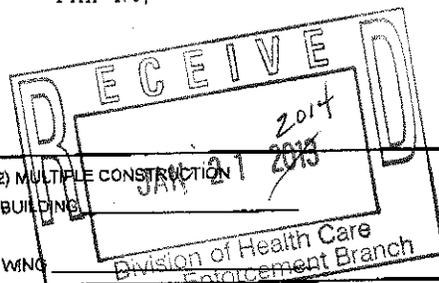


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/16/2014  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186266	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  C 01/02/2014
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NAME OF PROVIDER OR SUPPLIER  PARKVIEW NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 NURSING HOME LANE PIKEVILLE, KY 41501
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(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
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F 000	INITIAL COMMENTS  An abbreviated standard survey (KY21106) was conducted on 01/02/14. The complaint was substantiated with deficient practice identified at "D" level.	F 000	Parkview Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction, to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality of care and safety of the residents. The plan of correction is submitted as a written allegation of compliance.	
F 469 SS=D	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM  The facility must maintain an effective pest control program so that the facility is free of pests and rodents.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and a review of the facility's pest control contract it was determined the facility failed to maintain an effective pest control program to ensure the facility was free of pests. Insects, including multiple "ladybugs," a "stink bug," and a wasp were observed on the fifth floor of the facility in resident rooms and the hallway.  The findings include:  A review of the facility's procedures for pests (undated), revealed staff was to kill and dispose of pests if possible, notify the Maintenance/Housekeeping Departments in writing, and the Maintenance Director or the Housekeeping Supervisor was to notify the Administrator. According to the procedure, following the report, someone at the facility would be delegated to contact the pest control company regarding the identified problem with pests in the	F 469	Parkview Nursing and Rehabilitation Center's response to this State of Deficiencies and Plan of Correction does not denote agreement with the statement of deficiencies, nor does it constitute an admission that any deficiency is accurate. Further, Parkview Nursing and Rehabilitation Center reserves the right to submit documentation to refute any of the state deficiencies on this statement of deficiencies through informal dispute resolution, formal appeal, and/or any other administrative or legal proceedings.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Administrator* (X8) DATE: 01-21-14

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.

Received Time Jan. 21. 2014 11:14AM No. 3115

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>186256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/02/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARKVIEW NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 NURSING HOME LANE PIKEVILLE, KY 41501</b>	

(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
F 469	<p>Continued From page 1 facility.</p> <p>A review of the facility pest control contract revealed the pest control company was to provide monthly service for the elimination of small and large flies, cockroaches, and mice. There was no evidence the contract addressed other insects, e.g., "ladybugs," "stink bugs," or wasps.</p> <p>Observations conducted during the initial tour of the facility on 01/02/14 at 12:20 PM revealed a "stink bug" and seven "ladybugs" were in the hallway on a window near the fifth floor elevator. Nine "ladybugs" were observed in resident room 505 on the windowpane, four "ladybugs" and a wasp was observed on the window in resident room 515, and four "ladybugs" were observed on the window of resident room 519.</p> <p>An interview conducted with Resident #2 on 01/02/14 at 12:21 PM revealed "ladybugs" would come in from outside when it was warm and accumulate on the resident's windows.</p> <p>An interview conducted with Resident A on 01/02/14 at 12:20 PM revealed the facility had a "problem" with "ladybugs" and would remove the "ladybugs" with a vacuum, but the "ladybugs" would come back.</p> <p>An interview conducted with Certified Nursing Assistant (CNA) #1 on 01/02/14 at 1:36 PM revealed the CNA was required to contact Maintenance if pests were observed in the facility. Further interview with the CNA revealed the CNA had not observed pests in resident rooms or the hallway.</p> <p>Interview with a Housekeeper on 01/02/14 at 1:35</p>	F 469	<p>F 469</p> <ol style="list-style-type: none"> <li>1. On 1/2/14, upon notification by the surveyor, the pests were removed from the hallway near the 5<sup>th</sup> floor elevator and resident rooms 505, 515, and 519. The Pest Control Representative treated these areas on 1/3/14 for the identified pests.</li> <li>2. All residents have the potential to be affected by the deficient practice. The Maintenance Director and the Pest Control Representative toured the facility on 1/3/14 with treatment as needed for any pests identified, particularly noting any "ladybugs," "stinkbugs" and wasps, to ensure the facility is free of pests and rodents.</li> <li>3. a. By 1/31/14, the Assistant Director of Nursing will have reeducated all departments' staff on the proper procedure for sightings of pests to ensure the facility is free of pests and rodents.</li> </ol>	02/05/14

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185258	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/02/2014
NAME OF PROVIDER OR SUPPLIER  PARKVIEW NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 200 NURSING HOME LANE PIKEVILLE, KY 41501	

(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
F 469	<p>Continued From page 2</p> <p>PM revealed he had the responsibility to clean the resident rooms and the hallway on the fifth floor. According to the Housekeeper, he had not observed any living insects in the areas but would sweep up and dispose of any insects that were reported by staff and/or residents.</p> <p>An interview with the fifth floor Unit Manager on 01/02/14 at 1:45 PM revealed he conducted observations of the unit, including residents and resident rooms, two times a day and had not observed any pests in resident rooms or the hallway.</p> <p>An interview conducted with the Maintenance Director revealed facility staff contacted him on 12/14/13 and informed him that "ladybugs" had been observed in resident room 519. The Maintenance Director stated he was not at the facility at the time he received the call, but came to the facility and removed the insects from resident room 519 with a vacuum. Further interview with the Maintenance Director revealed he had not contacted the pest control company and was unaware of any other instances where insects had been observed in the facility since he had been contacted on 12/14/13.</p> <p>An interview with the Administrator on 01/02/14 at 3:20 PM revealed she was not aware of the date the pest control company had treated the facility for pests. The Administrator stated she was aware the "ladybugs" had been observed in resident room 519 on 12/14/13.</p> <p>A review of the pest control invoices provided by the facility revealed the most recent pest control services performed by the pest control company</p>	F 469	<p>b. On 1/2/14, the Administrator spoke with the Pest Control Representative and learned that the insecticide that was used at the facility on 12/4/13 did kill "ladybugs," "stinkbugs," and wasps. An addendum to the contract was obtained that specifies the insecticide used at the facility will kill these pests. The Pest Control Representative will visit the facility at least monthly and treat as needed for pests to ensure the facility is free of pests and rodents. The Maintenance Director will contact the Pest Control Representative in between the monthly visits as needed for pest control.</p> <p>c. On 1/3/14, the Administrator reeducated the Maintenance Director on the importance of notifying the Pest Control Representative when pests are sighted or as soon as possible thereafter.</p> <p>d. Silicone has been ordered to caulk around all the windows in the facility. This will be completed by 2/5/14.</p>	

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NAME OF PROVIDER OR SUPPLIER  PARKVIEW NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NURSING HOME LANE PIKEVILLE, KY 41501		
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F 469	Continued From page 3 was on 12/04/13, 10 days prior to the report of pests in the facility on 12/14/13, and 29 days prior to observation of pests in the facility on 01/02/14. There was no evidence of any actions taken by the facility after 12/14/13 to ensure the facility was free from pests.	F 469	4. a. The Maintenance Director and/or the Housekeeping Supervisor will tour the facility five times weekly for four weeks looking for the presence of pests. The pests will be removed and the Maintenance Director will contact the Pest Control Representative as needed. b. The Administrator and the Maintenance Director will tour the facility weekly for twelve weeks to ensure the facility is maintaining an effective pest control program. Results of these tours will be reported to the Quality Assurance Committee monthly for three months for development of an action plan if needed.		