

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/09/2025
NAME OF PROVIDER OR SUPPLIER  Lake Way Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2607 Main Street Benton, KY 42025	

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 0882  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.  (continued on next page)

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
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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and review of facility policies, the facility failed to have a designated Infection Preventionist (IP) who was responsible for the facility's Infection Control Program which had the potential to affect 84 of 84 residents. The findings include: During the entrance conference on [DATE] at 9:21 AM, the Administrator stated the facility had an Infection Preventionist (IP). Review of the facility policy titled, Infection Prevention and Control Program dated 04/2023, revealed, the Infection Prevention and Control Program (IPCP) of the facility was designated to establish and maintain an effective program that provided a safe, sanitary and comfortable environment. Further review revealed the facility's IPCP attempted to prevent the development and the transmission of diseases and infections. Review of the facility policy titled, Infection Control Preventionist dated 04/2023, revealed the facility would designate an Infection Control Preventionist (ICP) in compliance with federal, state, or local laws. Continued review revealed, the responsibilities of the ICP were listed as follows: performance of surveillance for the identification, investigation, and documentation of facility-acquired infections, and reviewing and analyzing facility data. Further review revealed the ICP's responsibilities also included: reporting infections to the appropriate local or state agency as required, and providing measures to prevent common infection in nursing home residents and/or staff. In interview with the Administrator on [DATE] at 10:32 AM, he stated the facility did not currently have a designated ICP. He stated the former ICP's spouse died unexpectedly, and she resigned on [DATE]. The Administrator reported the facility did not have a designated person for the ICP at that time. He stated he thought that the MDS nurse had taken over as she had been the ICP previously, but just learned that the Assistant Director of Nursing (ADON) and the Director of Nursing (DON) were overseeing the ICP duties. He said he had set the Assistant Director of Nursing (ADON) up to take the infection control prevention classes for specialized training. He further stated the facility was currently using the Infection Control (IC) Nurse at the county health department when needed. On [DATE] at 8:40 AM, the Administrator provided documentation dated [DATE] at 8:08 AM, which showed the ADON had been registered for ICP training. The State Survey Agency (SSA) Surveyor requested to review the facility's Infection Control information on [DATE] at 10:50 AM. However, the facility did not provide that information until [DATE] at approximately 1:25 PM. Review of the monthly Infection Tracking Logs, provided on [DATE], revealed for timeframe of April-June of 2025, no concerns with infection monitoring on the part of the facility were identified. In interview with the Director of Nursing (DON) on [DATE] at 3:44 PM, she stated the facility did not currently have a designated ICP. She stated the former ICP resigned following the sudden death of her spouse last month ([DATE]). She stated she and the ADON were doing the tracking of infections. The DON said the facility followed guidelines, Centers for Disease and Control (CDC) guidelines, followed facility polices and utilized McGreers Criteria to determine infections. She reported infections in the facility were reviewed monthly and quarterly during the facility's Quality Assurance Performance Improvement (QAPI) meetings. The DON further stated the ICP role was important for the health of the facility's residents and staff. In interview with the Administrator on [DATE] at 4:39 PM, he stated the facility had hired nurses in the past for its ICP role; however, those nurses did not stay. He reported he had also signed up the facility's new Staff Development Coordinator (SDC) for the ICP classes as well so that the facility would have a back-up person for the ADON. The Administrator further stated it was extremely important to have an ICP for the health and safety of the facility's residents and staff.</p>		