

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>375575</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LAKEVIEW NURSING &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>607 WOODLAND AVENUE EUFAULA, OK 74432</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview, and record review, it was determined the facility failed to implement their infection control program related to tracking and trending in order to aid in the potential transmission of COVID-19/infections for two (#2 and #3) of three sampled residents whose records were reviewed for infection control. This had the potential to affect all 36 residents who resided in the facility. The administrator reported four staff members and eight residents were COVID-19 positive and currently reside on the COVID unit. She stated two residents were on currently on transmission based precautions. Findings: The Center for Disease Control guidance titled, Preparing for COVID-19 in Nursing Homes, documented, facilities should assign at least one individual with training in IPC to provide onsite management of their COVID-19 prevention and response activities including performing infection surveillance. The State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities, F880, 483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility. On 09/24/20 at 3:28 p.m. A record review of the infection control binder revealed no current tracking and trending of infections including COVID-19. On 09/24/20 at 3:30 p.m. the administrator and the MDS coordinator were asked who was responsible for documenting tracking and trending of infections including COVID-19. The administrator stated the DON was responsible. The MDS coordinator stated the tracking and trending of infections had not been kept current due to staff turn over.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.