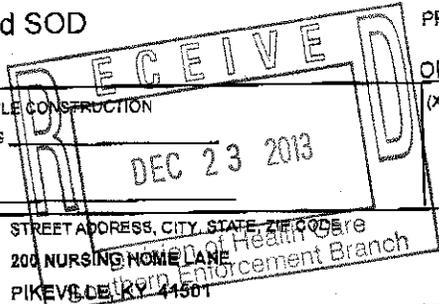


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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2013  
FORM APPROVED  
OMB NO. 0938-0391

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 11/07/2013
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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)	(X6) COMPLETION DATE
F 000	INITIAL COMMENTS	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 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES  A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and a review of the facility's smoking policy, it was determined the facility failed to ensure services were provided to reasonably accommodate the preferences of 24 residents out of a census of 99 that preferred to smoke. Interviews were conducted with eight of the twenty-four residents that preferred to smoke (Residents #2, #3, #4, A, B, C, D, and F). The interviews revealed the residents were displeased with the location of the smoking area and the temperature of the smoking area, and stated that exhaust fumes from vehicles that utilized the adjacent ambulance bay drifted into the smoking area and were strong.  The findings include:  Review of the facility's policy entitled "Smoking	F 246	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

*Kind James*

TITLE

*Administrative*

(X6) DATE

*12-23-13*

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 246	<p>Continued From page 1</p> <p>Policy," revised on 01/01/09, revealed the facility would evaluate the safety of each resident that smoked. According to the policy, the facility would maintain a list of residents that smoked and identify them to be "safe" or "unsafe" when they smoked. The policy revealed a resident would be allowed to smoke without supervision if the facility determined they were safe and developed a care plan. In addition, the policy revealed residents that were identified to be "unsafe smokers" would wear "smoking aprons" when they smoked. Continued review revealed designated staff would supervise smoke times for residents that had been assessed to require supervision.</p> <p>Observation on 11/05/13 at 2:25 PM revealed the area designated for residents to smoke was located outside of the first floor in an area that had formerly been a dock/bay for covered trucks and was located next to the ambulance bay. The area had previously been used for employees to take their breaks; however, the facility had recently designated the area to be utilized for employee and resident use and the area had also been designated as the area for staff/residents to smoke. The area had two concrete side walls, the back wall was a metal garage door which opened into the maintenance/mechanical room, and the front side was opened to environmental elements (wind/rain/snow/etc). The facility had purchased a retractable awning which had been placed in a vertical position over the front side of the area to provide coverage as an additional wall; however, the awning only covered three-fourths of the opening. The designated smoke area was observed to have two ceiling fans and two small floor heaters in the corner of the room that were unplugged and not in use. At</p>	F 246	<p>F 246</p> <p>1. The corrective action for residents #2, #3, #4, A, B, C, D, and F is as follows: the ambulance entrance has been relocated to the side of the building away from the smoking area, additional heaters were obtained and the smoking aide will now be turning them on at least 15 minutes prior to the morning smoke time, the temperature in the smoking area will be monitored to ensure it stays within these parameters, 60 to 70 degrees Fahrenheit, a Vinyl Strip Door has been ordered, and the Administrator met with smoking residents on 11/26/2013 and/or 11/27/2013 to explain the implementation of the new smoking area. During the above meeting and interviews conducted by facility SSD, resident's voiced no concerns with the smoking times nor with the location of the smoking area as long as the above parameters are met. All interview-able residents voiced satisfaction with new</p>	12/11/13

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F 246	<p>Continued From page 2</p> <p>the time of the observation, there were no residents in the designated smoking area.</p> <p>Continued observation on 11/05/13 at 6:45 PM of the designated smoking area for residents revealed a large blue tarp had been secured to the ceiling and floor over the awning and a thick piece of plastic approximately 40 inches wide had been placed over the opening designated as the entrance. A metal rod had been secured to the bottom of the plastic in an effort to prevent the cold air from entering; however, the plastic covering also prevented residents from entering or exiting the area independently. The observation revealed two small floor heaters in use that were plugged into an electrical outlet. A cart with blankets was also observed in the smoke area. At the time of the observation, four residents (Residents A, C, and D and an unidentified resident) were observed in the designated smoking area. A State Registered Nurse Aide (SRNA) was present with the residents in the designated smoking area. The observation also revealed there was no ventilation in the designated smoking area to remove smoke fumes and, as a result, the smoking area was extremely smoky. The Maintenance Director obtained the temperature outside of the designated smoking area during the observation, and the outside temperature was noted to be 49 degrees Fahrenheit. The temperature on the inside of the smoking area was also obtained at the time and was noted to be 66 degrees Fahrenheit.</p> <p>Interview on 11/05/13 at 2:25 PM with Resident #2 revealed the smoking area was very cold in the morning and the heaters were not routinely turned on prior to smoke breaks. Resident #2</p>	F 246	<p>accommodations being implemented. No issues related to accommodations of individual needs and preferences were noted.</p> <p>2. All residents have the potential to be affected by the facility's failure to ensure each resident receives services in the facility with reasonable accommodations of individual needs and preferences. A resident council meeting was held on 11/07/13 and no concerns related to smoking were voiced. The Administrator reviewed the last three months of resident council minutes and the last three months of the grievance log. No issues related to accommodations of individual needs and preferences were noted. The Administrator met with smoking residents on 11/26/2013 and/or 11/27/2013 to explain the implementation of the new smoking area and residents voiced satisfaction with new accommodations/interventions.</p>		

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F 246	<p>Continued From page 3</p> <p>reported when ambulances backed up into the ambulance bay, the fumes came into the designated smoking area and were "terribly" strong. The interview revealed Resident #2 had reported the issues to the Administrator and stated, "She don't care." Resident #2 stated the Administrator conducted a meeting with the residents that chose to smoke to inform them of the change in the smoking areas but the Administrator did not ask the residents where they preferred to smoke.</p> <p>Interview on 11/05/13 at 6:45 PM with Resident A revealed the smoking area was too cold for the residents and heaters did not generate enough heat to keep the residents warm. Resident A also reported the Administrator held a meeting with the residents; however, the Administrator "did not want to listen to us."</p> <p>Interview on 11/05/13 at 7:43 PM with Resident #3 revealed the smoking area was cold but the resident did not complain to anyone because staff was already aware of the complaints.</p> <p>Interview on 11/05/13 at 7:50 PM with Resident B revealed an area on the Fourth Floor had previously been designated as a smoking area and stated that although nursing staff had continued to smoke in the smoke area on the Fourth Floor, residents were no longer permitted to use that area. Resident B reported the smoking area currently used was too cold and expressed concerns that the facility should have fixed all the problems with the previous smoking area before the residents were relocated to an outside smoking area.</p> <p>Observation on 11/05/13 at 5:00 PM and</p>	F 246	<p>On 12/6/13, the Social Services Director interviewed the alert residents and visualized the other residents to determine if reasonable accommodation of needs and preferences was occurring. No issues were identified.</p> <p>3. a. The ambulance entrance has been relocated to the side of the building away from the resident smoking area.</p> <p>b. Additional heaters were obtained and the smoking aides will now turn on heaters in the smoking area fifteen minutes before the scheduled morning smoke time. The Social Services Director interviewed the residents who smoke to determine an acceptable range in temperature for the smoking area. The residents determined the acceptable parameters to be between 60 and 70 degrees Fahrenheit. The maintenance department will log the temperature of the smoking area twice daily 5 times weekly for two weeks, then daily 5 times weekly for 3 months to ensure the temperatures remain between 60 and 70 degrees Fahrenheit when the residents are using the area. Adjustments to the heating will be made immediately as needed.</p>	

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F 246	<p>Continued From page 4</p> <p>interview with the Administrator at 7:40 PM confirmed the area on the Fourth Floor had been designated as the smoking area for residents; however, according to the Administrator, at the present time the area was not designated for resident use.</p> <p>Interview on 11/05/13 at 5:53 PM with LPN #1 revealed the residents that smoked were very unhappy with the current new smoking area.</p> <p>Interview on 11/05/13 at 6:12 PM with SRNA #1 revealed when the designated smoking area was changed to the current location, the residents had complaints which they voiced to the Administrator.</p> <p>Interview on 11/05/13 at 6:25 PM with SRNA #2 revealed she had received complaints from residents that the designated smoking area for residents was too cold. SRNA #2 stated she reported the residents' complaints to the charge nurse.</p> <p>Interview on 11/05/13 at 6:45 PM with the Maintenance Director revealed he was not consulted before Administration made the decision to relocate the inside designated smoking area on the Fourth Floor to the outside designated smoking area. The interview revealed the Maintenance Director had attempted to resolve any issues reported by the residents related to the designated smoking area that was located outside the facility. The Maintenance Director stated there were no additional heaters that could be used to heat the outside smoking area.</p> <p>Interview on 11/05/13 at 7:40 PM with the</p>	F 246	<p>c. If any residents voice concerns or desires to relocate they will be assisted by facility SSD. Although no residents voiced any concerns or desires at this time.</p> <p>d. The facility has ordered a Vinyl Strip Door(see attachment) to replace the large blue tarp and the awning to allow for stable temperatures and ventilation of the smoke from resident and staff smoking.</p> <p>e. The Administrator met with the residents who smoke on 11/26/13 and/or 11/27/13 to explain the implementation of the new interventions/redesign of the smoking area. She asked them if they preferred to stay here and try to work through their concerns with the smoke area or if they preferred the Social Services Director to assist them with relocating to another smoking facility.</p> <p>f. During Monthly Resident Council meeting accommodations of individual needs and preferences will be discussed and findings reported to Administrator and SSD immediately.</p> <p>g. Upon admission to the facility, all new residents will be provided a Smoking Policy with the accommodations that are implemented.</p>	

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F 246	<p>Continued From page 5</p> <p>Administrator and the Director of Nursing (DON) revealed the Administrator made the decision to move the designated resident smoking area from the Fourth Floor to an outside smoking area due to the smell of smoke that drifted into resident areas and the worry of a potential fire. The Administrator stated the room previously designated as the smoking area was "so thick with smoke you could cut it." The Administrator stated prior to relocating the smoking area, the facility issued letters to each resident that smoked to inform them of a scheduled meeting on 08/08/13 to discuss the moving of the Fourth Floor smoking area to an outside smoking area. According to the Administrator, no concerns were voiced.</p> <p>Review of the temperatures recorded from the "Weather Underground" revealed a low temperature of 29 degrees Fahrenheit during the month of October 2013.</p>	F 246	<p>4. a. The Administrator will review the resident council meeting minutes and the grievance log for the next three months then quarterly thereafter to ensure the facility is making reasonable accommodations for individual needs and preferences.</p> <p>b. The maintenance department will log the temperature of the smoking area twice daily 5 times weekly for two weeks, then daily 5 times weekly for 3 months then quarterly thereafter to ensure the temperatures remain between 60 and 70 degrees Fahrenheit when the residents are using the area. Adjustments to the heating will be made immediately as needed. The Maintenance Director will report the results of the temperature log to the Quality Assurance Committee monthly for 3 months then quarterly thereafter for development of an action plan as needed.</p> <p>c. The Social Services Director will interview/observe 25% of the resident population that does not attend resident council meetings or normally lodge grievances for reasonable accommodation of needs/preferences monthly for three months then</p>	

quarterly thereafter. The Social Services Director will report findings of the interviews/observations monthly to the quality assurance committee for three months then quarterly thereafter for development of an action plan as needed.