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	03/31/2026

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interviews, and record review facility staff failed to report an allegation of sexual abuse for one resident (Resident #1) to the Department of Health and Senior Services (DHSS) within the required two hour timeframe. The facility's census was 52.Review of the facilities Abuse, Neglect, Exploitation and misappropriation prevention program, revised April 2021, showed the residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms. The resident abuse, neglect, and exploitation prevention program consists of a facility-wide commitment and resource allocation to protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including but not limited to other residents. Staff will identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident and property and investigate and report any allegations within timeframes required by federal requirements.Review of Resident #1's quarterly minimum data set (MDS), a federally mandated assessment tool, dated 2/12/26, showed staff assessed the resident as cognitively intact with diagnoses of Schizoaffective disorder, bipolar type (a chronic mental health condition combining schizophrenia symptoms (hallucinations, delusions) with manic and sometimes depressive episodes), Major Depressive disorder, generalized anxiety disorder and bipolar disorder (chronic mental health condition characterized by extreme, often debilitating, mood shifts between high-energy manic or hypomanic episodes and low-energy depressive episodes).Review of the facility's investigation, dated 3/30/26, showed staff documented Certified Nursing Assistant (CNA) A reported on 03/29/26, immediately to Licensed Practical Nurse B he/she saw Resident #1 touched Resident #2's privates in the main dining room. CNA A separated the resident's immediately and LPN B spoke to Resident #1 who said Resident #2 forced him/her to touch his/her privates. LPN B spoke to Resident #2 who denied all allegations. The Administrator and Business office manager documented Resident #1 reported he/she assisted Resident #2 in playing with his/her privates but was forced to assist. Review showed the investigation did not contain documentation facility staff contacted DHSS within the two hours required timeframe after the resident representative reported the allegations. Review of the DHSS database did not contain a report facility reported allegations of sexual abuse for over 24 hours after resident #1 made the allegation.During an interview on 3/31/26 at 11:00 A.M., the administrator said he/she would have reported the allegation in two hours if it was not consensual, but he/she said it was never reported to him/her the resident said he/she was forced to do the sexual acts until 3/30/26. The administrator said the residents have a past sexual history and the residents were upset because they got caught.During an interview on 3/31/26 at 11:23 A.M., LPN B said CNA A reported to her he/she found Resident #1 with his/her hands down Resident #2's pantsHe/She said he/she called the administrator on 3/29/26 at 10:12 A.M. and explained in detail the allegations because he/she did say he/she was forced into the sexual act. He/She said the Administrator said the residents have a sexual history, so it was okay. Incident #2968263

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