).			
	The SA validated through interviews with the ADM that the facility QA committee had held a second QA committee meeting on [DATE] to discuss the deficiencies from the IJ and to discuss the Action Plan for removing the immediacy of the IJ. The ADM confirmed through interview that the QA meeting on [DATE] ha all required members present including the MD and the IP.			
	Staff interviewed on [DATE] for Validations of the facility's Removal Plan were: eight (8) CNA's; six (6) RN's; five (5) LPN's; one (1) Activities Director; one (1) facility ADM; and one (1) DON.			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023	
NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OR SUPPLIER		P CODE	
Lakeview Nursing Center	Lakeview Nursing Center			
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0656 Level of Harm - Immediate jeopardy to resident health or	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21029			
safety Residents Affected - Many	Based on interviews, record reviews and policy and procedure reviews the facility did develop and/or implement the bowel functioning Care Plans for five (5) of five (5) residents reviewed. Resident (Res) #1, Res #2, Res #3, Res #4, and Res #5 had no implemented bowel functioning programs maintained in the medical records. This failure had the potential to affect all residents in the facility.			
	The facility's failure to implement the bowel functioning/constipation care plan for Res #1 and to render the care and services necessary to prevent constipation resulted in her admission to the hospital on [DATE] and her death on [DATE] from aspiration from vomiting due to small bowel obstruction. The facility's failure develop and implement care plans to provide the care and services necessary to prevent constipation placed all residents in the facility at risk for serious injury, harm, impairment and possible death.			
	The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on [DATE] when Res #1 began vomiting and complaining of stomach pain. Res #1 was admitted to the local hospital on [DATE] with vomiting and stomach pain and died on [DATE] as a result of aspiration from vomiting due to a bowel impaction.			
	On [DATE] at 5:30 PM the SA notified the facility Administrator, and the Director of Nursing of the IJ and SQC and provided the facility with the IJ template for F656. The facility submitted an acceptable Removal Plan on [DATE], in which the facility alleged that the immediacy of the Jeopardy was removed on [DATE] the IJ was removed on [DATE].			
	The SA validated the Removal Plan on [DATE], and determined the IJ was removed on [DATE], prior to exit. Therefore the scope and severity for CFR 483.21 Develop/Implement Comprehensive Care Plans (F656) was lowered from an L to an F, while the facility developed a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.			
	Findings include:			
	Record review of the facility policy and procedure titled: Comprehensive Care Plans undated revealed Polic It is the policy of this facility to develop and implement a comprehensive person-centered care plan for eac resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessments.			
	Record review of the facility policy and procedure titled: Bowel Program Policy dated [DATE] revealed, Purpose: Monitoring of bowel movements are important to the general health and well being of the reside Policy: A daily BM record will be monitored by the Charge Nurse on a daily basis. Should there be no BM three consecutive days a Bowel Program will be initiated based on our Physicians standing orders. 1. Che abdomen for distention/pain. Auscultate bowel sounds. 2. Dulcolax suppository x (times) 1 dose. 3. If no In 24 hours give fleets enema x 1 dose. 4. If no BM after enema, notify MD/NP (Medical Doctor/Nurse Practitioner).			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER Lakeview Nursing Center		STREET ADDRESS, CITY, STATE, ZI	P CODE
		Gulfport, MS 39503	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	nursing personnel in provision of be compliance with (Formal name of fa (Formal name of State Agency). Or health care team under the direction reports to the Director of Nursing of facility) and regulatory policy. Respurinal, commode and/or toilet). 2. A output. 10. Accurate documentation charting is required. 17. Immediate Supervisor. Interviews on [DATE] at 12:00 PM, Nursing Assistants (CNAs') docume each eight (8) hour shift. The ADL ADL sheets were the venue in which stated that the Care Plans for the redocumented the bowel functions of confirmed that there were two (2) coresident had bowel issues the CNA nurses or to the Registered Nurse (BM) during that shift the CNAs' registated that the bowel functioning provided that the bowel functions of confirmed that the bowel functions of confirmed that the bowel functions of confirmed that the bowel function for the function factor	th the DON revealed the documented in the medical records. The DON confirmed and the medical records. The DON confirmed and the medical records. Res #1 dated [DATE] revealed: Constitutional content of the lax paired mobility, meds does not take lax and the lax paired mobility, meds does not take lax and the lax paired mobility, meds as ordered Monitor & the lax paired and the lax paired and the lax paired mobility and the lax paired mobility and the lax paired and	anit tasks and functions in able health care standards and functions as a member of the I (Licensed Practical Nurse) and in conformity with (Formal name of owing areas: .c. Toileting (bedpan, asuring and recording intake and by the end of each shift. Real time dition or incidents to the Nursing (#1) revealed that the Certified .'s) for each resident at the end of care plan of each resident. The tuted for each resident. The DON in IDATE]. The DON stated that if a Nurses (LPN) medication cart es not have a bowel movement medication cart nurses. The DON iewed by the Care Plan nurses and information needed for bowel and that the Care Plans for the information resident regularly Risk eek (,d+[DATE] times per week) to record frequency and amount of uid intake pm meal tray check

Printed: 12/22/2024 Form Approved OMB No. 0938-0391

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Lakeview Nursing Center		16411 Robinson Road Gulfport, MS 39503	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	not appropriately documented for F was not appropriately documented policies and procedures. The CNAs [DATE]-[DATE]. The record review on [DATE]; on [DATE] there was of CNAs' documented one (1) BM dur (zero) BM's documented on the AD without having a BM. There was not had notified the licensed nurses that the Progress Notes for [DATE] did the licensed nurses had monitored for the lack of BM's during the mon Res #3 during the month of Februal had documentation that Res #1 had for Res #1 dated February 16, 202 during this time period, 1 BM reconduring the 7:00 AM-3:00 PM shift. If [DATE]-[DATE]. The facility documentation that Res #1 had two (2) BM's record for Res #1 during the month Interview with the DON on [DATE] #1 's BM's were appropriately monidocumented on the Medication Admonitored. The DON stated that the followed the policy and procedure for Conducted an investigation of the irrof BM monitoring for Res #1 as out Interview on [DATE] at 2:15 PM with the was a problem with the monit (QA) nurses to do an investigation. The QA nurses. Interview on [DATE] at 2:50 PM with Res #1 had not been implemented. Interview on [DATE] at 3:00 PM with of Res #1 had not been followed for At 8:20 AM on [DATE], interviews at #2) and the current ADM both conficonstipation risk and the facility policy.	at 9:00 AM, DON stated that the facility itored as per the facility policy and procoministration Record (MAR) or in the nurse facility had not followed the care plans for bowel movement programs. DON stacident with Res #1 and they had found lined in her care plan. If the DON, she stated that they knew toring of the BM's and that was why she she stated that the written QA report with the Assistant Director of Nursing (AD), the two (2) QA nurses RN#2 and LPI	nift. The input and out put of Res #1 As', in accordance to the facility ee (3) BM's during the dates of during the 3:00 PM-11:00 PM shift -3:00 PM shift; and on [DATE] the DATE]-[DATE], Res #1 had no ident #1 went eight (8) days of Res #1 to indicate that the CNAs' ss. The record review revealed that toke to Res #1's lack of BM's or that received treatment and services notes documented/recorded for abruary 1, 2023-February 15, 2023 that Res #1 had two (2) BM's on [DATE], and 1 BM on [DATE] DL care sheets from as BM's for [DATE]-[DATE] indicated as no progress notes in the medical of had no documentation that Res the date and the nursing staff had not resing notes that the BM's had been for Res #1 and the facility had not that there was no documentation on [DATE] when Res #1 died , that the had asked the Quality Assurance was given to her and to the ADM by DON) stated that the Care Plan th the former Administrator (ADM followed for ADL care and the programs had not been followed.

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 255182

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	D CODE
Lakeview Nursing Center		16411 Robinson Road Gulfport, MS 39503	PCODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0656 Level of Harm - Immediate	Interview on [DATE] at 11:45 AM, with the two (2) care plan/MDS (Minimum Data Set) nurses RN #5 and LPN#2 both confirmed that the care plans for Res #1 had not been followed.		
jeopardy to resident health or safety	Resident #2:		
Residents Affected - Many	Record review of Res #2's Care Plathat outlined the bowel functioning	an dated [DATE] revealed there was no of Res #2.	o Care Plan submitted by the facility
	Diagnoses included Hemiplegia fol	evealed Resident #2 was admitted to the lowing cerebral infraction affecting right stracture of muscle, right hand; Dement	t dominant side; Dysphagia;
		n Data Set (MDS) dated [DATE] that co icated that Res #2 was severely cogniti	
	Record review of Res #2's ADL sheet dated [DATE]-31, 2023 that had many days of missing documentatic under the Bowel Function section [DATE] none of the three (3) eight (8) hour shifts had recorded any BM's for Res #2. There were 12 BM's recorded for Res #2 during the three (3) eight (8) hour shifts for the days of [DATE]-[DATE]. Res #2 had no BM's recorded for five (5) consecutive days for [DATE]-[DATE]. Res #2 had five (5) BM's recorded/documented on the ADL sheets for February 1, 2023-February 15, 2023. Res #2 had no BM's recorded/documented on the ADL sheets for three (3) consecutive days from [DATE]-[DATE]; no BM's recorded on the ADL sheets for five (5) consecutive days of [DATE]-[DATE]. Res #2 had no progress notes documented/recorded in the medical record for the month of February 2023. Res #2 had one (1) progress note recorded for [DATE] and one (1) progress note recorded for [DATE]. No progress notes were recorded/documented for Res #2 pertaining to her ADL care and services for [DATE]-[DATE].		
	Resident #3:		
	Record review of Res #3 revealed a Care Plan dated [DATE] that read: At constipation risk r/t (in reference to) advanced age, impaired mobility, meds. Goal: Will have soft formed stool ,d+[DATE] x week (,d+[DATE times per week) to next review [DATE]. Interventions: Observe & record frequency and amount of BM, Not any problem with consistency or color of BM, Encourage 100% fluid intake on meal tray, check bowel sour prn, Observe for effectiveness of prn, Offer Prune Juice prn, Notify MD if needed, Administer meds as ordered (See MAR).		
	Record review of the medical record revealed Res #3 had no nursing progress notes written/recorded dur the month of February 2023 addressing the constipation risk. There was one nursing progress note documented for the month of February dated [DATE] which did not address Res #3's ADL's or bowel program. No progress notes were documented for [DATE] by nursing staff. The ADL sheets for January a February 2023 for Res #3 were not documented by the CNAs' for every eight (8) hour shift seven (7) days per week.		
	Record review of Res #3 revealed that she had a Minimum Data Set (MDS) dated [DATE] that contained a Brief Interview of Mental Status (BIMS) score of 0 (Blank) which indicated that Res #3 was severely cognitively impaired.		
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
		16411 Robinson Road	PCODE
Lakeview Nursing Center		Gulfport, MS 39503	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0656 Level of Harm - Immediate	Record review of the Face Sheet revealed Resident #3 was admitted to the facility on [DATE] with diagnoses that included Hemiplegia following cerebral infract affecting right dominant side; Constipation, unspecified; Senile degeneration of the brain.		
jeopardy to resident health or safety	Resident #4:		
Residents Affected - Many	Interview with Res #4 on [DATE] at 1:10 PM, revealed that since she had been in the facility she had never been asked if she had had a bowel movement or what the consistency of her bowel movements were. Res #4 stated that she had never seen prune juice in the building and had never been offered a snack or juice of any type. Res #4 stated that she had never been offered a stool softener or a laxative. Res #4 stated that she had more issues with loose stools rather than with constipation. No one had talked to her about her bowel movements.		
	Record review of Res #4's Care Plan dated [DATE] revealed: Constipation has constipation risk r/t (in reference to) diverticulitis of the intestines, side effects of antipsychotic and antidepressant medications Goal: Will have soft formed stool ,d+[DATE] x week (,d+[DATE] times per week) to next review [DATE]. Interventions: Administer meds as ordered, Record any problems with color or consistency of BM, Notif as needed, Encourage 100% fluid intake on meal tray, Check bowel sounds prn (as needed), Encourage fluid intake, Offer Prune juice prn, Observe and record frequency and amount of BM, Observe for effectiveness of prn.		
	Record review of Res #4's Minimur indicated that Res #4 was cognitive	m Data Set (MDS) dated [DATE] contai ely intact.	ned a BIMS score of 14 which
		evealed Res #4 was admitted to the factories depression; Chronic Obstructive pulmo	
		rd revealed there was no documentation #4 had been followed for constipation a	
	Resident #5:		
	In an interview and observation on [DATE] at 9:55 AM, Res #5 she stated that she had never be stool softener or a laxative. She stated that a very few times she had been constipated and she the nurse for Metamucil. Res #5 was unable to recall when the event occurred for the medicatio constipation. Res #5 stated that she had more times that she had diarrhea or loose stools rathe constipation. She stated that she had never been offered Prune Juice and had never asked for Record review of Res #5's Care Plan dated [DATE] revealed: Constipation: I am at risk for cons related to diuretic use, impaired mobility, medication side effects, opiate use. Goal: Will have so stool ,d+[DATE] x week (,d+[DATE] times per week) by [DATE]. Interventions: Note any probler consistency or color of BM, Encourage 100% fluid intake on meal tray, Check bowel sounds prr juice prn (as needed) Administer my medication as per md orders, Observe & record frequency of BM.		
	(continued on next page)		

STATEMENT OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: 255182	A. Building B. Wing	03/31/2023
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Lakeview Nursing Center	Lakeview Nursing Center		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	having no bowel movements from The ADL sheet had no BM's docun days with no bowel movement). Re that Res #5 had no bowel moveme 2023). Res #5 had no bowel moven Eebruary 13, 2023-February 15, 20 medical records of Res #5 that the function of Res #5. There was no d notified the cart nurse of no BM's fo that the nurses (cart nurses) had be Record review revealed that the Ca Record review of the Face Sheet re included Acute heart disease of na Record review of the MDS dated [E cognitively intact. Summary: Record review of the ADL sheets fo appropriately documented/recorded documentation/recording of the BN had not been documented for Resi nursing progress notes contained r policies and procedures for docume #1; Res #2; Res #3; Res #4; and R ADL care. The medical record of R As a result of neglecting to accurat Res #1 having un-treated serious of [DATE] and ultimately led to the de (RN#3 and LPN#2) confirmed throu [DATE]-February 2023 and that on hospital. Confirmed through record and the CNAs' and licensed nurses the hospital on [DATE].	TE] bowel function ADL sheet had Res DATE]-[DATE] (three (3) consecutive of the February 2023 bownts (BM's) for the first three (3) days of ments (BM's) documented/recorded on 123 (three (3) consecutive days). There CNAs' had notified the licensed nurses locumentation in Res #5's medical recorder Res #5. There was no documentation een monitoring the BM's of Res #5 during are Plan for Res #5 had not been impled evealed Res #5 was admitted to the factive coronary artery and Acute systolic DATE] for Res #5 revealed BIMS score and the ADL sheets by the CNAs' and 1's as per the facility policies and procedent #1 for the month of February 2023 and information of ADL and/or BM functionenting BM functioning. The Care Plans les #5 had not been followed for bowel es #1 contained no monitoring of her Belly and appropriately document/record constipation with led to a bowel impaction ath of Res #1 at the hospital on [DATE Ligh interviews that Res #1 had not been [DATE] Res #1 suffered a bowel obstriction reviews and through interviews that Res had neglected to monitor Res #1 which is the remove the IJ:	days with no bowel movement). E]-[DATE] (three (3) consecutive el function ADL sheet documented February (February ,d+[DATE], the ADL sheet for the days of ewas no documentation in the some cart nurse) about the bowel ord to indicate that the CNAs' had in provided by the facility to confirm ing the months of January-[DATE]. Interest of Constipation. Cility on [DATE] with diagnoses that (congestive) heart failure of 14 which indicated that she was If that the BM's had not been there was no MAR dures. The nursing progress notes are and five (5) of five (5) residents oning as outlined in the facility's for 5 of 5 Sampled Residents (Resfunctioning /constipation risk, and is by the licensed nursing staff. The BM's of the residents led to on and hospital admission on group monitored for BM's for uction and was sent out to the es #1's BM's were not monitored the ultimately resulted in her death at

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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	03/31/2023	
		D. Willy		
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE	
Lakeview Nursing Center		16411 Robinson Road Gulfport, MS 39503		
		Guilport, MC 00000		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On [DATE], Resident #1 began vomiting coffee ground emesis and was transferred to the hospital and expired at the hospital on [DATE]. The facility determined that Certified Nursing Assistants (CNAs') were documenting bowel movements inaccurately on the paper records. No one was assigned to check the C documentation. The facility's failure likely placed residents who reside in the facility at risk for serious adverse outcomes. The administration must take immediate action to monitor staff actions to prevent likelihood of serious harm, impairment or death.			
residents Affected - Marry	The State Survey Agency (SA) called Immediate Jeopardy (IJ) and provided the facility with IJ templates [DATE] for neglect, failure to maintain accurate documentation, failure to implement care plans, and failur provide residents with necessary treatments. The SA provided an IJ template on [DATE] for failure to administer the facility effectively. All 88 residents were assessed for being at risk of no bowel movement. The Bowel Program policy to ince the standing orders was initiated for residents identified at risk by Registered Nurse (RN#1), RN#2, RN#3 RN#4, and RN#5 on [DATE]. Certified Nursing Assistants (CNAs') that have worked were in-serviced on the Bowel Care Task documentation via the kiosk, to include whether they are continent, incontinent or colostomy as well as be characteristics of size and consistency with a prompt to notify nurse if stool is hard or watery. This in-service was conducted by Quality Assurance (QA) RN#2. This in-service began on [DATE]. Medication nurses the worked were in-serviced by Director of Nursing, RN#1, QA nurse RN#2 and Licensed Practical Nurse (LPN#1), in reference to checking the completion of documentation by the CNAs' per shift. This in-service began on [DATE]. No staff will be allowed to work until the in-service training has been completed.			
	CNAs' have documented bowel movements via the kiosk on [DATE]. 45 minutes prior to the end of ear the medication nurse on each hall checked CNAs documentation for completion, beginning [DATE]. Medication nurses who have residents at risk initiated standing orders for no bowel movement protoco standing orders are as follows: If a resident goes 3 days with no bowel movement (BM) initiate the star orders. Obtain vital signs, check abdomen for distention/pain. Auscultate bowel sounds. Administer Dusuppository x 1 dose. Reassess resident. If no BM in 24 hours give fleet enema x 1 dose. Reassess relif no BM 30 minutes after enema, notify Medical Doctor (MD)/Nurse Practitioner (NP).			
	All staff that worked were in-serviced on the duty to report signs and symptoms of abuse and neglect immediately to their supervisor, who will report to the DON and Administrator. They were also in-serv that it is the duty of anyone to report suspected abuse or neglect. This in-service was conducted by FRN#2 and LPN#1. This in-service began on [DATE] and no staff will be allowed to work until the in-set training has been completed. On Friday [DATE] and Monday [DATE] the Attorney General Office can facility and in-serviced all Administrative staff including the Administrator, DON, and facility staff on A and Neglect.			
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			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER Lakeview Nursing Center		STREET ADDRESS, CITY, STATE, ZI 16411 Robinson Road Gulfport, MS 39503	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	CNAs' and License Practical Nurse's (LPN) and RN's that worked were in-serviced on the importance of reviewing and following resident care plans to prevent potentially serious outcomes. This in-service training was conducted by RN#1, RN#2, and LPN#1. This in-service was complete on 03//,d+[DATE] for staff that worked and no staff will be allowed to work until the in-service training has been completed. All care plans related to residents at risk for constipation were reviewed by Minimum Data Set (MDS) assessment nurses on [DATE]. The standing orders were initiated for all residents identified at risk. All care plans have bowel interventions in place.		
	An emergency QA meeting was held on [DATE]. In attendance were the Administrator, DON/Infection Preventionist (IP), Assistant Director of Nursing, QA RN#2 and QA LPN#1, MDS RN#3 and MDS LPN#2, 1 Social Service Director and the Nurse Practitioner. Changes in CNAs charting from paper to kiosk was discussed. Staff in-service on constipation and standing orders were discussed and initiated by RN#2. It we decide to hire staff Development nurse.		
		eld on [DATE]. In attendance was the M DS LPN #2 and Accounts Manager. Im sed.	
	We allege the immediacy of the jec	opardy was removed on [DATE] and the	e IJ was removed on [DATE].
	VALIDATION:		
		cility had implemented the following moves verified by staff interviews and reco	
	and LPN#1), interview with the AD with MDS/Care Plan nurse (RN#5)	gh interviews with DON (RN#1), intervi ON (RN#3), interview with the Wound 0, , and validated that the five (5) Registe ments (BM's) and they initiated the Bov fied.	Care Nurse (RN#4), and interview red Nurses assessed all 88
	The SA validated through interviews and record review of the in-service sign in sheets that eight (8) working in the building on all three (3) shifts on [DATE] had attended in-service training beginning on in reference of documentation of BM's in the kiosk. Interviews with six (6) RN's and five (5) LPN's contact they had been in-serviced to supervise the CNAs' documentation and to check the kiosk documenter the CNAs' had documented. On [DATE] the SA confirmed through interviews that the CNAs' (CNAs#1, #2, #3, #4, #5, #6, #7, and CNAs#8) that they had begun digital documentation of the residents ADL's and BM's in the kiosk on Validated through interviews with five (5) LPN's and one (6) RN's that they were instituting the no bow movement protocol. All interviewed licensed nurses confirmed that they would contact the NP or the the no bowel movement protocol did not produce BM results.		
	(continued on next page)		

			No. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLII Lakeview Nursing Center	ER	STREET ADDRESS, CITY, STATE, Z 16411 Robinson Road Gulfport, MS 39503	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	CNAs', five (5) LPN's, and the facil Neglect and all staff knew that any supervisors and to the DON and Al sheets for review for the Abuse and [DATE] presented by the AGO. Confirmed through record review of conducted in-service training of all care plans of all residents in orders the two (2) MDS/Care Plan nurses interventions in place. The QA Nurse (RN#2) and (LPN#1 QA committee meeting on [DATE] there would be changes in the doct documentation. The x 2 QA nurses been hired and she had begun on interview that the QA meeting on [Confirmed that the DON is the certical committee meeting on [DATE] to do removing the immediacy of the IJ. all required members present inclustical staff interviewed on [DATE] for Val	rs with the ADM that the facility QA cor iscuss the deficiencies from the IJ and The ADM confirmed through interview	d been in-serviced on Abuse and be reported immediately to their remed and produced the sign in d on Friday [DATE] and on Monday in RN#1, RN#2 and LPN#1 that they be of reviewing and following the Confirmed through interview with a care plans have bowel facility conducted an Emergency documentation of BM's and that book system rather than the paper of W Staff Development nurse had a The ADM confirmed through except the MD and the ADM in mittee had held a second QA to discuss the Action Plan for that the QA meeting on [DATE] had were: eight (8) CNAs'; six (6) RN's;

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR CURRU		CTREET ADDRESS SITV STATE 71	D CODE
NAME OF PROVIDER OR SUPPLII Lakeview Nursing Center	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 16411 Robinson Road Gulfport, MS 39503	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0684	Provide appropriate treatment and	care according to orders, resident's pre	eferences and goals.
Level of Harm - Immediate jeopardy to resident health or	**NOTE- TERMS IN BRACKETS H	HAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 21029
safety Residents Affected - Many	Based on observations, record review, interviews, and policy and procedure reviews, the facility failed to implement the facility's protocol for monitoring bowel functioning for five (5) of five (5) residents reviewed, Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5, which resulted in Resident #1 becoming ill with vomiting and stomach pain and transferred to the hospital on [DATE]. On [DATE], Reside #1 died at the hospital as a result of a bowel impaction/obstruction.		
	The facility's failure to render the care and services necessary to prevent constipation resulted in the dea Resident #1. The facility's failure to provide the care and services necessary to prevent constipation put a residents in the facility at risk for the likelihood of serious illness and death. The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) the began on [DATE] when Resident #1 began vomiting and complaining of stomach pain. Resident #1 was admitted to the local hospital on [DATE] with vomiting and stomach pain and died on [DATE] as a result of aspiration from vomiting due to a bowel impaction.		ary to prevent constipation put all
			tomach pain. Resident #1 was
	On [DATE] at 5:30 PM the SA notified the facility Administrator, and the Director of Nursing of the IJ and SQC and provided the facility with the IJ templates for F 600; F 609; F 656; F 684; and on [DATE] at 1:30 P the SA provided IJ temple for F 835 to the facility. The facility submitted an acceptable Removal Plan on [DATE], in which the facility alleged that the immediacy of the Jeopardy was removed on [DATE]. The IJ was removed on [DATE].		
	The scope and severity for CFR 48	n on [DATE], and determined the IJ wa i3.25 (a) (1) Quality of Care (F 684) wa ystemic changes to ensure the facility s	s lowered to an F while the facility
	Findings include:		
	Purpose: Monitoring of bowel move Policy: A daily BM record will be m three consecutive days a Bowel Pr abdomen for distention/pain. Auscu	and procedure titled: Bowel Program Perments are important to the general heronitored by the Charge Nurse on a dail ogram will be initiated based on our Phultate bowel sounds. 2. Dulcolax suppolose. 4. If no BM after enema, notify MI	alth and well being of the resident. y basis. Should there be no BM of sysicians standing orders. 1. Check sitory x (times) 1 dose. 3. If no BM
	Reviewed/Revised: [DATE] revealed	rocedure titled: Activities of Daily Living ed: The facility will ensure a resident's a . The staff will provide care on a timely	abilities in ADLs do not deteriorate
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND I ZIN OF COMECINON	255182	A. Building B. Wing	03/31/2023
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Lakeview Nursing Center		16411 Robinson Road Gulfport, MS 39503	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	nursing personnel in provision of be compliance with (Formal name of fi (Formal name of State Agency). Or health care team under the direction reports to the Director of Nursing of facility) and regulatory policy. Respurinal, commode and/or toilet). 2. A output. 10. Accurate documentation charting is required .17. Immediate Supervisor. Interview on [DATE] at 12:00 PM w (ADM) revealed that the facility cur resident beds. The Certified Nursin of each eight (8) hour shift. The DC shifts. The DON stated that the Act nursing stations and that they were care plan of each resident. The AD instituted for each resident. The DC the CNAs report that to the License Nurse (RN) or Charge Nurse for the CNAs charted manually on papt that the CNAs now use to digitally on thave a bowel movement (BM) of Charge Nurse or to the medication On the manually (paper) system the ADM stated that Resident (Res) #1	sing Assistant Job Description, undated asic care for residents and necessary userility) policies and procedures, application: The Certified Nurses Aide on of the RN (Registered Nurse) or LPN or ADON (Assistant Director of Nurses) ponsibilities: Assists patients in the folkasists with feeding of residents. 3. Men of all ADLs' (Activities of Daily Living) by report any changes in resident's convitt the Director of Nursing (DON) (RNA rently had a resident census of 88 resident of ASSISTANTS (CNAs) documented the ADN stated that the nurses work 12 hour divities of Daily Living (ADLs) care sheet accessible to all staff. The ADLs sheet accessi	anit tasks and functions in able health care standards and functions as a member of the I (Licensed Practical Nurse) and in conformity with (Formal name of owing areas: .c. Toileting (bedpan, asuring and recording intake and by the end of each shift. Real time dition or incidents to the Nursing 41) and the facility Administrator dents and was licensed for 105 ADLs' for each resident at the end shifts and the CNAs work 8 hour ts were kept in a binder at the ts were devised per the individual care plans were followed and impleted or a resident had issues, art nurses or to the Registered DON revealed that for over a year talled computers (Kiosk) systems ch 8 hour shift. If a resident does ed to report the lack of BM to the once per shift in the digital system. Sident BMs during the shift. The later passed away, but (Res #1)

Printed: 12/22/2024 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 B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI 16411 Robinson Road Gulfport, MS 39503	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	to ensure that Bowel Movement (Bl according to the residents care plar are looking for. The CNAs did not do residents on each shift. The CNAs (1) year due to no computer/kiosk': BMs on the ADLs sheets and if the med cart nurse. The med cart nurse for the resident's BM per the Bowel progress notes what they did and the appropriately documented the BMs all been reviewed and an investigat there was no documentation of BM notified of residents' BMs. DON stat (Res) #1 stating that she had BMs that the med cart nurses were super Bowel policy and procedure had not appropriately for each resident and appropriately or often enough for each movements on (Res #1) was not in Resident #1: Interview with the DON (RN#1) on hospital from the facility on [DATE] stomach pain. DON stated that Resident poly appropriately monitored as per the the Medication Administration Reconstated that the facility had not follow and procedure for bowel movemen nurses had been monitoring and sushe should have followed up and sunurses x 2 had conducted an invest documentation of BM monitoring for did all investigations and the writter stated that the facility had CNAs be stated that the CNAs and licensed	th the DON (RN#1) revealed that the fam's) the Activities of Daily Living (ADLs and DoN) stated We are not going to be locument the Bowel Movements (BM's) had been documenting manually on All system available to CNAs. They had be the had been no BM for that 8 hour shift ewas supposed to check the resident a policy and procedure. The nurses were ne results of the method for BMs. The Initian in the residents medical records. DON tion completed by the facility's Quality was on the ADLs sheets and no documented that they had no nursing notes and prior to her admission to the hospital or envising the CNAs more closely, but the of been followed and the ADLs sheets in the licensed nurses had not document and resident. DON stated the document the medical records. [DATE] at 9:00 AM revealed that (Residue to vomiting coffee ground looking is #1 was diagnosed at the hospital on [Indied of aspiration due to vomiting bedistated that the facility had no document facility policy and procedure and the nord (MAR) or in the nursing notes that the wed the care plan for Res #1 and the fat programs. The DON stated that she hapervising the CNAs. DON stated that supervised the nursing staff more closel tigation of the incident with Res #1 and resident were given to the DON and to regan ADLs, including BMs, documentated nurses had failed to document and mond led to her death from an impaction.	able to provide for you what you on the ADLs sheets for the DLs sheets for the DLs sheets for approximately one een told to manually document the they were instructed to tell the and decide the appropriate method e supposed to document in the DON stated that the nurses had not a stated that the ADLs sheets had assurance (QA) nurses x 2, and station that the nurses had been and documentation for Resident in [DATE]. DON said she thought by had not. DON stated that the had not been documented seed in the progress notes atted information needed for bowel with the station that Res #1's BMs were cause of the bowel tation that Res #1's BMs were cause of the bowel tation that Res #1's BMs were cause of the bowel tation that Res #1's BMs were cause of the bowel that the med cart she should not followed the policy and assumed that the med cart she should not have assumed, but y. The DON stated that the QA I they had found that there was no ality Assurance (QA) nurses x 2, the facility (ADM). The DON ion in the kiosk on [DATE]. DON

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 255182

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIF Lakeview Nursing Center	ER	STREET ADDRESS, CITY, STATE, ZI 16411 Robinson Road Gulfport, MS 39503	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Record review of the Care Plan for reference to) advanced age, impair constipation/diarrhea. Will have so review [DATE] Administer meds as with consistency or color of BM Enneeded) Administer PRN med a/o MD if needed. Record review of the facility's Care [DATE] for Res #1 revealed the she (8) hour shift. The input and output procedures for each eight (8) hour BM's documented/recorded on the record to indicate that the CNAs had The CNAs had documented/record [DATE]. The record review reveale [DATE]; on [DATE] there was one AM-3:00 PM shift; and on [DATE] to 7:00 AM -3:00 PM shift. The record documentation of Res #1's lack of Res #1 had received treatment and Record review revealed there were documented/recorded for Res #3 documented/recorded for Res #3 documented/recorded/documented during the 3 7:00 AM-3:00 PM shift. Res #1 had February 28, 2023 documented/recorded/documented during the 3 7:00 AM-3:00 PM shift. Res #1 had February 21, 2023 through February BMs for February 21, 2023 through during a 13 day period. There was February 2023. The Medication Adfunctioning treatment and services The record review of the Nurse Pra Visit [DATE] Chef Complaint: Naus also has associated abdominal distince the sum of the practical process.	Res #1 dated [DATE] read: Constipating the distribution of the content of the con	con I have constipation risk r/t (in re/stool softener regularly Risk for DATE] times per week) to next and amount of BM Note any problem by check bowel sounds prn (as of prn offer Prune Juice prn Notify care sheets for [DATE] through d for Res #1's BMs on each eight ordance to the facility policies and light [DATE], Res #1 had no (zero) mentation in Res #1's medical #1 had no BMs for eight (8) days. In the dates of [DATE] through the 3:00 PM-11:00 PM shift on NAs for Res #1 on the 7:00 es #1 had one (1) BM during the less for [DATE] did not contain any conitored the BMs of Res #1 or that the month of [DATE]. If there were no progress notes the ADLs care sheet dated February d no (zero) BMs from February 7, February 16, 2023 through ring this time period one (1) BM or [DATE] during the on the ADLs care sheets from that was provided for Res #1's that was provided for Res #

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SURRUM		STREET ADDRESS CITY STATE 71	D CODE
NAME OF PROVIDER OR SUPPLII	=R	STREET ADDRESS, CITY, STATE, ZI	PCODE
Lakeview Nursing Center		16411 Robinson Road Gulfport, MS 39503	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Record review of the medical recor was admitted with consult to gastro by general surgery. Was not felt not attempt to relieve fecal impaction. Sinfection and started on antibiotics. RESUSCITATE/DO NOT INTUBAN nursing staff and as a result of aspivomiting due to Small bowel obstruction of the impaction of i	rds from the hospital dated [DATE]-[DA penterology and general surgery. Patient cessary to place NG tube but instead to she did have a small bowel movement. Discussion with family led to revelation TE. Unfortunately, shortly thereafter patination had respiratory arrest and died. Indition. Time of death 1200 on 3 [DATE] with the facility Administrator (ADM) retated that she had not received any reparation of Res #1. The ADM stated that was to blame for Resident #1's death be that she never knew that the facility had impaction of Res #1. The ADM state for approximately one (1) year. The ADI [DATE]. ADM confirmed that she had remaware that the facility had failed to mouth the DON (RN#1) revealed the facility in the monitoring of the BMs and that we vestigation. She stated that no one had ever aff. She stated that she had been work as #1, who was vomiting. The ADON as grand on the floor. ADON stated that Reparation of the coffee ground vomit. ADON at the hospital on [DATE], and that the vel obstruction. The ADON stated that is sidents and should document in the process for the month of February 2023. The extended that the DON was monitoring assumed that the DON was monitoring that the DON was monitoring assumed that the DON was monitoring that the DON was monitoring assumed that the DON was monitoring assumed that the DON was monitoring that the DON was monitoring the progress notes for a month. The ADON assumed that the DON was monitoring the progress notes for a month. The ADON assumed that the DON was monitoring the progress notes for a month. The ADON assumed that the DON was monitoring the progress notes for a month. The ADON assumed that the DON was monitoring the progress notes for a month. The ADON assumed that the DON was monitoring the progress notes for a month. The ADON assumed that the DON was monitoring the progress notes for a month.	TE] for Res #1 revealed: Patient in the was made NPO and evaluated was given some measures in an in Patient found to have urinary tract in patient wishes to be DO NOT itent vomited as witnessed by Cause of death Aspiration due to itent vomited as witnessed by Cause of death Aspiration due to itent vomited as witnessed by Cause of death Aspiration due to itent vomited as witnessed by Cause of death Aspiration due to itent vomited the patient of the wealed that she had been told by the Nurse decause they did not place an NG and not monitored the BMs of Res #1 did that she was not a nurse and that DM confirmed she was the one that not reported the incident of Resimitor and document. It knew on [DATE], when Res #1 as why she had asked the Quality QA report was given to her and to DON-RN#3) revealed that she had asked her to monitor the ADLs ing the unit on [DATE] when the issessed and found Res #1 with the se #1 was complaining of stomached with the resident until the did to the NP that Res #1 appeared to N stated that she learned the next hospital had reported that her the nurses should document in the orgess notes when they give stated that there were no ADON stated that she did not know ON stated that no one had asked

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLII Lakeview Nursing Center	ER	STREET ADDRESS, CITY, STATE, ZI 16411 Robinson Road Gulfport, MS 39503	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	by the DON(RN#1) to conduct an in report to the DON and also to the Amembers present to discuss the firsheets the BMs of the residents and the ADLs. The QA nurses stated the policy and procedure and the nurse of February 2023. Interview on [DATE] at 4:10 PM with was impacted. All I was told was the told later by QA nurses that Res #1 one ever told me that was a proble the hospital report for Res #1 and the questions. The ADM stated that the Abuse/Neglect. The ADM stated that staff because it was time for their at the last 11 days in Februar for the entire month of February 20 laxatives or stool softeners recorded had not been followed for ADLs call programs had not been followed. Interview on [DATE] at 10:25 AM, with the facility had a QA committee the lack of nursing progress notes. Monitoring would be easier to track ADON-RN#3 stated that she would would do chart audits on the day should would do chart audits on the day should be accommendately after Res #1 died on [Interviewed on [DATE] at 11:45 AM confirmed that the care plans for R immediately after Res #1 died on [Interviewed on Interviewed Interview	th the two (2) QA nurses RN#2 and LP nvestigation of the incident involving (RADM, then they had an emergency QA adings. They discovered that the CNAs d the nursing staff had not documented at the BMs of Res #1 had not been reces had not documented in the progress that the Administrator (ADM) she stated that Res #1 was sent out to the hospital only had seven (7) days that the BMs of Res #1 was contacted at the family of Res #1 was contacted to the family of Res #1 was contacted at she had called the Attorney General innual Abuse/Neglect in-service. Indirect reviews completed along with firmed that the ADLs sheets for Res # y 2023 and that there was no documer 23 regarding Res #1. They confirmed that the ADLs sheets for Res # y 2023 and that there was no documer 23 regarding Res #1. They confirmed that the ADCN-RN#3, revealed that after a meeting to discuss the lack of document and Constipation risk, and the facility with the ADON-RN#3, revealed that after the meeting to discussed the need to the contact the the CNA's kinds are set of the weekends. The ADON states are shown and she would also monitor of the work of the weekends. The ADON states are shown and she would also monitor of the work of the year of the part of the	des #1) and they gave a written meeting with all the committee had not documented on the ADLs of what actions they took to monitor corded on the ADLs sheets per their notes for Res #1 during the month that she had no idea that Res #1 because she was vomiting. I was weren't recorded/documented. No ADM stated that she had not read and they did not raise any serviced all staff on (AG) to come and in-service the had the former Administrator (ADM 1 were not completed for BM's for sted nursing notes/progress notes that the MAR's had no documented both confirmed that the Care Plan of policy and procedure for bowel the death of Res #1 on [DATE] entation for the BMs of Res #1 and return to using the kiosk so the k system on [DATE]. The strough the week days and Friday, and the weekend Charge did that the facility did not have a charts. Ind LPN#2, revealed they both the facility had a QA meeting that Res #1 had died as a the ADLs sheets had not been a twritten nursing progress notes for at the facility hired a new staff

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLII Lakeview Nursing Center	ER	STREET ADDRESS, CITY, STATE, ZI 16411 Robinson Road Gulfport, MS 39503	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	been at the facility visiting Res #1 or RR stated that (Res #1) had demended to feeling well to the nurse, but I or stated that the next day early in the Res #1 was going to be transferred Res #1 at the hospital and stayed vomiting due to a possible GI bleed because she had vomit that looked and found that there was no GI ble vomiting. The next day, on [DATE] yet but the hospital staff told her the not figure out how that could happed times she would ask to be assisted. Interview on [DATE] at 2:00 PM with everyday that Res #1 was living in she was never told that Res #1 was for Res #1. LPN #3 also stated that of any findings that required documented on the MAR when she and bladder and that she (LPN #3) toileting. LPN #3 stated that she worders had she been told by the CI that it was the facility policy that if at to the med cart nurse. The CNA ne about what happened to Res #1. L sheets. She confirmed that she not document in the kiosk. LPN #3 stated. The nursing progress notes had not The medical record of Res #1 cont of neglecting to accurately and appuntreated constipation with led to a the death of Res #1 at the hospital Resident #2:	th LPN#3 med cart nurse, revealed that the facility. LPN#3 confirmed that she is not having BMs. The CNAs did not ret she did not chart in Res #1's nursing inentation in the progress notes for Rese gave Res #1 meds. LPN #3 stated that was told that Res #1 took herself to thould have given Res #1 a stool softene NAs that Res #1 had not had a BM with a resident had not had a BM in three (3 ever reported to me that Res #1 had no PN#3 confirmed that she had never be we knows to monitor the ADLs' and bow ted that the facility had been using the lot been documented for Resident #1 for ained no monitoring of her BMs by the propriately document/record the BMs of a bowel impaction and hospital admission [DATE].	her that her stomach was hurting. I am positive that Res #1 reported e nurse evaluating Res #1. RR e was contacted by the facility that omiting and stomach pain. RR met old RR that Res #1 had been where the blood was coming from where. The hospital did the test ion and that was why she was she had no Death Certificate as of paction. RR stated that she could ent of bowel and bladder but at It she was the nurse for Res #1 worked days 7:00 AM-7:00 PM and sport any negative findings to her notes because she was not aware #1. LPN #3 stated that she at Res #1 was incontinent of bowel e toilet and was independent with r and followed the physician's fin three (3) days. LPN #3 stated) days then the CNA would report it thad a BM. I was shocked to hear en told to monitor the CNA's ADLs el movements (BMs) that the CNAs kiosk since the middle of March. The month of February 2023; and licensed nursing staff. As a result the resident led to Res #1 having on on [DATE] and ultimately led to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER ON SUPPLIER Lakeview Nursing Center SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) F 0684 Level of Harm - Immediate legopardy to resident health or safety Assess and the continuency of th				NO. 0930-0391
Lakeview Nursing Center Carl Continued Continue		IDENTIFICATION NUMBER:	A. Building	COMPLETED
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many Re		ER	16411 Robinson Road	P CODE
Record review of Res #2's Care Plan dated [DATE] revealed: I am incontinent of bowel and bladder, I have listed to resident health or safety and the sesses me for symptoms of urinary tract infection. Provide me with good pericare after each incontinence provided in the provided in the session of the ses	For information on the nursing home's	plan to correct this deficiency, please con	ltact the nursing home or the state survey	agency.
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many Record review of Res #2 revealed a face sheet with an admitted [DATE] and diagnoses of Hemiplegia following cerebral infraction affecting right dominant side; Dysphagias, Speech and language deficits; Contracture of muscle, right hand; dementiar, Anxiety disorder, Anorexia; among other diagnoses. Record review revealed a Minimum Data Set (MDS) dated [DATE] that contained a Brief Interview of Mental Stati (BIMS) score of 3 which indicated that Res #2 was severely cognitively impaired. Record review of Res #2's ADLs sheet, dated [DATE] through [DATE], revealed documentation under the Bowel Function section as follows Res #2 had no BM's recorded for five (6) consecutive days from [DATE], POATE], POATE, New #2 had no BM's recorded for five (6) consecutive days from [DATE], POATE, New F2 had no BM's recorded for [DATE] and one (1) progress notes documented/recorded in the medical record for the month of February 2023. Res #2 had no (1) progress notes documented for Res #2 pertaining to her ADLs cand services for [DATE], New #2 was wearing briefs and was incontinent of bowel and bladder. CNA#1 stated that she would record the bowel movements of the residents she worked with on each of her eight (8) hour shifts. The end of the eight (8) hour shifts the end of the eight (8) hour shifts the end of the eight (8) hour shifts. Record review of Res #3 revealed that she had a Minimum Data Set (MDS) dated [DATE] that contained Brief Interview of Mental Status (BIMS) score of 0 (Blank	(X4) ID PREFIX TAG			ion)
on her right side. Res #3 was not interviewable. Record review of Res #3 revealed that she had a Minimum Data Set (MDS) dated [DATE] that contained Brief Interview of Mental Status (BIMS) score of 0 (Blank) which indicated that Res #3 was severely cognitively impaired. Res #3 had a face sheet that contained an admitted [DATE] and diagnoses of Heart Failure; Hemiplegia following cerebral infract affecting right dominant side; Vascular Dementia; Hypertens	Level of Harm - Immediate jeopardy to resident health or safety	Record review of Res #2's Care Pl. history of UTI' and E-coli. This is r/l decreased cognition. Please monity Assess me for symptoms of urinary episode Observe me for acute beh hydration status Notify my MD as r bowel functioning of Res #2. Record review of Res #2 revealed following cerebral infraction affecting Contracture of muscle, right hand; review revealed a Minimum Data Standard (BIMS) score of 3 which indicated the Record review of Res #2's ADLs standard for Endeath and the second review of Res #2's ADLs standard for Endeath and the second review of Res #2's ADLs standard for Endeath and the second review of Res #2's ADLs standard for Endeath and the second review of Res #2's ADLs standard for Endeath and the second review of Res #2's ADLs standard for Endeath and the second review of Res #2's ADLs standard for Endeath and the second review of Endeath and the second for Endeath and the seco	an dated [DATE] revealed: I am incontit (in reference to) my limited mobility wind or me for s/s (signs and symptoms) of y tract infection. Provide me with good avioral changes that may indicate UTI needed. There was no Care Plan submiteded. There was no Care Plan submiteded. There was no Care Plan submited in the contained that the contained that Res sheet with an admitted [DATE] and gright dominant side; Dysphagia; Spedementia; Anxiety disorder; Anorexia; and the contained that Res sheet was severely cognitively in the contained that Res sheet was severely cognitively in the contained that Res sheet was severely cognitively in the contained that Res sheet was severely cognitively in the contained sheet, dated [DATE] through [DATE], reference sheet, dated [DATE] through [DATE], reference sheet was severed on the ADLs and no BM's recorded on the ADLs and no progress notes documented/recorded one (1) progress note recorded for [Interest were recorded/documented for Resident and was incontinent of bowel and be soft the residents she worked with one of the resident had not had a BM in eight	inent of bowel and bladder, I have a lith transfers and toileting and my UTI. Provide me incontinence pads pericare after each incontinent Evaluate my fluid intake and litted by the facility that outlined the litted litted by the facility that outlined the litted litt
Res #3 had no nursing progress notes written/recorded during the month of February 2023 addressing the constipation risk. There was one nursing progress note documented for the month of February dated [DA' which did not address Res #3's ADLs' or bowel program. Res #3 had one (1) documented progress note dated [DATE] written by the social worker. No progress notes were documented for [DATE] by nursing states that the ADLs sheets for January and February 2023 for Res #3 were not documented by the CNAs for every eight (8) hour shift seven (7) days per week. (continued on next page)		on her right side. Res #3 was not in Record review of Res #3 revealed Brief Interview of Mental Status (BI cognitively impaired. Res #3 had a Failure; Hemiplegia following cereb Depression; Constipation, unspecification risk. There was one number of the work of the wore	that she had a Minimum Data Set (MD IMS) score of 0 (Blank) which indicated face sheet that contained an admitted oral infract affecting right dominant side fied; Senile degeneration of the brain; a lotes written/recorded during the month fursing progress note documented for the DLs' or bowel program. Res #3 had one worker. No progress notes were documented for the lotes were documented for the lotes worker. No progress notes were documented for the lotes worker. No progress notes were documented for the lotes	S) dated [DATE] that contained a I that Res #3 was severely [DATE] and diagnoses of Heart y Vascular Dementia; Hypertension; among other diagnoses. of February 2023 addressing the ne month of February dated [DATE] of (1) documented progress note nented for [DATE] by nursing staff.

UPPLIER/CLIA NUMBER: A. Building B. Wing (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED 03/31/2023 STREET ADDRESS, CITY, STATE, ZIP CODE
STREET ADDRESS, CITY, STATE, ZIP CODE
16411 Robinson Road Gulfport, MS 39503
ciency, please contact the nursing home or the state survey agency.
EMENT OF DEFICIENCIES ust be preceded by full regulatory or LSC identifying information)
Res #3 revealed a Care Plan dated [DATE] that read: At constipation risk r/t (in reference impaired mobility, meds. Will have soft formed stool, d+[DATE] x week (,d+[DATE] times review [DATE]. Observe & record frequency and amount of BM, Note any problem with or of BM, Encourage 100% fluid intake on meal tray, check bowel sounds prn, Observe for m, Offer Prune Juice prn, Notify MD if needed, Administer meds as ordered (See MAR). E] at 1:00 PM with CNA #2 she stated that she had been working at the facility as a CNA stated that when she completed a shift she documented in the kiosk at the end of each the ADLs and the BMs, CNA #2 stated that she was assigned to work with Res #3 on t (1st) shift. If a resident does not have a BM on the eight (8) hour shift it is reported to the nemed cart nurse was responsible for checking the resident after the CNA reported to ed that she documented on the ADLs sheets prior to [DATE]. CNA#2 stated that they e ADLs sheets the BMs for residents on every shift. CNA #2 did not remember Res #1. **Servation on [DATE] at 1:10 PM with Res #4, revealed that she was awake and alert and ian. She stated that she had been living in the facility for a little over a year and was a Nurse. Res #4 stated that the facility staff had been talking about the lady that died from reeks. Res #4 stated the DON nor the ADM ever walk around and look, and they never go esidents rooms. Res #4 stated I am able to do most things for myself, I just have bad need to be assisted with my meds at times. I go to the bathroom by myself, I toilet myself, do most all things for myself. I am aware that a person died from a bowel obstruction. Res see had been in the facility she had never been asked if she had had a bowel movement tency of her bowel movements were. Res #4 stated that she had never seen prune juice in ad never been offered juice of any type. Res #4 stated that she had never seen offered a laxative. Res #4 stated that the the reason why the staff had never seen offered in the she had never been offered ju
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			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, Z	IP CODE
Lakeview Nursing Center		16411 Robinson Road Gulfport, MS 39503	
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Record review of Res #4's Minimur	m Data Set (MDS) dated [DATE] conta dicated that Res #4 was cognitively int	ined a Brief Interview of Mental

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF BROWINGS OR CURRUI	 	CTREET ADDRESS CITY STATE 71	D CODE
NAME OF PROVIDER OR SUPPLII Lakeview Nursing Center	EK	STREET ADDRESS, CITY, STATE, ZIP CODE 16411 Robinson Road Gulfport, MS 39503	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0835	Administer the facility in a manner	that enables it to use its resources effe	ctively and efficiently.
Level of Harm - Immediate jeopardy to resident health or	**NOTE- TERMS IN BRACKETS H	HAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 21029
Residents Affected - Many	the facility administration failed to in provide treatment and services to p by the lack of documentation or the	ons, job description reviews, interviews dentify the staff's failure to monitor residents or event avoidable changes in residents inaccurate documentation of five (5) of (s) #1, #2, #3, #4 and #5. This failure has a second	dents bowel movements and medical conditions as evidenced if five (5) sampled residents bowel
	The facility's failure to provide administrative oversight and supervision to prevent Res #1's constipation resulted in the ultimate death of Resident #1. The facility's failure to provide the care and services nece to prevent constipation put all residents in the facility at risk, and in a situation likely to cause serious inj serious impairment, serious harm or death.		
	The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) the began on [DATE] when Res #1 began vomiting and complaining of stomach pain. Res #1 was admitted to the local hospital on [DATE] with vomiting and stomach pain and died on [DATE] as a result of aspiration from vomiting due to a bowel impaction.		ch pain. Res #1 was admitted to
	On [DATE] at 5:30 PM the SA notified the facility Administrator, and the Director of Nursing of the IJ and SQC and on [DATE] at 1:30 PM the SA provided IJ template for F835 to the facility. The facility submitted an acceptable Removal Plan on [DATE], in which the facility alleged that the immediacy of the Jeopardy was removed on [DATE] and the IJ was removed on [DATE].		
	Therefore the scope and severity for	n on [DATE], and determined the IJ wa or CFR 483.70 (a) (1) Administration (F of correction to monitor the effectivenes once with regulatory requirements.	835) was lowered from an L' to a F,
	Findings include:		
	[DATE] revealed, Policy: The purporare reported immediately to the add State Law through established proceedings: 2. If the all reported immediately but no later the	y and procedure titled Reporting Allege ose of this policy is to ensure that all all ministrator of the facility and to other streedures (including to the State survey a leged violation involves abuse or resultinan 2 hours after the allegation is made void physical harm, mental anguish, or	eged violations involving . neglect . ate officials in accordance with and certification agency) . s in serious bodily injury it must be e . Neglect: Failure to provide

			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER Lakeview Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 16411 Robinson Road Gulfport, MS 39503	
For information on the nursing home's	plan to correct this deficiency, please con	Lact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Policy with a revision date of [DATI health, welfare and rights of each report that prohibit and prevent abuse, neams failure of the facility, its empth are necessary to avoid physical record review the facility policy title exploitation/Misappropriation with a use/administration of medication; leading the facility policy Purpose: Monitoring of bowel move Policy: A daily BM record will be methree consecutive days a Bowel Prabdomen for distention/pain. Ausci in 24 hours give fleets enema x 1 con Practitioner). Record review of a written stateme (Proper name of Admi (Proper name of facility). Record review of the Job Description by the Nursing Department. This interport is not provided the proper content of the proper than the Nursing Department. This interport is not provided the proper content of the proper than the proper content of the proper	and procedure titled: Bowel Program Fements are important to the general he onitored by the Charge Nurse on a dai ogram will be initiated based on our Pluttate bowel sounds. 2. Dulcolax suppolose. 4. If no BM after enema, notify M nt dated [DATE] and signed by the Ad nistrator) have not been issued a job of the Director of Nursing, undated raing undated and unsigned revealed cludes patient care, personnel manage are met. Responsible for: 1. Staff educator for patient care. 4. Compliance with signed revealed and unsigned re	y to provide protections for the ng written policies and procedures n of resident property Neglect e goods and services to a resident ional distress of Abuse, Neglect, gns of Physical Neglect: Improper Policy dated [DATE] revealed, ealth and well being of the resident. By basis. Should there be no BM of hysicians standing orders. 1. Check ository x (times) 1 dose. 3. If no BM D/NP (Medical Doctor/Nurse ministrator revealed I, lescription as Administrator at and unsigned revealed the facility Job Summary: Administer all areas ement, and material management. ation and performance 2. Staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Lakeview Nursing Center		16411 Robinson Road Gulfport, MS 39503	. 6052
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.		agency.	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		CIENCIES full regulatory or LSC identifying informati	on)
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	revealed that the facility currently heds. The DON stated that the Carsheets were kept in a binder at the Nursing Assistants (CNAs) docum The ADL sheets were developed per venue in which the care plans are fewere two (2) care plan nurses work completed or a resident had issues cart nurses or to the Registered Nurses work 1 over a year the CNAs charted manduring that shift the CNAs report the she had not reported any incidents reporting to the State. The ADM stapassed away. But (Res #1) did not by the nurses that she (Res #1) was reported any Neglect/Abuse to the In an interview on [DATE] at 3:30 Fensure that the Activities of Daily Laccording to the residents care plaryou are looking for. The CNAs did residents on each shift. The CNAs (1) year due to no computer/kiosk' BM's on the ADL sheets and if ther cart nurse and the med cart nurse resident's BM per the Bowel policy they did and the results of the methocumented the BM's in the reside reviewed and an investigation com documentation of BM's on the ADL BM's for the residents. DON stated had BM's prior to her admission to supervising the CNAs more closely not been followed and the ADL she licensed nurses had not documented She stated the documented informarecords. During an interview at 9:30 AM on description for her as Administrator	with the Director of Nursing (DON) and ad a resident census of 88 residents are Tracker Documentation Record Activinursing stations and that they were accented the ADL's for each resident at the resident and instituted for each resident in the individual care plan of each resident in the facility on [DATE]. The DON is the CNAs report that to the Licensed Rinse (RN) or Charge Nurse for the ,d+[I2 hour shifts and the CNAs work 8 hou ually on paper charts. If a resident doe at to the Charge Nurse or to the medic number of BM's during the shift, that the of Neglect/Abuse to the State and that atted that Resident #1 (Res) had been shave an infection and did not have a kins not dependent upon staff for toileting State Agency (SA) in the past three models. The DON stated We are not going in the been document the Bowel Movement ins. The DON stated We are not going in the past three models are not going in the past three models. The DON stated that the factiving (ADL) care and Bowel Movements (Ehave been documenting manually on Asystem available to CNAs. They had been and been no BM for that 8 hour shift was to check the resident and decide the and procedure. The nurses were to do not for BM's. She stated that the nurse ints medical records. The DON stated the that they had no nursing notes and no the hospital on [DATE]. DON thought the sheets and not been documented appropried in the progress notes appropriately of an and she was unable to provide the resident and she was unable to provide the resident statement that she was unable to provide the resident statement that she was unable to provide the resident statement that she was unable to provide the resident statement that she was unable to provide the resident statement that she was unable to provide the resident statement that she was unable to provide the resident statement that she was unable to provide the resident statement that she was unable to provide the resident statement that she was unable to provide the resident statement that she was unable to provide	and was licensed for 105 resident rities of Daily Living (ADL) care cessible to all staff. The Certified e end of each eight (8) hour shift. Ident. The ADL sheets were the t. The DON confirmed that there stated that if something was not Practical Nurses (LPN) medication DATE] and ,d+[DATE] shifts. The r shifts. The DON revealed that for s not have a bowel movement (BM) ation cart nurses. On the ADL he resident had. DON stated that the ADM was responsible for all sent out to the hospital and later mown bowel issue, I was informed and ADM stated that she had not boths (Jan-[DATE]). Incility did not have documentation to (BM's) had been implemented to be able to provide for you what BM's) on the ADL sheets for the ADL sheets for approximately one even told to manually document the they were instructed to tell the med the appropriate method for the cument in the progress notes what is had not appropriately hat the ADL sheets had all been nurses and there was no nurses had been notified of no documentation for Res #1 that she had the med cart nurses were be Bowel policy and procedure had intelligent for each resident and the cor often enough for each resident. (Res #1) was not in the medical

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED 03/31/2023
	255182	B. Wing	00/01/2020
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Lakeview Nursing Center		16411 Robinson Road Gulfport, MS 39503	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0835 Level of Harm - Immediate jeopardy to resident health or safety	Record review of the Nurse Practitioner's (NP) progress note date [DATE] at 2:39 PM revealed: Acute Visit [DATE] Chief Complaint: Nausea, vomiting coffee-ground emesis, and abdominal distention. The patient also has associated abdominal distention with some tenderness to palpation worse on left upper and lower quadrants. Patient symptoms started today this morning nothing making it better or worse. We will send patient to (name of hospital) for further evaluation and treatment.		
Residents Affected - Many	quadrants. Patient symptoms started today this morning nothing making it better or worse. We will send		minal Computerized Tomography paction and stercoral colitis without and Physical Reports revealed thing by mouth) and evaluated by a given some measures in an patient wishes to be DO NOT tient vomited as witnessed by Cause of death Aspiration due to had been admitted to the hospital ces (emesis) and for stomach pain. In [DATE] Res #1 died of aspiration stated that the facility had no the facility policy and procedure and ecord (MAR) or in the nursing notes lowed the care plan for Res #1 and its programs. The DON stated that had been monitoring and the should have followed up and she he Cans and licensed nurses had led to her hospital transfer and the CNAs' and the licensed nurses

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER Lakeview Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 16411 Robinson Road Gulfport, MS 39503	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.
			on)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Record review of the facility's Care Tracker Documentation Record ADL care sheets for January-[DATE were reviewed for Res #1 and they were not appropriately documented for Res #1's BM's on each eight hour shift. The input and out put of Res #1 was not appropriately documented on each eight (8) hour shift the CNAs, in accordance to the facility policies and procedures. From [DATE]-[DATE] Res #1 had no (2s BM's documented which confirms that Resident #1 went eight (8) days without having a BM. There was documentation in the medical record of Res #1 to indicate that the CNAs had notified the licensed nurse that Res #1 had no BN for eight (8) days. The CNAs had documented that Res #1 had three (3) BM's during the dates of [DATE]-[DATE]. The record review revealed that Res #1 had one (1) BM during the PM-11:00 PM shift on [DATE], and [DATE]. The PTE Inter was one (1) BM recorded on the 7:00 AM-3:00 PM shift; on [DATE] the CNAs documentation that spoke to Res #1's lack of BM's during the account of the spoke of the start spoke to Res #1's lack of BM's during the account of the licensed nurses had monitored the BM's of Res #1 or that Res #1 had received treatment and servic for the lack of BM's during the month of [DATE], the ADL care sheet dated February 1, 2023-February 12, 2023 documented/recorded that Res #1 had no (zero) BM's from February 7, 2023-February 15, 2023. ADL care sheet for Res #1 dated February 16, 2023-February 18, 2023 documented/recorded that Res #1 had no (zero) BM's from February 7, 2023-February 15, 2023. ADL care sheet for Res #1 dated February 16, 2023-February 17, 2023-February 17, 2023-February 17, 2023-February 18, 2023-February 18, 2023-February 18, 2023-February 18, 2023-February 19, 2023-February 18, 2023-February 19, 2023-Febr		r Res #1's BM's on each eight (8) nted on each eight (8) hour shift by TE]-[DATE] Res #1 had no (zero) thout having a BM. There was no nead notified the licensed nurses nat Res #1 had three (3) BM's #1 had one (1) BM during the 3:00 on the 7:00 AM-3:00 PM shift; and ifft. The record review revealed that ke to Res #1's lack of BM's, that received treatment and services d February 1, 2023-February 15, 2023. The ocumented/recorded that Res #1 d during the 3:00 PM-11:00 PM shift). Res #1 had no (zero) BM's facility documentation that was two (2) BM's recorded during a 13 during the month of February cument that Res #1 received bowel why revealed that she had been that the facility had not monitored The ADM stated that she was not a ad not reported the incident of Res nitor and document the BM's. ADM ements was neglect. In the progress notes are they give certain medications documented nursing progress practice. The ADON stated that she both. She stated that no one had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182 STREET ADDRESS, CITY, STATE, ZIP CODE 16411 Robinson Road Gulfport, MS 39503 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many Residents Affected - Many (X3) DATE SURV COMPLETED 03/31/2023 STREET ADDRESS, CITY, STATE, ZIP CODE 16411 Robinson Road Gulfport, MS 39503 FOR 16411 Robinson Road G	VEY
Lakeview Nursing Center 16411 Robinson Road Gulfport, MS 39503 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) F 0835 Interview on [DATE] at 3:00 PM, with the two (2) QA nurses, RN#2 and LPN#1, revealed that asked by the DON to conduct an investigation of the incident involving (Res #1) and they gave report to the DON and she gave it to the ADM. They discovered that the CNAs had not docur Care Tracker Documentation Record ADL sheets the BM's of the residents and the nursing seafety Residents Affected - Many 16411 Robinson Road Gulfport, MS 39503 SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Interview on [DATE] at 3:00 PM, with the two (2) QA nurses, RN#2 and LPN#1, revealed that asked by the DON to conduct an investigation of the incident involving (Res #1) and they gave report to the DON and she gave it to the ADM. They discovered that the CNAs had not docur documented what actions they took to monitor the ADL's. The QA nurses stated that the BM's not been recorded on the ADL sheets per their policy and procedure and the nurses had not the progress notes for Res #1 during the month of February 2023. Resident #1 was sent out	
Lakeview Nursing Center 16411 Robinson Road Gulfport, MS 39503 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) F 0835 Interview on [DATE] at 3:00 PM, with the two (2) QA nurses, RN#2 and LPN#1, revealed that asked by the DON to conduct an investigation of the incident involving (Res #1) and they gave report to the DON and she gave it to the ADM. They discovered that the CNAs had not docur Care Tracker Documentation Record ADL sheets the BM's of the residents and the nursing seafety Residents Affected - Many 16411 Robinson Road Gulfport, MS 39503 SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Interview on [DATE] at 3:00 PM, with the two (2) QA nurses, RN#2 and LPN#1, revealed that asked by the DON to conduct an investigation of the incident involving (Res #1) and they gave report to the DON and she gave it to the ADM. They discovered that the CNAs had not docur documented what actions they took to monitor the ADL's. The QA nurses stated that the BM's not been recorded on the ADL sheets per their policy and procedure and the nurses had not the progress notes for Res #1 during the month of February 2023. Resident #1 was sent out	
Gulfport, MS 39503 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Interview on [DATE] at 3:00 PM, with the two (2) QA nurses, RN#2 and LPN#1, revealed that asked by the DON to conduct an investigation of the incident involving (Res #1) and they gave report to the DON and she gave it to the ADM. They discovered that the CNAs had not docur care Tracker Documentation Record ADL sheets the BM's of the residents and the nursing some documented what actions they took to monitor the ADL's. The QA nurses stated that the BM's not been recorded on the ADL sheets per their policy and procedure and the nurses had not the progress notes for Res #1 during the month of February 2023. Resident #1 was sent out	
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In an interview on [DATE] at 4:10 PM, with the Administrator (ADM) she stated that she had if 11 was impacted. All I was told was that Res #1 was sent out to the hospital because she was told later by QA nurses that Res #1 only had seven (7) days that the BM's weren't docume ver told me that was a problem, I'm not a nurse. I trusted what the nurses said. ADM stated not read the hospital report for Res #1. ADM stated that the family of Res #1 was contacted a raise any questions. ADM stated that this past Monday and last Friday the Attorney General's the facility and in-serviced all staff on Abuse/Neglect. ADM stated that she had called the Att General(AG) to come and in-service the staff because it sate fine for annual Abuse/Neglect. ADM stated that she did not ask them to come do the in-service as a result of any incidents at At 8:20 AM on [DATE], interviews and record reviews were completed along with the former. (ADM #2) and the current ADM. They confirmed that the ADL sheets for Res #1 were not cor for at least the last 11 days in February 2023 and that there was no documented nursing not notes for the entire month of February 2023 regarding Res #1. They confirmed that the MAR documented laxatives or stool softeners recorded for January-[DATE] for Res #1. They both the Care Plan had not been followed for ADL care and Constipation risk and the facility policy for bowel programs had not been followed. (ADM#2) stated that she learned a long time ago written down in the medical records it did not happen. Resident #2: Record review of Res #2's Care Tracker Documentation Record ADL sheet dated [DATE]-31 many days of missing documentation under the Bowel Function section. Res #2 had no BM's five (5) consecutive days for [DATE]-[DATE]. Res #2 had no BM's recorded/documented c sheets for February 1, 2023-February 15, 2023. Res #2 had no BM's recorded/documented c sheets for three (3) consecutive days for IDATE]-(DATE]. No progress notes were documented for Res #2 per ADL care and services for [DATE]-[DATE]. No prog	ve a written imented on the staff had not 's of Res #1 had a documented in to the hospital no idea that Res as vomiting. I mented. No one is that she had and they did not so office came to torney glect in-service. Administrator impleted for BM's res/progress shad no confirmed that rey and procedure to that if it was not if, 2023 revealed is recorded for don the ADL on the ADL on the ADL on the ADL on the residence of the reside

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	03/31/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Lakeview Nursing Center		16411 Robinson Road Gulfport, MS 39503	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIE (Each deficiency must be preceded by full)		CIENCIES full regulatory or LSC identifying informati	on)
F 0835 Level of Harm - Immediate jeopardy to resident health or	Record review of the Care Tracker Documentation Record ADL sheets for January and February 2023 for Res #3 were not documented by the CNAs' for every eight (8) hour shift seven (7) days per week as outlined in the CNAs' Job Description.		
safety Residents Affected - Many	Record review revealed Res #3 ha February 2023 addressing the con-	d no nursing progress notes written/red stipation risk.	corded during the month of
residente / trested - Marry	Record review of Res #3 revealed that she had a MDS dated [DATE] that contained a BIMS score of 0 (Blank) which indicated that Res #3 was severely cognitively impaired.		
	Record review of Res #3's Face Sheet revealed an admitted [DATE] and diagnoses of Heart Failure; Hemiplegia following cerebral infract affecting right dominant side; Constipation, unspecified; Senile degeneration of the brain; among other diagnoses.		
	Interview and Observation on [DATE] at 1:10 PM with Res #4, revealed that she was awake and alert a was a good historian. She stated that she had been living in the facility for a little over a year and was a retired Registered Nurse. Res #4 stated that since she had been in the facility she had never been ask she had had a bowel movement or what the consistency of her bowel movements were. No one had ta to her about her bowel movements. Record review of Res #4's Care Tracker Documentation Record revealed bowel functioning was not addressed by the staff for [DATE] - [DATE]. Record review of Res #4's MDS dated [DATE] contained a BIMS score of 14 which indicated that Research was cognitively intact.		
	Record review revealed Res #4 had a Face Sheet with an admitted [DATE] and diagnoses of Chronic Obstructive pulmonary disease; and Gastro-escophageal reflux disease; among other diagnoses.		
	Resident #5:		
	In an interview and observation on [DATE] at 9:55 AM, with Res #5 revealed that she wears briefs and has been incontinent of bowel and bladder. Res #5 stated that she has to have the assistance of staff for all her ADL's. Res #5 stated that the CNAs' change her briefs for her on a regular basis.		
	Record review of the [DATE] - [DATE] Care Tracker Documentation Record bowel function ADL sheet had Res #5 documented/recorded as having no bowel movements from [DATE]-[DATE] (three (3) consecutive days with no bowel movement). The ADL sheet had no BM's documented for Res #5 from [DATE]-[DATE] (three (3) consecutive days with no bowel movement). There was no documentation in Res #5's medical record to indicate that the CNAs' had notified the med cart nurse of no BM's for Res #5.		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF DROVIDED OR SURBLIED		STREET ADDRESS, CITY, STATE, ZIP CODE	
NAME OF PROVIDER OR SUPPLIER		16411 Robinson Road	PCODE
Lakeview Nursing Center		Gulfport, MS 39503	
For information on the nursing home's plan to correct this deficiency, please contact the		tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY (Each deficiency must be preceded by full reg			on)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Record review of the February 2023 Care Tracker Documentation Record bowel function ADL sheet recorded/documented that Res #5 had no bowel movements (BM's) for the first three (3) days of February (February, 4rt DATE], 2023, Res #5 had no bowel movements (BM's) documented/recorded on the ADL sheet for the days of February 13, 2023-February 15, 2023 (three (3) consecutive days). There was no documentation in the medical records of Res #5 that the CNAs' had notified the licensed nurses (med cart nurse) about the bowel function of Res #5. There was no documentation provided by the facility to confirm that the med cart nurses had been monitoring the BM's of Res #5 during the months of January-[DATE]. Record review for Res #5 revealed that she had a Face Sheet revealed a re-admitted [DATE]. Res #5 had diagnoses of Acute heart disease of native coronary artery; Acute systolic (congestive) heart failure; History of falling; among other diagnoses. Record review revealed Res #5's MDS dated [DATE] contained a BIMS score of 14 which indicated that she was cognitively intact. Summary: Record review of the ADL sheets for (5) of (5) sampled residents revealed that the BM's had not been appropriately documented/recorded on the ADL sheets by the CNAs' and there was no MAR documentation/recording of the BM's as per the facility policies and procedures. The nursing progress notes had not been documented for Resident #1 for the month of February 2023; and five 50 if five (5) residents nursing progress notes contained no information of ADL and/or BM functioning as outlined in the facility's policies and procedures for documenting BM functioning. The Care Plans for 5 of 5 Sampled Residents (Res #1; Res #2; Res #3; Res #4; and Res#5) had not been followed for bowel functioning /constipation risk, and ADL care. The medical record of Res #1 contained no monitoring of her BM's by the licensed nursing staff. As a result of neglecting to accurately and appropriately document/record the BM's of the residents led to Res #1 having under		
	Removal Plan:		
	On [DATE], Resident #1 began vomiting coffee ground emesis and was transferred to the hospital and expired at the hospital on [DATE]. The facility determined that Certified Nursing Assistants (CNAs') were documenting bowel movements inaccurately on the paper records. No one was assigned to check the CN documentation. The facility's failure likely placed residents who reside in the facility at risk for serious adverse outcomes. The administration must take immediate action to monitor staff actions to prevent likelihood of serious harm, impairment or death.		ursing Assistants (CNAs') were e was assigned to check the CNAs he facility at risk for serious
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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Lakeview Nursing Center	Lakeview Nursing Center		
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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		CIENCIES full regulatory or LSC identifying informati	on)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety	The State Survey Agency (SA) called Immediate Jeopardy (IJ) and provided the facility with IJ templates on [DATE] for neglect, failure to maintain accurate documentation, failure to implement care plans, and failure to provide residents with necessary treatments. The SA provided an IJ template on [DATE] for failure to administer the facility effectively.		
Residents Affected - Many	All 88 residents were assessed for being at risk of no bowel movement. The Bowel Program policy to include the standing orders was initiated for residents identified at risk by Registered Nurse (RN#1), RN#2, RN#3, RN#4, and RN#5 on [DATE].		
	Certified Nursing Assistants (CNAs') that have worked were in-serviced on the Bowel Care Task documentation via the kiosk, to include whether they are continent, incontinent or colostomy as well as bowel characteristics of size and consistency with a prompt to notify nurse if stool is hard or watery. This in-service was conducted by Quality Assurance (QA) RN#2. This in-service began on [DATE]. Medication nurses that worked were in-serviced by Director of Nursing, RN#1, QA nurse RN#2 and Licensed Practical Nurse (LPN#1), in reference to checking the completion of documentation by the CNAs' per shift. This in-service began on [DATE]. No staff will be allowed to work until the in-service training has been completed.		
	CNAs' have documented bowel movements via the kiosk on [DATE]. 45 minutes prior to the end of each shift the medication nurse on each hall checked CNAs documentation for completion, beginning [DATE]. Medication nurses who have residents at risk initiated standing orders for no bowel movement protocol. The standing orders are as follows: If a resident goes 3 days with no bowel movement (BM) initiate the standing orders. Obtain vital signs, check abdomen for distention/pain. Auscultate bowel sounds. Administer Dulcolax suppository x 1 dose. Reassess resident. If no BM in 24 hours give fleet enema x 1 dose. Reassess resident. If no BM 30 minutes after enema, notify Medical Doctor (MD)/Nurse Practitioner (NP).		
	All staff that worked were in-serviced on the duty to report signs and symptoms of abuse and neglect immediately to their supervisor, who will report to the DON and Administrator. They were also in-serviced that it is the duty of anyone to report suspected abuse or neglect. This in-service was conducted by RN#1, RN#2 and LPN#1. This in-service began on [DATE] and no staff will be allowed to work until the in-service training has been completed. On Friday [DATE] and Monday [DATE] the Attorney General Office came to the facility and in-serviced all Administrative staff including the Administrator, DON, and facility staff on Abuse and Neglect.		
	CNAs' and License Practical Nurse's (LPN) and RN's that worked were in-serviced on the importance of reviewing and following resident care plans to prevent potentially serious outcomes. This in-service trail was conducted by RN#1, RN#2, and LPN#1. This in-service was complete on 03//,d+[DATE] for staff the worked and no staff will be allowed to work until the in-service training has been completed. All care planed to residents at risk for constipation were reviewed by Minimum Data Set (MDS) assessment nut on [DATE]. The standing orders were initiated for all residents identified at risk. All care plans have boy interventions in place.		outcomes. This in-service training e on 03//,d+[DATE] for staff that s been completed. All care plans ta Set (MDS) assessment nurses
	Preventionist (IP), Assistant Director Social Service Director and the Nu discussed. Staff in-service on cons decide to hire staff Development no	eld on [DATE]. In attendance were the A or of Nursing, QA RN#2 and QA LPN#* rse Practitioner. Changes in CNAs cha tipation and standing orders were discu urse.	1, MDS RN#3 and MDS LPN#2, the rting from paper to kiosk was
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NAME OF PROVIDER OR SUPPLIER Lakeview Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 16411 Robinson Road Gulfport, MS 39503	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	DON/IP, QA RN#2, QA LPN#1, ME immediate Action Plan was discuss. We allege the immediacy of the jectory validated the factory of the performance	cility had implemented the following moves verified by staff interviews and records interviews with DON (RN#1), interviews (RN#3), interview with the Wound (Indicated that the five (Indicated the Bownests (BM's) and they initiated the Bownests (Indicated the Indicated	e IJ was removed on [DATE]. easures to remove the Immediate ord reviews of in-services and ews with the x 2 QA nurses (RN#2 Care Nurse (RN#4), and interview red Nurses assessed all 88 ord Program policy and procedure sign in sheets that eight (8) CNAs' ervice training beginning on [DATE] RN's and five (5) LPN's confirmed to check the kiosk documentation #2, #3, #4, #5, #6, #7, and