STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395867	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeview Healthcare and Rehab	15 West Willow Street Smethport, PA 16749

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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow resident to participate in the development and implementation of his or her person-centered plan of care. Based on review of facility policy, clinical records, and facility record review, and resident and staff interviews, it was determined that the facility failed to ensure the resident and/or resident representative was offered the opportunity to participate in the development, review, and/or revision of their person-centered care plan for five of 13 residents reviewed (Residents R5, R7, R25, R26, and R33).Findings include: Facility policy entitled Resident Participation - Assessment/Care Plans dated 5/02/25, revealed the resident and his or her representative are encouraged to participate in the resident's assessment and in the development and implementation of the resident's care plan. Facility staff supports and encourages resident/representative participation in the care planning process by ensuring that residents, representative and families understand the care planning process, holding care planning meetings at times of day when the resident, representative and family members can attend and are functioning at their best, providing sufficient notice in advance of the meeting, and planning for enough time for exchange of information and decision making. Resident assessments are begun on the first day of admission and completed no later than the fourteenth (14th) day after admission. A comprehensive care plan is developed within seven (7) days of completing the resident assessment. A seven (7) day advance notice of the care planning conference is provided to the resident and his or her representative. Such notice is made by mail and/or telephone. The social services director or designee is responsible for notifying the resident/representative and for maintaining records of such notices. Facility policy entitled Care Plans, Comprehensive Person-Centered dated 5/02/25, revealed a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. 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 resident is informed of his or her right to participate in his or her treatment and provided advance notice of the care planning conferences. If the participation of the resident and his/her resident representative in developing the resident's care plan is determined to not be practicable, an explanation is documented in the resident's medical record. The explanation should include what steps were taken to include the resident or representative in the process. Resident R5's clinical record revealed an admission date of 7/17/25, with diagnoses that included chronic obstructive pulmonary disease (COPD, a group of diseases that affect how a person breathes causing shortness of breath), hyperlipidemia (high cholesterol in a person's blood), high blood pressure, and muscle weakness. Resident R5's clinical record revealed a Quarterly MDS (Minimum Data Set - federally mandated standardized assessment conducted at specific intervals to plan resident care needs) assessment, with an Assessment Reference Date (ARD - a look back period of time for the MDS assessment) of 3/25/26. The clinical record lacked any evidence that the resident or resident representative was invited to or attended a care plan meeting in conjunction with the 3/25/26, Quarterly MDS. Resident R5's clinical record lacked evidence that Resident R5 and/or his/her representative were invited to participate in his/her care plan conference, or that a care plan conference was completed quarterly. Interview on 4/28/26, (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
	395867	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeview Healthcare and Rehab	15 West Willow Street Smethport, PA 16749

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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	at 3:05 p.m. Resident R5 and Resident R5's representative revealed they did not recall attending or being offered the opportunity to participate in the development, review, and/or revision of Resident R5's person-centered care plan. Interview, in addition to a review of facility records of care plan meetings provided by the Social Service Director on 4/30/26, at 1:55 p.m. revealed that Resident R5's last care plan meeting was held on 6/02/25. The Social Services Director further confirmed the care plan conference for Resident R5 was overdue and should be completed quarterly. Resident R7's clinical record revealed an admission date of 5/23/25, with diagnoses that included Huntington's Disease (a disease causing nerve cells in the brain to decay over time), anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), and insomnia. Resident R7's clinical record revealed Quarterly MDS assessments, with ARD's of 11/19/25 and 2/16/26. The clinical record lacked any evidence that the resident or resident representative was invited to or attended a care plan meeting in conjunction with the 11/19/25 or 2/16/26 Quarterly MDS assessments. Resident R7's clinical record lacked evidence that Resident R7 and/or his/her representative were invited to participate in his/her care plan conference, or that a care plan conference was completed quarterly. Interview, in addition to a review of facility records of care plan meetings provided by the Social Service Director on 4/30/26, at 1:55 p.m. revealed that Resident R7's last care plan meeting was held on 6/16/25. The Social Services Director further confirmed the care plan conference for Resident R7 was overdue and should be completed quarterly. Resident R25's clinical record revealed an admission date of 11/29/24, with diagnoses that included Alzheimer's Disease (brain disorder that slowly destroys memory, thinking skills, and, over time the ability to carry out the simplest tasks), Depression (condition characterized by persistent feeling of sadness loss of interest in activities once enjoyed), and high blood pressure. Resident R25's clinical record revealed Quarterly MDS assessments with ARD's of 8/11/25, 12/17/25, 2/1/26, and 4/16/26. The clinical record lacked any evidence that the resident or resident representative was invited to or attended a care plan meeting in conjunction with the 8/11/25, 12/17/25, 2/1/26, and 4/16/26 Quarterly MDS assessments. Resident R25's clinical record lacked evidence that Resident R25 and/or his/her representative were invited to participate in his/her care plan conference, or that a care plan conference was completed quarterly. Interview, in addition to a review of facility records of care plan meetings provided by the Social Service Director on 4/30/26, at 1:55 p.m. revealed that Resident R25's last care plan meeting was held on 3/3/25. The Social Services Director further confirmed the care plan conference for Resident R25 was overdue and should be completed quarterly. Resident R26's clinical record revealed an admission date of 10/10/23, with diagnoses that included Heart Failure (a chronic condition in which the heart doesn't pump blood as well as it should), depression, and high blood pressure. Resident R26's clinical record revealed Quarterly MDS assessments with ARD's of 10/16/25, 1/7/26, and 4/8/26. The clinical record lacked any evidence that the resident or resident representative was invited to or attended a care plan meeting in conjunction with the 10/16/25, 1/7/26, and 4/8/26 Quarterly MDS assessments. Resident R26's clinical record lacked evidence that Resident R26 and/or his/her representative were invited to participate in his/her care plan conference, or that a care plan conference was completed quarterly. Interview, in addition to a review of facility records of care plan meetings provided by the Social Service Director on 4/30/26, at 1:55 p.m. revealed that Resident R26's last care plan meeting was held on 7/3/25. The Social Services Director further confirmed the care plan conference for Resident R26 was overdue and should be completed quarterly. Resident R33's clinical record revealed an admission date of 5/20/24, with diagnoses that included Atrial Fibrillation (A-Fib - irregular and often rapid heartbeat that can lead to stroke, heart failure, and other complications), anxiety, and high blood pressure. Resident R33's clinical record revealed Quarterly MDS assessments with ARD's of 9/30/25, 12/31/25, and 3/26/26. The clinical record lacked any evidence that the resident or resident representative was invited to or attended a care plan meeting in conjunction with the 9/30/25, 12/31/25, and 3/26/26 Quarterly MDS assessments. Resident R33's clinical record lacked evidence that Resident R33 and/or (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395867	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeview Healthcare and Rehab	15 West Willow Street Smethport, PA 16749

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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	his/her representative were invited to participate in his/her care plan conference, or that a care plan conference was completed quarterly. Interview, in addition to a review of facility records of care plan meetings provided by the Social Service Director on 4/30/26, at 1:55 p.m. revealed that Resident R33's last care plan meeting was held on 7/14/25. The Social Services Director further confirmed the care plan conference for Resident R33 was overdue and should be completed quarterly. 28 Pa. Code 201.29(a) Resident Rights

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395867	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeview Healthcare and Rehab	15 West Willow Street Smethport, PA 16749

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to provide a written summary of the baseline care plan and order summary to the resident and/or representative for three of 13 residents reviewed (Residents R3, R5, and R6). Findings include: A facility policy entitled Care Plans - Baseline dated 5/02/25, revealed a baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission. The resident and/or representative are provided a written summary of the baseline care plan (in a language that the resident/representative can understand) that includes, but is not limited to the following: a. The stated goals and objectives of the resident; b. A summary of the resident's medications and dietary instructions; c. Any services and treatments to be administered by the facility and personnel acting on behalf of the facility; and d. Any updated information based on the details of the comprehensive care plan, as necessary. Provision of the summary to the resident and/or resident representative is documented in the medical record. Resident R3's clinical record revealed an admission date of 10/25/25, with diagnoses that included multiple sclerosis (a central nervous system autoimmune condition where the immune system attacks the fatty tissue around the body's nerves), elevated white blood count (increased infection fighting cells in your body that fight an infection and/or inflammation or a disorder of the white blood cells), dysphagia (difficulty swallowing), and diabetes mellitus (a chronic disease affecting how the body regulates blood sugar in the body's blood). R3's clinical record lacked evidence that a written summary of the baseline care plan and order summary was provided to Resident R3 and/or his/her representative. Resident R5's clinical record revealed an admission date of 7/17/25, with diagnoses that included chronic obstructive pulmonary disease (COPD, a group of diseases that affect how a person breathes causing shortness of breath), hyperlipidemia (high cholesterol in a person's blood), high blood pressure, and muscle weakness. R5's clinical record lacked evidence that a written summary of the baseline care plan and order summary was provided to Resident R5 and/or his/her representative. Resident R6's clinical record revealed an admission date of 9/06/25, with diagnoses that included schizoaffective disorder (a mental health condition with symptoms such as hallucinations, delusions, and mood disorders with symptoms including depression and mania), high blood pressure, diabetes mellitus, and osteoporosis (a disease affecting the strength of the body's bone structure allowing the destruction of the bone mass). R6's clinical record lacked evidence that a written summary of the baseline care plan and order summary was provided to Resident R6 and/or his/her representative. During an interview on 4/30/26, at 1:50 p.m. the Director of Nursing confirmed there was no evidence that a written summary of the baseline care plan and order summary were provided to Residents R3, R5, and R6 and/or their representatives. 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395867	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeview Healthcare and Rehab	15 West Willow Street Smethport, PA 16749

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on review of facility policies, observations, and staff interview, it was determined that the facility failed to serve food in a safe and sanitary manner during tray line in the main kitchen.Findings include: Review of a facility policy entitled Food Preparation and Service dated 5/2/25, revealed Food and Nutrition services employees prepare, distribute and serve food in a manner that complies with safe food handling practices; cross-contamination can occur when harmful substances, chemical or disease-causing microorganisms are transferred to food by hands (including gloved hands); food and nutrition service staff wash their hands before serving food to residents; gloves are worn when handling food directly and changed between tasks. Observations during tray line on 4/29/26, at 11:18 a.m. revealed Employee E1 picked up tongs from the floor, placed the dropped tongs on another counter and continued to plate food without changing gloves or performing hand hygiene which was witnessed by the Dietary Manager. During an interview on 4/29/26, at 11:20 a.m. the Dietary Manager confirmed Employee E1 picked up tongs from the floor, placed the dropped tongs on another counter and continued to plate food without changing gloves or performing hand hygiene. He/she also confirmed that the employee should have performed hand hygiene and changed gloves after picking up the dropped tongs from the floor. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management