

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

PRINTED: 01/24/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/07/2013
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NAME OF PROVIDER OR SUPPLIER  PARKVIEW NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 644 LONE OAK RD. PADUCAH, KY 42003
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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  **** AMENDED SOD  An abbreviated survey (KY #19562) was conducted on 12/28/12 and reopened after supervisory review on 01/07/13 to determine the facility's compliance with Federal requirements. KY #19562 was substantiated with related deficiencies.	F 000	"The preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan or correction is prepared and/or executed solely because it is required by the provision of Federal and State Laws."	
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.  The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).  The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.	F 225	F 225  1. Resident #1 was interviewed at the hospital by the clinical liaison and a nurse at the hospital and the resident denied any abuse on 12/24/12. 2. The social workers interviewed each resident by 1/14/13 that had a BIMS score of 0-7 to determine if residents may have been abused. No complaints were made. Interviewable resident's on the hallway of Resident #1 were also interviewed by the Executive Director to determine if anyone voiced concerns and no concerns were voiced on 12/26/12. Non-interviewable residents had skin assessment performed by licensed nurses from 12/29/12 to 1/5/13 to determine that no abuse had taken place. No indications of abuse were noted.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
*Rol Murray, Exec. Director* 2-11-13

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.

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F 225	<p>Continued From page 1</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interview and review of the facility's policy/procedure, it was determined the facility failed to thoroughly investigate an alleged violation and prevent further potential abuse during the investigation for one resident (#1), in the selected sample of five residents. On 12/24/12, the facility was notified, by an acute care hospital, that sperm was found, during a urinalysis (UA), in Resident #1's urine. The facility started an investigation and interviewed the interviewable residents but failed to implement actions to try to identify if any non-interviewable residents had been abused.</p> <p>Findings include: A review of the facility's policy "Abuse and Neglect", no date, revealed the Administrator, Director of Nursing or designated representative would complete an investigation of the incident including a written summary of the findings no later than five working days after the reported occurrence. The policy also stated interviews with other residents who received care or services</p>	F 225	<p>3. Nursing administration staff and Assistant Executive Director were inserviced on the abuse policy to ensure that during an investigation non-interviewable residents were to be included so the investigation would be complete( ex: interviews, assessments or other interventions deemed appropriate) and prevent any potential further abuse on 1/10/13 by the Executive Director.</p> <p>4. 10 interviews per hallway will be conducted each week times 4 weeks to ensure no abuse has occurred then 10 total monthly times 2. 10 skin assessments of non-interviewable residents per hallway will be conducted each week times 4 weeks to ensure no abuse has occurred then 10 monthly times 2. Results of the audits will be discussed with the QA committee to determine the need for further monitoring.</p> <p>5. Completed by :</p>	1/15/13
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F 225	<p>Continued From page 2 from the alleged perpetrator would be conducted.</p> <p>A record review revealed Resident #1 was admitted to the facility on 06/02/07 with diagnoses to include Depression and Mental Disturbance.</p> <p>An interview with the Director of Nursing (DON,) on 01/07/13 at 4:18 PM, revealed she was made aware on 12/24/12 that sperm had been identified in the urine of Resident #1 during an UA. She stated her and the Administrator started an investigation immediately. She revealed they had interviewed staff and residents on the hall where Resident #1 resides.</p> <p>An interview with the Administrator, on 01/07/13 at 4:15 PM, revealed the facility did not look at the incident as abuse but a mix up in the laboratory tests. The Administrator stated Resident #1 was interviewed and she laughed and stated that she thinks she would know if something like that had happened.</p>	F 225		
F 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interview and review of the facility's policy/procedure, It was determined the facility failed to report an allegation to the</p>	F 226	<p>F226</p> <ol style="list-style-type: none"> <li>1. The facility participated in the survey that the state was notified of on 1/7/13. We did not send another notice as they had already been notified.</li> <li>2. All residents benefit from the facility notifying state agencies of investigations.</li> <li>3. Nursing Administration staff and Assistant Executive Director were</li> </ol>	

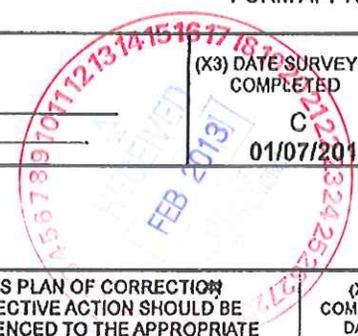
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F 226	<p>Continued From page 3</p> <p>proper authorities. On 12/24/12, the facility was notified, by an acute care hospital, that sperm was found, during a urinalysis, in Resident #1's urine. The facility did not report the allegation to the appropriate state agencies.</p> <p>Findings include:</p> <p>According to the facility's "Abuse Policy", no date, the Administrator, Director of Nursing, or his/her designee will promptly notify officials in accordance with State laws and corporate practices.</p> <p>A record review revealed Resident #1 was admitted to the facility on 06/02/07 with diagnoses to include Depression and Mental Disturbance.</p> <p>An interview with the Director of Nursing (DON,) on 01/07/13 at 4:18 PM, revealed she was made aware on 12/24/12 that sperm had been identified in the urine of Resident #1 during an UA. She stated her and the Administrator started an investigation immediately. She revealed they had interviewed staff and residents on the hall where Resident #1 resides.</p> <p>A review of the facility's investigation, no date, revealed there was no evidence the facility had notified the appropriate state agencies.</p> <p>Interview with the Administrator, on 01/07/13 at 4:15 PM,, revealed they did not see the incident as abuse and therefore, they did not report the incident to the proper officials. The Administrator stated the Acute Care Hospital had reported to the facility that they had notified the State agency.</p>	F 226	<p>inserviced on notifying the state agencies promptly when an investigation to include: abuse, neglect or misappropriation of funds has been initiated on 1/10/13 by the Executive Director. Our policy states that the Administrator, DON, or his/her designee will notify state agencies of an investigation.</p> <p>4. The Executive Director and/ or Asst. ED will monitor weekly times 4 and then monthly times 2 to ensure that when an investigation of abuse, neglect or misappropriation of funds has been initiated, it is also reported to the state agencies. Results of the audits will be brought to the QA committee to determine the need for further monitoring.</p> <p>5. Completed by :</p>	1/15/13	

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  100310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/07/2013
NAME OF PROVIDER OR SUPPLIER  PARKVIEW NURSING & REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 544 LONE OAK RD. PADUCAH, KY 42003		
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N 000	INITIAL COMMENTS  **** AMENDED SOD  A complaint survey (KY #19562) was conducted on 12/28/12 and reopened after supervisory review on 01/07/13 to determine the facility's compliance with State requirements. KY#19562 was substantiated with related deficiencies.	N 000	"The preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan or correction is prepared and/or executed solely because it is required by the provision of Federal and State Laws."	
N 105	902 KAR 20:300-5(3) Section 5. Resident Behavior & Fac. Practice  (3) Staff treatment of residents. The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of residents.  This requirement is not met as evidenced by: Based on record review, interview and review of the facility's policy/procedure, it was determined the facility failed to report an allegation to the proper authorities. On 12/24/12, the facility was notified, by an acute care hospital, that sperm was found, during a urinalysis, in Resident #1's urine. The facility did not report the allegation to the appropriate state agencies.  Findings include:  According to the facility's "Abuse Policy", no date, the Administrator, Director of Nursing, or his/her designee will promptly notify officials in accordance with State laws and corporate practices.  A record review revealed Resident #1 was admitted to the facility on 06/02/07 with diagnoses to include Depression and Mental Disturbance.  An interview with the Director of Nursing (DON,	N 105	N 105  1. Resident #1 was interviewed at the hospital by the clinical liaison and a nurse at the hospital and the resident denied any abuse on 12/24/12. 2. The social workers interviewed each resident by 1/14/13 that had a BIMS score of 0-7 to determine if residents may have been abused. No complaints were made. Interviewable resident's on the hallway of Resident #1 were also interviewed by the Executive Director to determine if anyone voiced concerns and no concerns were voiced on 12/26/12. Non-interviewable residents had skin assessment performed by licensed nurses from 12/29/12 to 1/5/13 to determine that no abuse had taken	



*Ani Moore* Exec. Director  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE  
2-11-13  
(X6) DATE

Office of Inspector General

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N 105	Continued From page 1  on 01/07/13 at 4:18 PM, revealed she was made aware on 12/24/12 that sperm had been identified in the urine of Resident #1 during an UA. She stated her and the Administrator started an investigation immediately. She revealed they had interviewed staff and residents on the hall where Resident #1 resides.  A review of the facility's investigation, no date, revealed there was no evidence the facility had notified the appropriate state agencies.  Interview with the Administrator, on 01/07/13 at 4:15 PM,, revealed they did not see the incident as abuse and therefore, they did not report the incident to the proper officials. The Administrator stated the Acute Care Hospital had reported to the facility that they had notified the State agency.	N 105	place. No indications of abuse were noted.  3. Nursing administration staff and Assistant Executive Director were inserviced on the abuse policy to ensure that during an investigation non-interviewable residents were to be included so the investigation would be complete( ex: interviews, assessments or other interventions deemed appropriate) and prevent any potential further abuse on 1/10/13 by the Executive Director.  4. 10 interviews per hallway will be conducted each week times 4 weeks to ensure no abuse has occurred then 10 total monthly times 2. 10 skin assessments of non-interviewable residents per hallway will be conducted each week times 4 weeks to ensure no abuse has occurred then 10 monthly times 2. Results of the audits will be discussed with the QA committee to determine the need for further monitoring.  5. Completed by :	
N 108	902 KAR 20:300-5(3)(b) Section 5. Resident Behavior & Fac. Practice  (3) Staff treatment of residents. (b) The facility shall have evidence that all alleged violations are thoroughly investigated, and shall prevent further potential abuse while the investigation is in progress.  This requirement is not met as evidenced by: Based on record review, interview and review of the facility's policy/procedure, it was determined the facility failed to thoroughly investigate an alleged violation and prevent further potential abuse during the investigation for one resident (#1), in the selected sample of five residents. On 12/24/12, the facility was notified, by an acute	N 108	1. The facility participated in the survey that the state was notified of on 1/7/13. We did not send another	1/15/13

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N 108	<p>Continued From page 2</p> <p>care hospital, that sperm was found, during a urinalysis (UA), in Resident #1's urine. The facility started an investigation and interviewed the interviewable residents but failed to implement actions to try to identify if any non-interviewable residents had been abused.</p> <p>Findings include:</p> <p>A review of the facility's policy "Abuse and Neglect", no date, revealed the Administrator, Director of Nursing or designated representative would complete an investigation of the incident including a written summary of the findings no later than five working days after the reported occurrence. The policy also stated interviews with other residents who received care or services from the alleged perpetrator would be conducted.</p> <p>A record review revealed Resident #1 was admitted to the facility on 06/02/07 with diagnoses to include Depression and Mental Disturbance.</p> <p>An interview with the Director of Nursing (DON,) on 01/07/13 at 4:18 PM, revealed she was made aware on 12/24/12 that sperm had been identified in the urine of Resident #1 during an UA. She stated her and the Administrator started an investigation immediately. She revealed they had interviewed staff and residents on the hall where Resident #1 resides.</p> <p>An interview with the Administrator, on 01/07/13 at 4:15 PM, revealed the facility did not look at the incident as abuse but a mix up in the laboratory tests. The Administrator stated Resident #1 was interviewed and she laughed and stated that she thinks she would know if something like that had happened.</p>	N 108	<p>notice as they had already been notified.</p> <ol style="list-style-type: none"> <li>2. All residents benefit from the facility notifying state agencies of investigations.</li> <li>3. Nursing Administration staff and Assistant Executive Director were inserviced on notifying the state agencies promptly when an investigation to include: abuse, neglect or misappropriation of funds has been initiated on 1/10/13 by the Executive Director. Our policy states that the Administrator, DON, or his/her designee will notify state agencies of an investigation.</li> <li>4. The Executive Director and/ or Asst. ED will monitor weekly times 4 and then monthly times 2 to ensure that when an investigation of abuse, neglect or misappropriation of funds has been initiated, it is also reported to the state agencies. Results of the audits will be brought to the QA committee to determine the need for further monitoring.</li> <li>5. Completed by :</li> </ol>	1/15/13