

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265522	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER Lakeview Health Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interviews and record review, facility staff failed to report an allegation of physical abuse for one resident (Resident #1) to the Department of Health and Senior Services (DHSS) within the two-hour timeframe. The facility's census was 43. 1. Review of the facility's Abuse Investigation and Reporting policy, Revised July 2014, showed an alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of an unknown source and misappropriation of resident property) will be reported immediately, but no later than two hours if the alleged violation involves abuse or has resulted in serious bodily injury; or 24 hours if the alleged violation does not involve abuse and has not resulted in serious bodily injury. Findings of abuse investigations will also be reported.2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 05/21/25, showed staff assessed the resident as follows:-Moderate cognitive impairment;-No impairment to upper (shoulder, elbow, wrist, hand) and lower (hip, knee, ankle, foot) extremities;-Independent with bed mobility, and transfers;-Required partial assistance with upper body dressing, and substantial assistance with lower body dressing;-Diagnoses to include Anxiety Disorder, Bipolar Disease, and Schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves).Review of facility's investigation report, dated 06/05/25, showed staff documented the resident reported he/she was abused by five to six individuals who were rough with him/her while they assisted to dress his/her about three to four days prior. Staff documented they assessed the resident for physical and psychological harm, investigated, in-serviced staff on abuse and neglect, and notified the resident's physician and representative. The report did not contain documentation facility staff reported the allegation to DHSS within the two-hour timeframe after the resident reported the allegation of abuse. During an interview on 07/01/25 at 10:42 A.M., the Director of Nursing (DON) said he/she completed an investigation on 06/05/25 for the resident's allegation of abuse. He/She said all allegations of abuse should be reported to DHSS within two hours, but he/she did not report to DHSS because the internal investigation did not reveal that the resident was abused.During an interview on 07/01/25 at 1:15 P.M., the assistant Director of Nursing (ADON) said all allegations of abuse should be reported to DHSS within two hours, but the resident's story kept changing, and after the investigation was completed, the administrator and corporate nurse advised staff the allegation did not need to be reported to DHSS.During an interview on 07/01/25 at 1:39 P.M., the corporate nurse said the investigation did not reveal the resident was abused, or the allegation met the requirement to be reported to DHSS.Complaint #1734617</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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NAME OF PROVIDER OR SUPPLIER Lakeview Health Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1450 Ashley Road Boonville, MO 65233	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, facility staff failed to transcribe one resident (Resident #2) out of two sampled residents medication Omeprazole (used for heartburn) order from the hospital. The facility census was 43.1. Review of the facility's Administering Medications policy, dated 2001, showed staff are directed as follows:-Medications are administered in a safe and timely manner, and as prescribed;-The individual administering the medication checks the label three times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication;-If a dosage is believed to be inappropriate or excessive for a resident, the person preparing or administering the medication will contact the prescriber, the resident's attending physician or the facility's medical director to discuss the concerns.2. Review of Resident #2's admission Minimum Data Set (MDS), a federally mandated assessment, dated 05/29/25, showed staff assessed the resident as cognitively intact, and diagnoses to include heart failure, high blood pressure, and gastroesophageal reflux disease ((GERD) a chronic form of acid reflux that causes heartburn).Review of the resident's hospital discharge orders, dated 05/22/25, showed an order for omeprazole 40 mg capsule, take one capsule by mouth daily.Review of the resident's Physician's Order Sheet (POS), dated 05/23/25 through 07/01/25, showed an order for Omeprazole 40 mg capsule, give 40 capsules by mouth one time a day for GERD. Staff did not accurately transcribe the Omeprazole order from the hospital discharge orders. Review of the resident's Medication Administration Record (MAR), dated July 2025, showed staff were directed to administer 40 Omeprazole capsules by mouth daily for GERD.During an interview on 07/01/25 at 2:59 P.M., RN A said he/she said staff should have realized prior that the Omeprazole order needed to be clarified.During an interview on 07/01/25 at 1:15 P.M., the Assistant Director of Nursing (ADON) said he/she was responsible to ensure the resident's hospital discharge orders were transcribed accurately. He/She said when a resident is admitted , he/she and the DON are responsible to review the medication list, and enter the medications on the POS. He/She said the DON does not double check the orders entered by him/her and he/she does not normally verify the orders entered by the DON. He/She said errors in transcription of the physician's orders create a risk for staff to administer an incorrect dosage of the medication.During an interview on 07/01/25 at 3:28 P.M, the DON said staff are expected to always follow physician's orders. He/She said medications should be administered as prescribed, or staff should contact the physician to clarify orders as needed. He/She said if a nurse or Certified Medication Technician (CMT) observes an order that seems to have been transcribed inaccurately, he/she would expect him/her to bring it to either him/her or the ADON first to check, and then the physician for clarification.173461</p>		