STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265522	A. Building B. Wing	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeview Health Care & Rehabilitation Center	1450 Ashley Road Boonville, MO 65233

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43024 Based on observation, interview and record review, facility staff failed to follow infection control practices and implement outbreak testing when two residents (Resident #1 and Resident #2) became symptomatic for Coronavirus Disease (COVID-19) . The facility census was 48. 1. Review of the facilty's COVID-19 - Testing Residents policy, undated, showed facility staff were directed to test residents with sign or symptoms of COVID-19 as soon as possible, regardless of vaccination status. Staff are directed residents and staff are tested for the SARS-CoV-2 virus to detect the presence of current infections (viral testing) and to help prevent the transmission of COVID-19 in the facility. Facility staff to conduct out break testing is initiated when a single new case of COVID-19 occurs among resident or staff to determine if others have been exposed, and a single new case of SARS-CoV-2 infection in any staff or resident should be evaluated to determine if others in the facility could have been exposed. 2. Review of Resident #1's change in status, Minimum data set (MDS), a federally mandated assessment tool, dated 9/27/24, showed staff assessed the resident as follows: -Cognitively intact; -Diagnoses of current Covid-19 infection, seizure disorder and depression. During an interview on 12/10/24 at 11:56 A.M., the resident said he/she had body aches, throwing up, diarrhea, mucous with blood and he/she cannot get comfortable, he/she said symptoms started last week and he/she has told multiple staff and no one has offered to test her for Covid-19. 3. Review of Resident #2's admission MDS, dated [DATE], showed staff assessed the resident as follows: -Cognitively intact; -Diagnoses of current Covid-19 infection, coronary artery disease, heart failure, diabetes, stroke, depression and COPD. (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	During an interview on 12/10/24 at 12:00 P.M., the resident said he/she has not felt well for a few days and his/her roommate, Resident #1, has been sick too. Resident #2 said he/she has a runny nose, sore throat, cough and body aches. Resident #2 said he/she has had symptoms for two to three days and he/she wondered why no staff had tested him/her because he/she knew some residents in the building had covid. 4. During an interview on 12/10/24 at 10:30 A.M., the Director of Nursing (DON) said the facility has four known positives and have not started out break testing. The DON said he/she is being advised by corporate office to not test any other residents because it had to be reported to state. He/She said there are multiple residents that are symptomatic that he/she believes should be tested . During an interview on 12/10/24 at 11:15 A.M., He/She said if a resident has symptoms they can be tested but asymptomatic residents are not tested . During an interview on 12/10/24 at 11:16 A.M., the infection preventionist said he/she has not been instructed that someone with symptoms can not be tested , staff should question residents if they feel okay and tests them if not, but asymptomatic residents are not tested per the policy. During an interview on 12/10/24 at 11:33 A.M., the DON said eleven residents have symptoms headaches, body aches, cough and fatigue, none of them have been tested because they were advised not to test the residents by their corporate office. During an interview on 12/10/24 at 11:46 A.M., Registered Nurse B said he/she rounded with the physician today and got standing orders for residents who have symptoms to be tested . RN B said he/she does not know if the facility administration have denied testing but the physician ordered it and he/she will follow physician orders. MO00246246