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	09/12/2024

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39440 Reviewed AT Based on observation, interview and record review, facility staff failed to develop and implement a comprehensive person-centered care plan for one resident (Resident# 21), and failed to update care plans at least quarterly in conjunction with the required Minimum Data Set (MDS), a federally mandated assessment tool to be completed by staff, to provide current interventions to meet individual needs for four (Resident #15, #17, #20, and #30) out of 12 sampled residents. The facility's census was 35. 1. Review of the facility's Care Plans-Baseline Policy, dated March 2022, showed the baseline care plan is used until the staff can conduct the comprehensive assessment and develop an interdisciplinary person-centered comprehensive care plan (no later than 21 days after admission). Review of the facility's Care Plans, Comprehensive Person-Centered Policy, dated March 2022, showed staff were directed as follows: -The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident; -The comprehensive person-centered care plan is developed within seven days of the completion of the required MDS assessment (Admissions, Annual or Significant Change in status), and no more than 21 days after admission; -The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment; -The comprehensive, person-centered care plan describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including any specialized services to be provided. -Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' condition change; -The IDT reviews and updates the care plan: (continued on next page)

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
	265522	A. Building B. Wing	09/12/2024

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	i). When the resident has been readmitted to the facility from a hospital stay; ii). At least quarterly, in conjunction with the required quarterly MDS assessment. 2. Review of Resident #21's admission MDS, dated [DATE], showed staff assessed the resident as follows: -admitted on [DATE]; -Cognitively intact; -Diagnoses of peripheral vascular disease ((PVD) narrowing of blood vessels), diabetes mellitus, hyperlipidemia (high levels of fat in the blood); -Received Insulin injections seven days of the seven day look back period (period of time used to complete assessment); -Care area triggers activiites of daily living (ADL) care, nutrition, urinary incontinence, psychosocial, mood, and pressure ulcers. Review of the resident's quarterly MDS, dated [DATE], showed staff assessed the resident as follows: -Re-entered the facility from an acute hospital stay on 07/02/24; -Diagnoses of PVD, hyperlipidemia; -Did not receive injections of any type during the seven day look back period. Review of the resident's medical records showed it did not contain documentation of a comprehensive person-centered care plan for the resident in conjunction with the required admission MDS, to provide directions for the resident's nutritional status, ADL care, urinary incontinence, psychosocial, mood, skin and diabetes. Staff did not document the care plan was updated quarterly. During an interview on 09/09/24 at 1:18 P.M., the resident said he/she returned to the facility from a hospital stay about two months ago and was concerned that facility staff did not resume monitoring his/her blood sugar levels, or the need for insulin medication as an intervention to treat his/her diabetes. 3. Review of Resident #15's annual MDS, dated [DATE], showed staff assessed the resident as: -Cognition not assessed; -Used two bed rails daily; -Lower extremity impairment on both sides (continued on next page)

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	09/12/2024

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's quarterly MDS, dated [DATE], showed staff assessed the resident as follows: -Cognitively intact; -Did not use bed rails; -Lower extremity impairment on both sides. Review of the resident's care plan, dated 10/02/23, showed the plan did not contain direction for the use of side rails. Staff did not document the care plan was updated quarterly. Observation on 09/10/24 at 3:28 P.M., showed the resident in bed with quarter rails in the upright position on both sides. The resident held on to the left rail and repositioned him/herself in bed. Observation on 09/11/24 at 9:53 A.M., showed the resident in bed on his/her left side and held on to the left rail, quarter rails in the upright position on both sides. During an interview on 09/09/24 at 2:26 P.M., the resident said he/she uses the bed rails sometimes when in bed. 4. Review of Resident #17's annual MDS, dated [DATE], showed staff assessed the resident as follows: -Mild cognitive impairment; -Upper extremity impairment on both sides. Review of the resident's quarterly MDS, dated [DATE], showed staff assessed the resident as follows: -Cognition, not assessed; -Upper extremity impairment on both sides. Review of the resident's care plan, dated 11/06/23, showed the plan did not contain direction to prevent further contractures or care for the resident's hand contractures. Staff did not document the care plan was updated quarterly. Observation on 09/09/24 at 11:09 A.M., showed the resident in bed on his/her right side, both hands/fingers contracted with nothing in his/her palms. Observation on 09/10/24 at 12:23 P.M., showed the resident in his/her wheelchair at the dining table, both hands/fingers contracted with nothing in his/her palms. 5. Review of Resident #20's annual MDS, dated [DATE], showed staff assessed the resident as follows: (continued on next page)

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	09/12/2024

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Moderate cognitive impairment; -Diagnoses of Seizure, Depression, and Schizophrenia; -Did not display any behavioral symptoms during the seven day look back period. Review of the resident's quarterly MDS, dated [DATE], showed staff assessed the resident as follows: -Cognition not assessed; -Diagnoses of Seizure, Depression, and Schizophrenia; -Displayed other behavioral symptoms not directed towards others (hitting, scratching self, pacing, rummaging, verbal symptoms, etc.) one to three days of the seven day look back period. Review of the resident's care plan, dated 10/26/23, showed staff did not update the care plan to address the residents behavioral symptoms. Staff did not document the care plan was updated quarterly. 6. Review of Resident #30's quarterly MDS, dated [DATE], showed staff assessed the resident as follows: -Cognition, not assessed; -Upper extremity impairment on one side. Review of the resident's annual MDS, dated [DATE], showed staff assessed the resident as follows: -Severe cognitive impairment; -Upper extremity impairment on both sides. Review of the resident's quarterly MDS, dated [DATE], showed staff assessed the resident as follows: -Moderate cognitive impairment; -Upper extremity (shoulder, elbow, wrist, hand) impairment on both sides. Review of the resident's care plan, dated 11/01/23, showed the plan did not contain direction for the care of the resident's right upper extremity contracture. Staff did not document the care plan was updated quarterly. (continued on next page)

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	09/12/2024

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7. During an interview on 09/12/24 at 1:10 P.M., the Director of Nursing (DON) said residents' care plans should be person-centered, and give a full picture of the specific resident's well-being. The DON said care plans should be updated at least quarterly, and should include interventions for bed rails, psychotropic medications, contractures, and any other identified care area of concern. The DON said the nurses will be responsible to add updates to resident's care plans with changes as they occur, the Care Plan Coordinator (CPC) will be responsible to complete the care plans, and the DON will ensure they are done routinely. During an interview on 09/12/24 at 2:04 P.M., the CPC said he/she started working at the facility about two weeks prior. The CPC said he/she is responsible to complete resident's care plans at least quarterly, as needed with changes, and in correlation with the MDS. He/She said the residents' care plans should be personalized with interventions to address any care area of concern, such as specific diagnoses, bed rails, contractures, psychotropic meds, behavioral symptoms, and capture the entire well-being of the resident. During an interview on 09/12/24 at 2:16 P.M., the Administrator said all staff from therapy, nursing, dietary, activities, and social service are responsible to update residents' care plan in real time with changes. The administrator said the CPC is responsible to complete the care plans, they should be updated at least quarterly with the MDS, should be person-centered, and include interventions for bed rails, contractures, psychotropic meds, behavioral symptoms, etc. 39644

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	09/12/2024

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 0679 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide activities to meet all resident's needs. 39440 Reviewed AT Based on observation, interview, and record review, facility staff failed to provide an ongoing program of activities designed to meet the residents' interest on the weekends for three residents (Resident #2, #27, and #39) out of 12 sampled residents. The facility's census was 35. 1. Review of the facility's policy titled, Activity Programs, dated 06/2018, showed the activities program is provided to support the well-being of residents and to encourage both independence and community interaction. Activities are scheduled seven days a week and residents are given an opportunity to contribute to the planning, preparation, conducting, cleanup and critique of the programs. 2. Review of the facility's Activity Calendar, dated July, 2024, showed: -Saturday, 07/06/24- Cards/Word Searches; -Sunday, 07/07/24- National Macaroni Day/Christmas Pajama Day; -Saturday, 07/13/24- Christmas Movie Marathon; -Sunday, 07/14/24- Puzzles/Crosswords; -Saturday, 07/20/24- Axe throwing/Cards; -Sunday, 07/21/24- Junk Food and Binge Watch TV Day; -Saturday, 07/27/24- Coloring Sheets; -Sunday, 07/28/24- Puzzles. 3. Review of the facility's Activity Calendar, dated August, 2024, showed: -Saturday, 08/03/24- Watermelon day; -Sunday, 08/04/24- National friendship day and Sister day; -Saturday, 08/10/24- Lazy day; -Sunday, 08/11/24- Chalk; -Saturday, 08/17/24- Coloring/Reading; -Sunday, 08/18/24- Pajama day; -Saturday, 08/24/24- Color sheets; (continued on next page)

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	09/12/2024

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 0679 Level of Harm - Potential for minimal harm Residents Affected - Many	-Sunday, 08/25/24- Axe throwing; -Saturday, 08/31/24- Eat outside day. During an interview on 09/09/24 at 11:05 A.M., Resident #27 said there are no activities on the weekends. He/She said he/she wishes there was activities on the weekends he/she could go to. He/She said even if a tv with football playing in the dining room since it is football season. During an interview on 09/09/24 at 11:37 A.M., Resident #2 said they do not have any scheduled activities on the weekends. The resident said if they had activities on the weekends, he/she would participate, but for now, he/she just waits until Mondays when they have something going on. During an interview on 09/09/24 at 1:03 P.M., Resident #39 said on the weekends, activities are scaled back. The resident said if staff offered some activities on the weekends, he/she would definitely go and participate. During an interview on 09/10/24 at 3:17 P.M., Resident #2 said there is nothing to do on the weekends. The resident said when the Activities Director (AD) says goodbye to the residents on a Friday, they don't see the AD again until Monday. He/She said it would be nice if the facility could hire someone to do stuff on the weekends with the residents, since the AD cannot be at the facility all the time. During an interview on 09/12/24 at 11:37 A.M., the AD said he/she puts out books and puzzles for the weekends. He/She said he/she is not physically in the facility on the weekends to do activities. He/She said there are no staff led activities on the weekends. He/She said he/she was not aware that there needed to be staff led activities on the weekends. During an interview on 09/12/24 at 1:30 P.M., the Director of Nursing (DON) said there are card or board games on the weekends for the residents to play. He/She said there are no staff led activities on the weekends. He/She said he/she was aware that there are supposed to be activities on the weekends. He/She said he/she does not know why they are not being done on the weekend. During an interview on 09/12/24 at 2:14 P.M., the administrator said on the weekends the residents have coloring sheets and puzzles. He/She said the aides can help with activities if they have time on the weekends. He/She said there are no scheduled activities on the calendar for the weekends. 50422

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	09/12/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39644 Reviewed AT Based on observation, interview, and record review, facility staff failed to ensure residents' environment remained free of accident hazards when staff failed to ensure resident rooms were free of smoking materials for three unsupervised residents who smoke (Resident #16, #27 and #31) out of five sampled residents. The facility census was 35. 1. Review of the facility's Resident Smoking Policy, undated, showed independent smokers will be issued lockers with a lock and a key. Smoking materials may not be kept in resident rooms. 2. Review of Resident #16's Admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 06/14/24, showed staff assessed the resident as cognitively intact. Observation on 09/09/24 at 2:30 P.M., showed the resident had a half carton of cigarettes on the floor by the residents bed. Observation showed an oxygen concentrator in the residents room next to his/her bed. Observation on 09/10/24 at 10:15 A.M., showed the resident had a half carton of cigarettes on the floor by the residents bed. Observation on 09/10/24 at 2:50 P.M., during the Life Safety Code tour showed the resident wore a nasal cannula with oxygen being delivered at four liters per minute from an oxygen concentrator. Observation showed a carton of cigarettes set on the floor next to the resident's bed and an open pack of cigarettes set on the resident's walker, which was next to the bed. Observation showed the resident also kept a lighter in his/her walker. During an interview on 09/10/24 at 2:51 P.M., the resident said he/she was an independent smoker. The resident said he/she kept cigarettes and a lighter in his/her room. Observation on 09/12/24 at 1:00 P.M., showed the resident walked down the hallway with his/her walker, with a pack of cigarettes in basket of the walker. The resident entered their room. 3. Review of Resident #27's Admission MDS, dated [DATE], showed staff assessed the resident as cognitively intact. Observation on 09/09/24 at 11:05 A.M., showed the resident with one pack of cigarettes on his/her bedside table in room. During an interview on 9/09/24 at 11:05 A.M., resident said he/she is an independant smoker and is able to go out to smoke anytime he/she wants to. He/She said that he/she keeps open pack of cigerattes with him/her to go outside anytime. (continued on next page)

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	09/12/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 09/10/24 at 11:25 A.M., showed the resident with one pack of cigarettes on his/her bedside table in room. Observation on 09/11/24 at 10:38 A.M., showed the Resident had one pack of cigarettes on his/her bedside table in room. 4. Review of Resident #31's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact. Observation on 09/09/24 at 11:50 A.M., showed the resident with two packs of cigarettes on his/her bedside table in his/her room. Observation on 09/10/24 at 2:53 P.M., showed the resident with an open pack of cigarettes and two lighters on his/her bedside table next to bed. Observation on 09/10/24 at 3:30 P.M., showed the resident with one pack of cigarettes on his/her bedside table in his/her room. Observation on 09/11/24 at 10:35 A.M., showed the resident with two packs of cigarettes and a pink disposable electronic cigarette on his/her bedside table in room. 5. During an interview on 09/12/24 at 2:00 P.M., Certified Nurse Aid (CNA) F said smoking materials are kept in the medication room for supervised smokers and unsupervised smokers material keep smoking materials in their room. CNA F said he/she does not know what the facility policy says about smoking materials. The CNA said there are lockers but has never seen residents put their cigarettes or lighters in them lockers. During an interview on 09/12/24 at 2:02 P.M., Registered Nurse (RN) D said unsupervised residents keep their cigarettes and lighter in a locked locker. He/She said if he/she sees a resident with smoking materials in their room, he/she takes another staff member into residents' room, takes the smoking materials, and takes them to the Director of Nursing (DON) to discuss further. He/She said if resident has oxygen and has smoking materials it is a risk for expulsion or a chance that another resident can come in the room and take them. During an interview on 09/12/24 at 3:45 P.M., the Director of Nursing (DON) said residents who have oxygen should not have have a lighter or cigarettes on them, because this is a fire hazard and an explosion could happen. The DON said residents should keep their cigaretts and lighters in a locker, to which they have a key for. The DON said all staff are responsible to make sure these items, to include vapes are not in a residents room. During an interview on 09/10/24 at 4:00 P.M., the administrator said independent smokers were required to keep cigarettes and lighters in lockers located in the little dining room. The administrator said several residents kept cigarettes and lighters in their possession during the day. The administrator said if a resident is using oxygen they should not have cigarettes or lighters in their room. 45564 50422

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	09/12/2024

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 50422 AT Based on interview and record review, facility staff failed to provide the services of a Registered Nurse (RN) for at least eight consecutive hours per day, seven days a week. The facility census was 35. 1. Review of the facility's Staffing, Sufficient and Competent Nursing Policy, undated, showed the facility provides sufficient numbers of nursing staff with appropriate skills and competency necessary to provide nursing and related care and services 24 hours a day, including a registered nurse for at least 8 consecutive hours daily, seven days a week. 2. Review of the facility's RN staff schedule, dated June 2024, showed the facility did not have an RN in the building on: -06/28/24; -06/29/24; -06/30/24. 3. Review of the facility's RN staff schedule, dated July 2024, showed the facility did not have an RN in the building on: -07/04/24; -07/05/24; -07/06/24; -07/07/24; -07/08/24; -07/09/24; -07/10/24; -07/22/24; -07/27/24; -07/28/24. (continued on next page)

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	09/12/2024

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	4. Review of the facility's RN staff schedule, dated August 2024, showed the facility did not have an RN in the building on: -08/03/24; -08/04/24; -08/24/24; -08/25/24. 5. During an interview on 09/12/24 at 1:33 P.M., the Director of Nursing (DON) said there was no one else available to cover the shifts he/she was not available. He/She said it is a risk not having a RN in case of an emergency and no RN would be available. During an interview on 09/12/24 at 2:14 P.M., the administrator said he/she was not aware there were days with no RN coverage. He/She said he/she expects there to be RN coverage daily. He/She said the risk of not having RN coverage daily is not meeting the requirements.

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	09/12/2024

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 50422 AT Based on observation, interview, and record review, facility staff failed to complete the required nurse staffing information to include the facility census. The facility census was 35. 1. Review of the facility's Posting Direct Care Daily Staffing Numbers policy, dated 08/2022, showed the information recorded on form shall include the resident census at the beginning of the shift for which the information is posted. Records of staffing information for each shift are kept for a minimum of eighteen months. 2. Review of facility's daily staffing sheets, dated August 2024, showed the sheets did not contain facility census on: -08/11/24; -08/12/24; -08/13/24; -08/14/24; -08/19/24; -08/24/24; -08/24/24; -08/25/24; -08/26/24; -08/27/24; -08/28/24. 3. Review of facility's daily staffing sheets, dated September 2024, showed the sheets did not contain facility census on the following dates: -09/01/24; -09/03/24; -09/04/24; (continued on next page)

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	09/12/2024

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	-09/05/24. 4. Review of facility's daily staffing sheets, dated August 2024, showed facility staff did not provide a daily staffing sheet for the following dates: -08/05/24; -08/07/24; -08/08/24; -08/09/24; -08/10/24; -08/15/24; -08/16/24; -08/20/24; -08/21/24; -08/22/24; -08/23/24; -08/30/24. 5. Review of facility's daily staffing sheets, dated September 2024, showed facilty staff did not provide a daily staffing sheet for the following dates: -09/02/24; -09/06/24; -09/07/24. During an interview on 09/12/24 at 1:36 P.M., the Director of Nursing (DON) said he/she expects the daily staffing sheet to be posted daily. He/She said the night shift nurse is responsible for filling it out and posting it. He/She said the sheet should include how many staff, hours worked, and resident census. He/She said he/she is responsible for ensuring the daily staffing sheet is completed. He/She said the night nurse must have had a busy night and the facility census and daily sheets were missed being done. (continued on next page)

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	09/12/2024

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	During an interview on 09/12/24 at 2:19 P.M., the administrator said he/she expects the staffing daily sheet to be posted every day. He/She said the night shift nurse is responsible for filling the sheet out daily. He/She expects all the information on the sheet to be filled out, including the facility census. He/She it is the DON's who ensures the daily staffing sheet is completed daily. He/She said there shouldn't be a reason that there were no daily sheets done.

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	09/12/2024

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47193 AT Based on observation, interview, and record review, facility staff failed to maintain a medication error rate of less than 5% out of 42 opportunities observed, 21 errors occurred, resulting in a 50% error rate, which effected four residents (Resident #13, #14, #20, and #27) out of 11 sampled residents. The facility census was 35. 1. Review of the Facility's Administering Medication policy, revised April 2019, showed medications are administered in accordance with prescriber orders and the individual administering the medication checks the label three (3) times to verify the right dose before giving the medication. 2. Review of Resident #14's Annual Minimum Data Set (MDS), a federally mandated assessment tool, dated 08/12/24, showed staff documented the resident diagnosis of gastroesophageal reflux disease ((GERD) acid indigestion). Review of the resident's physician's order sheets (POS), dated September 2024, showed an order for Calcium Carbonate (Calcium supplement or to relieve acid indigestion) 500 milligrams (mg) by mouth three times daily. Observation on 09/10/24 at 12:15 P.M., showed Certified Medication Technician (CMT) C administered calcium carbonate 750 mg to the resident. During an interview on 09/11/24 at 3:32 P.M., CMT C said he/she would consider giving 750mg of calcium carbonate instead of 500 mg as a medication error. He/She said he/she was wondering why it was a different amount. He/She said staff are expected to use and give the ordered dose of calcium carbonate. He/She said there is not anything required for him/her to do differently when he/she has a medication error. During an interview on 09/11/24 at 3:50 P.M., Registered Nurse (RN) D said if a medication is given that is not the ordered dose it is a medication error, even if calcium carbonate. He/She said it should not be given and he/she thinks the wrong dose is in the medication cart because they have had changes in administrative staff and who is ordering stock medications. He/She said there have been issues since it has been passed around to different people and it was better when one person was responsible for ordering them. During an interview on 09/12/24 at 1:10 P.M., the Director of Nursing (DON) said he/she would consider it a medication error if the wrong dose of medication was given. He/She said he/she was not aware staff were giving the wrong dose of calcium bicarbonate. He/She said he/she believes the reason the wrong dose was in the medication cart was because recently a staff member had to run to a local store to pick one up and grabbed the wrong dose. He/She said that is not normal practice. (continued on next page)

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	09/12/2024

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 09/12/24 at 2:17 P.M., the administrator said he/she expects his/her staff to give medications according to the physician orders. He/She said if medications are not given per the physicians orders he/she would consider that a medication error and staff should notify the charge nurse, physician, and/or DON. 3. Review of the Facility's Administering Medication policy, revised April 2019, showed: -Medications are administered in accordance with prescriber orders, including any required time frame; -Medications are administered within one hour of their prescribed time, unless otherwise specified (for example, before and after meal orders); -The individual administering the medication checks the label three times to verify the right time before giving the medication. Review of the Facility's Medication Pass times, provided at entrance, showed morning (A.M.) medication pass from 6:00 A.M.-9:00 A.M. and noon medication pass is from 11:00 A.M.-1:00 P.M. 4. Review of Resident #13's POS, dated September 2024, showed staff is directed to administer medications between 8:00 A.M.- 9:00 A.M.: -Benztropine Mesylate (for treatment of Parkinson's disease) 2 mg; -Calcitriol (to treat chronic kidney disease) 0.25 Microgram (mcg); -Clozapine (treatment of psychiatric disorders) 50 mg; -Fluvoxamine Maleate (treats depression) 50 mg; -Folic Acid (treatment of anemia) 1 mg; -Gabapentin (neuropathy) 300 mg; -Gemfibrozil (treatment of high cholesterol) 600 mg; -Haloperidol (antipsychiatric medication) 5 mg; -Hydralazine (treat high blood pressure) 25 mg; -Metoprolol tartrate (treat high blood pressure) 25 mg; -Sodium bicarbonate (Antacid) 650 mg; -Tamsulosin HCL (to treat enlarge prostate) 0.4 mg; -Lorazepam (treat anxiety) 1 mg. (continued on next page)

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	09/12/2024

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 09/11/24 at 10:49 A.M., showed CMT C administered Benztropine Mesylate, Calcitriol, Clozapine, Fluvoxamine Maleate, Folic Acid, Gabapentin, Gemfibrozil, Haloperidol, Hydralazine, Metoprolol Tartrate, Sodium Bicarbonate, Tamsulosin HCL, and Lorazepam. The CMT administered the medication one hour and forty-nine minutes after the scheduled administration time. 5. Review of Resident #27's POS, dated September 2024, showed staff is directed to administer the following medications between 08:00 A.M.- 09:00 A.M.: -Cyanocobalamin (Vitamin B12 deficiency) 1000 mcg; -Eliquis (blood thinner) 5 mg; -Metformin HCL ER (treatment for high blood sugar) 500 mg; -Tamsulosin HCL 0.4 mg; -Venlafaxine HCL ER (treatment of depression) 75 mg; -Pregabalin (treatment of nerve pain) 150 mg; -Oxycodone HCL (pain relief) 5 mg. Observation on 09/11/24 at 11:00 A.M., showed CMT C administered Cyanocobalamin, Eliquis, Metformin HCL ER, Tamsulosin HCL, Venlafaxine HCL ER, Pregabalin, and Oxycodone HCL. The CMT administered the medication two hours after the scheduled administration time. During an interview on 09/11/24 at 3:32 P.M., CMT C said his/her morning medication pass was late. He/She said it is not uncommon for him/her to run late on his/her morning medication pass. He/She said it is hard to do both the skilled nursing facility (SNF) and residential care facility (RCF) residents all on his/her own in the required time frames. He/She said he/she has around 45 residents to get done within the time frame and do blood pressure checks. He/She said he/she thinks it is a staffing issue and it would be better if he/she had another CMT to help pass the medications. He/She said he/she has from 7:00 A.M.-10 A.M. to finish the morning medication pass and sometimes goes over the time. He/She said medication passes for the morning are from 7:00 A.M.-10:00 A.M., Noon pass from 12:00 P.M.- 2:00 P.M., evening 3:00 P.M.- 6:00 P.M He/She said when medications are late there is not anything he/she has been instructed to do different. He/She said their system documents that it is late for him/her. He/She said he/she has never been instructed to notify the physician, charge nurse, or DON when medications are late. During an interview on 09/11/24 at 3:50 P.M., RN D said late medication are a medication error. He/She said if medication are given late staff should be notifying the physician that they are late. He/She said the physician ordered them a certain way and there could be special reasons they are at a scheduled time. He/She said medications that are twice daily or three times daily should be looked at so that medications are not given too close together. He/She said medications given too close together could cause side effects or over dose. (continued on next page)

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	09/12/2024

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 09/12/24 at 1:10 P.M., the DON said he/she would consider medications given at the wrong time or late as a medication errors. He/She said morning medication pass is from 6 A.M. to 9 A.M. and staff get an hour leeway to pass medications. During an interview on 09/12/24 at 2:17 P.M., the administrator said staff should administer medications according to the physician orders and the time frame given by the physician. He/She said the concern for being given outside the parameters would be that medication are given multiple times daily may be given too close together. He/She would expect staff to notify the physician if medications are late. 6. Review of the Novolog manufacturers prescribing information insert, dated 02/2023, showed before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air and to enusre proper dosing follow the below: -Turn the selector to select two units; -Hold the pen with the needle pointing up, tap the cartridge gently with your finger a few times to make any air bubbles collect at the top of the cartridge; -Keep the needle pointing upwards, press the push button all the way in, the dose selector returns to zero; -A drop of insulin should appear at the needle tip. 7. Review of Resident #20's Quarterly MDS, dated [DATE], showed staff documented the resident diagnosis of Diabetes Mellitus and received insulin injections seven days of the seven days in the look back period. Review of the resident's POS, dated September 2024, showed an order for NovoLOG FlexPen (rapid-acting insulin) inject per sliding scale for a blood sugar of greater than 325 inject six units subcutaneous (under the skin). Observation on 09/11/24 at 11:20 A.M., showed RN D took the lid off the Novolog flexpen, applied the needle, and dialed in six units of insulin. The RN did not to prime the insulin pen before he/she administered the insulin into the resident's abdomen. During an interview on 09/11/24 at 3:50 P.M., RN D said when using the insulin pen, staff should check the medication administration rights, take the lid off the pen, attach the needle, and dial in the dose. He/She said pens need to be primed the first time they are opened and then do not need to be primed after. He/She said staff are given new employee education regarding insulin administration but no further education after. Why did During an interview on 09/12/24 at 2:19 P.M., the administrator said he/she expects staff to verify the physicians orders, clean the pen, attach the needle, prime the pen, and then dial in the dose before administration. He/She said it is important to prime the pen to ensure the resident gets the correct dose of insulin. (continued on next page)

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	09/12/2024

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 09/12/24 at 3:08 P.M., the DON said when staff administer insulin via pen to a resident, he/she expects staff to first wipe the rubber seal on the pen, attach the needle, prime the pen with two units of insulin, dial the pen to the ordered dose, and administer the insulin to an appropriate site. The DON said if staff did not prime the pen prior to dialing the ordered dose, he/she may not administer the full dose of the insulin medication to the resident, which would result in a medication error.

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	09/12/2024

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 45564 Reviewed-sk/at Based on interview and record review, the facility staff failed to designate a person to serve as the Director of Food and Nutrition Services with the appropriate qualifications, when the facility did not employ a qualified dietitian or other clinically qualified nutrition professional full-time. This failure has the potential to affect all residents. The facility census was 35. 1. Review of the facility provided policies, showed the records did not contain a policy related to the qualifications for Director of Food and Nutrition Services. During an interview on 09/10/24 at 9:08 A.M., the dietary supervisor (DS) said he/she started in the dietary supervisor position about three months prior. The DS said he/she had taken food handler courses in the past but had never taken any type of food service manager courses. The DS said he/she thought he/she was signed up for an on-line food service manager course but the assistant administrator had the paperwork. The DS said he/she had not started the food service manager course because the kitchen was short staffed and he/she had to work in the kitchen. During an interview on 09/12/24 at 3:35 P.M., the administrator said he/she was responsible for ensuring the dietary manager had proper training and qualifications. The administrator said he/she thought the dietary manager could complete training after hired to the position. The administrator said he/she did not realize the dietary manager had to have dietary manager qualifications when hired.

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	09/12/2024

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 - Some	Provide and implement an infection prevention and control program. 39644 AT Based on interview and record review, facility staff failed to ensure the two-step purified protein derivative ((PPD) skin test for Tuberculosis (TB)) was completed in accordance with their policy and on file for four employees (Director of Nursing (DON)), Licensed Practical Nurse (LPN) A, Dietary B, and Minimum Data Set (MDS) coordinator) out of ten employee files reviewed. The facility census was 35. 1. Review of the Facility's Employee Screening for TB, revised March 2021, showed: -All employees are screened for latent tuberculosis (LTBI) and active TB disease, using tuberculin skin test (TST) or interferon gamma release assay (IGRA) and symptom screening prior to beginning employment; -Each newly hired employee is screened for LTBI and active TB disease after an employment offer has been made but prior to the employee's duty assignment. Review of the Center for Disease Control and Prevention's, Clinical Testing Guidance for TB: TB Skin Tests, Dated May 14, 2024, showed: -Two-Step testing; -If the first skin test is negative, a second TB skin test should be done 1to 3 weeks later; -If the second TB skin test result is positive, it is probably a boosted reaction; -Interpreting test results; -The skin test reaction should be read between 48-72 hours after administration by a health care worker trained to read TB skin results. 2. Review of DON's employee file showed: -Hire date of 09/16/23; -First step PPD administered on 09/26/23 and read on 09/29/23; -Second step PPD administered on 10/03/23; -Staff did not wait seven-21 days after the first dose to administer the second step PPD. 3. Review of LPN A's employee file showed: -Hire date of 08/18/23; (continued on next page)

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	09/12/2024

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 - Some	-First step PPD administered on 08/15/23 and read on 08/18/23; -Second step PPD administered on 08/23/23; -Staff did not wait seven-21 days after the first dose to administer the second step PPD. 4. Review of Dietary B's employee file showed: -Hire date of 11/17/23; -First step PPD administered on 10/20/23 and read on 10/23/23; -Second step PPD administered on 10/27/23; -Staff did not wait seven-21 days after the first dose to administer the second step PPD. 5. Review of MDS coordinator's employee file showed: -Hire date of 08/26/24; -The file did not contain documentation staff administered the two step PPD. During an interview on 09/10/24 at 10:46 A.M., the Business Office Manager (BOM) said he/she and the department heads had covid when the MDS coordinator was hired, and his/her Two step TB was never started. 6. During an interview on 09/11/24 at 10:01 A.M., the Director of nursing said he/she is responsible for ensuring two step TB's are completed. He/She said he/she starts the first step prior to hire. He/She said TB's a read 48-72 hours after administration and the second step is give one to three weeks after the first step. He/She said he/she has been in the DON position for a year and he/she is unsure why some TB's were not completed in the appropriate time frames. During an interview on 09/12/24 at 2:17 P.M., the administrator said two step TB's are initiated before hire. He/She said he/she expects TB's to be read 48-72 hours after administration and the second step to be completed one to three weeks after the first step. He/She said the DON is responsible for ensuring TB's are completed in the appropriate times frames. He/She was not aware that there was a staff member who did not have the two step TB completed or that there were TB's that were not completed in the appropriate time frames.