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	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 43283 Based on observation, interviews and facility policy review, the facility failed to ensure infection control measures were consistently implemented to prevent the development and/or transmission of infection, for one (1) of four (4) observations of staff entering and exiting residents' rooms. Findings include: Record review of the facility's policy titled, Hand Hygiene: Clean Hands Save Lives, with date implemented 1/21/21 revealed, . It is the policy of this facility that hand hygiene will be handled as follows: . Hand hygiene is a way of cleaning one's hands that substantially reduces potential pathogens (harmful microorganisms) on the hands . Facts to Consider: .Germs can spread from .surfaces when you .touch a contaminated surface or objects .Washing hands can keep you healthy and prevent the spread of .infections from one person to the next . Record review of the facility's policy titled, Perineal Care Policy, revised 2/21 revealed, .Policy: Peri care is to be performed following this procedure to ensure . cross contamination if avoided remove gloves .wash hands with soap and water. On 7/2/24 at 12:15 PM, during an observation and interview Certified Nurse Aide (CNA) #1, was observed coming out of a resident's room on the 400 Hall, with a brief rolled up in her gloved hands. CNA#1 was observed walking down the hall to the soiled utility room and opened the door with her gloved hand and entered the room. CNA #1 was not observed using hand sanitizer or washing her hands. During an interview with CNA #1, she confirmed that she had a brief in her gloved hands. She explained she did not have a trash bag to put the brief into, so she just took it to the soiled room. She reported the brief should have been placed in a trash bag and then taken to the soiled room and she knows not to wear gloves in the hallway. On 7/2/24 at 12:50 PM, during an interview with the Infection Preventionist (IP) Nurse/Registered Nurse #1, she confirmed a staff member should never come out of a resident's room with a soiled brief in their hands and gloves on. The IP Nurse stated all staff have had education regarding the importance of not wearing gloves in the hallways. The IP Nurse added that CNA #1 should have placed the brief in a bag and disposed of it properly. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	At 1:00 PM on 7/2/24, during an interview with the Director of Nursing (DON), she confirmed CNA #1 had reported to her that she was wearing gloves and had a brief rolled up in her hands while she transported the soiled brief to the soiled utility room. The DON stated she expects all staff to follow infection control guidelines at all times.