

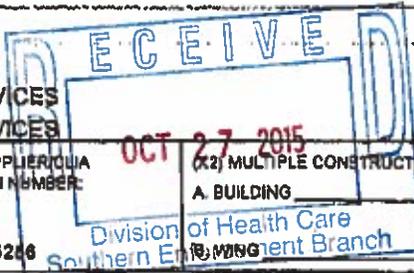
OCT/27/2015/TUE 10:07 AM

FAX No.

P. 002

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

PRINTED: 10/22/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2015
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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 41601
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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 (KY23777) was conducted in conjunction with a standard survey on 09/01-03/15. After supervisory review, the investigation was reopened on 10/07/15 and concluded on 10/08/15. 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 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	Parkview Nursing and Rehabilitation Center's response to this Statement 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 stated 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* (X6) DATE *10-26-15*

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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NAME OF PROVIDER OR SUPPLIER PARKVIEW NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 200 NURSING HOME LANE PIKEVILLE, KY 41601		
(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 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 interview and record review it was determined the facility failed to have evidence that all alleged violations of abuse were thoroughly investigated for one (1) of twenty-four (24) sampled residents (Resident #22). An employee alleged another employee verbally abused Resident #22 on 07/27/14 and recorded the alleged abuse audio on a cell phone. There was no evidence the facility conducted a thorough investigation and there was no evidence of the audio recording or interviews with the witness or the alleged perpetrator.</p> <p>The findings include:</p> <p>A review of the facility policy titled "Resident Abuse," with a revision date of 01/01/12, revealed during an investigation statements from the victim, the suspect(s), and all possible witnesses, including all other employees in the vicinity of the alleged abuse, were to be taken. Further review of the policy revealed all physical evidence was to be secured and a detailed report prepared.</p> <p>An interview conducted with Licensed Practical Nurse (LPN) #4 on 10/07/15 at 1:30 PM, and a review of LPN #4's written statement revealed</p>	F 225	<p>F 225</p> <ol style="list-style-type: none"> 1. Resident #22 was discharged from the facility several months prior to the notification by surveyors of the deficient practice. 2. All residents have the potential to be affected by the deficient practice. On 10/27/15, the facility Administrator reviewed facility investigation files dated 5/4/15 to 10/15/15 to ensure they were thoroughly investigated. All were complete. 3. On 10/27/15, the Director of Nursing and the Assistant Director of Nursing were reeducated by the Administrator on the facility policy and procedure for abuse that included thorough abuse investigations and on F225. 4. For the next 3 months the Administrator will review each facility investigation prior to notification to OIG of the results to ensure the investigation was thorough. 	11/04/15

OCT/27/2015/TUE 10:07 AM

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P. 004

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 FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2015
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 225	<p>Continued From page 2</p> <p>that on 07/29/14 at 2:20 PM, she was approached by State Registered Nurse Aide (SRNA) #1 and was informed that SRNA #1 had talked to unnamed nurses about how SRNA #2 talked to Resident #22. According to LPN #4, SRNA #1 had a recording on her cell phone that sounded like SRNA #2 saying, "I'm tired of this s---", "This is a freaking mess," "You're only getting a sheet and pad; that's it," "I've already been in here today and I'm not coming back." According to LPN #4, the word "freaking" was heard repeated several times on the audio recording. Further interview with LPN #4 revealed she immediately reported the allegation to the Director of Nursing and the Administrator.</p> <p>A closed record review for Resident #22 including the facility investigation of the incident dated 07/29/14, revealed no evidence of a recording or any witness statement including the resident, SRNA #1 who witnessed the incident, and SRNA #2 who was the alleged perpetrator.</p> <p>An interview conducted with the Director of Nursing (DON) on 10/07/15 at 1:40 PM, revealed she was notified of the allegation on 07/29/14 and removed SRNA #2 from care and started an investigation. According to the DON, SRNA #1 had a recording on her cell phone of the alleged incident. The DON stated that she and the Administrator listened to the recording, but was unable to "make anything out." According to the DON, she interviewed SRNA #1 and SRNA #2 but was not aware of where the witness statements or interview notes were. Further interview revealed Resident #22 was interviewed by the facility social worker and had no knowledge of the incident. According to the DON, the allegation was determined to be a personal conflict between</p>	F 225	<p>Any discrepancy will be addressed immediately. Any trend will be reported monthly to the QA committee for development of an action plan if needed.</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 41601		
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F 225	<p>Continued From page 3</p> <p>SRNAs #1 and #2 and abuse of Resident #22 could not be substantiated.</p> <p>An interview conducted on 10/08/15 at 10:30 AM, with the former Social Services Worker (SSW) who conducted the interview with Resident #22 revealed the SSW had interviewed Resident #22 regarding the incident and had documented notes regarding the investigation. According to the SSW, she did not recall Resident #22 having any concerns with SRNA #2 or the incident.</p> <p>An interview conducted with SRNA #2 on 10/07/15 at 3:45 PM, revealed she was suspended because she was accused of talking hateful to Resident #22. Further interview conducted with SRNA #2 revealed she denied verbally abusing Resident #22 and was allowed to return to work when the investigation was completed.</p> <p>An interview conducted with the Administrator on 10/07/15 at 2:00 PM, revealed the allegation regarding Resident #22 was reported to her on 07/29/14 and an investigation was initiated. According to the Administrator, she listened to the recording provided by SRNA #1, but could not "make out" any clear abuse or identify any resident or employee. According to the Administrator, she did not obtain a copy of the recording or attempt to preserve the recording. According to the Administrator, statements were obtained from SRNA #1, SRNA #2, and Resident #22 as a part of the investigation. However, the Administrator was not aware of where the statements were.</p>	F 225			