

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375575	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Lakeview Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 607 Woodland Avenue Eufaula, OK 74432	

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)
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>33097</p> <p>Based on record review and interview, the facility failed to ensure a referral to the LOCEU was made when a resident had a diagnosis of a serious mental illness for one (#30) of 2 sampled residents reviewed for PASARR.</p> <p>The administrator identified 55 residents who resided in the facility.</p> <p>Findings:</p> <p>Resident #30 had diagnoses which included schizoaffective disorder and anxiety disorder.</p> <p>A PASARR form, dated 03/03/22, showed the resident did not have a diagnosis of a serious mental illness.</p> <p>The care plan, dated 09/24/24, showed the resident received psychotropic medication.</p> <p>An annual assessment, dated 12/20/24, showed the resident had a psychiatric/mood disorder. The assessment showed the resident was not currently considered by the state level II PASARR process to have a serious mental illness and/or intellectual disability or a related condition.</p> <p>On 02/11/25 at 3:06 p.m., MDS/PASARR coordinator #1 stated the level I was correct, but with a new diagnosis of schizoaffective disorder a level II referral should have been made.</p>

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>41318</p> <p>Based on observation, record review, and interview, the facility failed to ensure an insulin vial was cleaned prior to administration for 1 (#27) of 1 sampled resident observed for insulin administration.</p> <p>The assistant director of nursing identified four residents received insulin.</p> <p>Findings:</p> <p>A Specific Medication Administration policy, dated April 2018, showed staff were to clean the stopper and the top of the vial, with an alcohol pad, and allow it to air dry.</p> <p>On 02/11/25 at 10:42 a.m., LPN #1 was observed to prepare an insulin injection for Resident #27. They did not clean the top of the insulin vial prior to drawing up the insulin.</p> <p>On 02/11/25 at 10:44 a.m., LPN #1 administered the insulin to Resident #27.</p> <p>On 02/11/25 at 10:47 a.m., LPN #1 stated they were supposed to clean the top of the insulin vial but, forgot.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47453</p> <p>Based on observation, record review, and interview, the facility failed to ensure the deep fryer was clean and free of food particles and the splash guard on side of stove was cleaned routinely.</p> <p>The administrator identified 55 residents resided in facility and received their food from the kitchen.</p> <p>Findings:</p> <p>A Sanitization policy, revised October 2008, read in part, the food service area shall be maintained in a clean and sanitary manner, and for fixed equipment, the removable components will be scraped to remove food particle accumulation.</p> <p>On 02/10/25 at 10:20 a.m., a tour of the kitchen was conducted. The deep fryer was dirty with dried food particles and there was an accumulation of grease on the splash guard attached to the stove.</p> <p>On 02/11/25 at 8:53 a.m., a tour of the kitchen was conducted. The deep fryer was dirty with dried food particles and there was an accumulation of grease on the splash guard attached to the stove.</p> <p>On 02/11/25 at 8:56 a.m., dietary aide #1 was asked when was the deep fryer and the side of the stove cleaned. They stated they thought the food was from last night and they thought the fryer got cleaned every week, but was not sure.</p> <p>02/11/25 at 12:54 p.m., the CDM was asked how long had the food particles on the inside tray of the deep fryer been there. They stated probably from yesterday and should have been cleaned. The CDM was then asked when the splash guard on the stove next to the deep fryer was wiped down and/or cleaned. They stated they did not remember when the last time it was cleaned.</p>		