

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185258		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/31/2025	
NAME OF PROVIDER OR SUPPLIER LAKE WAY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2607 MAIN STREET P.O. BOX 385, BENTON, Kentucky, 42025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>Based upon the implementation of the acceptable Plan of Correction, the facility was deemed to be in compliance on 07/29/2025, as alleged.</p>			F0000			

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 reverse for further 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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NAME OF PROVIDER OR SUPPLIER LAKE WAY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2607 MAIN STREET P.O. BOX 385, BENTON, Kentucky, 42025			
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F0000	<p>INITIAL COMMENTS</p> <p>A Standard Recertification Survey and an Abbreviated Survey investigating KY00039881, KY00040437, KY00043353 AND KY00045679 was concluded on 07/09/2025. The facility was found not to be in substantial compliance with 42 CFR 483 subpart B. Regulatory violations were cited at scope and severity of "F".</p> <p>There were no deficiencies issued related to KY00039881, KY00040437, KY00043353, and KY00045679.</p> <p>Survey Dates: 07/07/2025 - 07/09/2025</p> <p>Survey Census: 84</p> <p>Sample Size: 22</p> <p>Supplemental Residents: 2</p>	F0000					
F0882 SS = F	<p>Infection Preventionist Qualifications/Role</p> <p>CFR(s): 483.80(b)(1)-(4)</p> <p>§483.80(b) Infection preventionist</p> <p>The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility's IPCP. The IP must:</p> <p>§483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;</p> <p>§483.80(b)(2) Be qualified by education, training, experience or certification;</p> <p>§483.80(b)(3) Work at least part-time at the facility; and</p>	F0882					

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F0882 SS = F	<p>Continued from page 1</p> <p>§483.80(b)(4) Have completed specialized training in infection prevention and control.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interviews and review of facility policies, the facility failed to have a designated Infection Preventionist (IP) who was responsible for the facility's Infection Control Program which had the potential to affect 84 of 84 residents.</p> <p>The findings include:</p> <p>During the entrance conference on 07/07/2025 at 9:21 AM, the Administrator stated the facility had an Infection Preventionist (IP).</p> <p>Review of the facility policy titled, "Infection Prevention and Control Program" dated 04/2023, revealed, "the Infection Prevention and Control Program (IPCP) of the facility was designated to establish and maintain an effective program that provided a safe, sanitary and comfortable environment. Further review revealed the facility's IPCP "attempted to prevent the development and the transmission of diseases and infections."</p> <p>Review of the facility policy titled, "Infection Control Preventionist" dated 04/2023, revealed "the facility would designate an Infection Control Preventionist (ICP) in compliance with federal, state, or local laws". Continued review revealed, "the responsibilities of the ICP were listed as follows:" performance of surveillance for the identification, investigation, and documentation of facility-acquired infections, and reviewing and analyzing facility data. Further review revealed the ICP's responsibilities also included: reporting infections to the appropriate local or state agency as required, and providing measures to prevent common infection in nursing home residents and/or staff.</p> <p>In interview with the Administrator on 07/08/2025 at 10:32 AM, he stated the facility did not currently have a designated ICP. He stated the former ICP's spouse died "unexpectedly", and she resigned on 06/05/2025. The Administrator reported the facility did not have a designated person for the ICP at that time. He stated he thought that the MDS nurse had taken over as she had been the ICP previously, but just learned that the Assistant Director of Nursing (ADON) and the Director</p>	F0882		

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F0882 SS = F	<p>Continued from page 2 of Nursing (DON) were overseeing the ICP duties. He said he had set the Assistant Director of Nursing (ADON) up to take the infection control prevention classes for specialized training. He further stated the facility was currently using the Infection Control (IC) Nurse at the county health department when needed.</p> <p>On 07/08/2025 at 8:40 AM, the Administrator provided documentation dated 07/08/2025 at 8:08 AM, which showed the ADON had been registered for ICP training.</p> <p>The State Survey Agency (SSA) Surveyor requested to review the facility's Infection Control information on 07/08/2025 at 10:50 AM. However, the facility did not provide that information until 07/09/2025 at approximately 1:25 PM.</p> <p>Review of the monthly "Infection Tracking Logs," provided on 07/09/2025, revealed for timeframe of April-June of 2025, no concerns with infection monitoring on the part of the facility were identified.</p> <p>In interview with the Director of Nursing (DON) on 07/09/2025 at 3:44 PM, she stated the facility did not currently have a designated ICP. She stated the former ICP resigned following the "sudden death" of her spouse last month (06/05/2025). She stated she and the ADON were doing the tracking of infections. The DON said the facility followed guidelines, Centers for Disease and Control (CDC) guidelines, followed facility policies and utilized "McGreers Criteria" to determine infections. She reported infections in the facility were reviewed monthly and quarterly during the facility's Quality Assurance Performance Improvement (QAPI) meetings. The DON further stated the ICP role was important for the health of the facility's residents and staff.</p> <p>In interview with the Administrator on 07/09/2025 at 4:39 PM, he stated the facility had hired nurses in the past for its ICP role; however, those nurses did not stay. He reported he had also "signed up" the facility's new Staff Development Coordinator (SDC) for the ICP classes as well so that the facility would have a "back-up" person for the ADON. The Administrator further stated it was "extremely" important to have an ICP for the health and safety of the facility's residents and staff.</p>	F0882		