AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED C 185256 B. WING O2/04/202 NAME OF PROVIDER OR SUPPLIER PARKVIEW POST-ACUTE AND REHABILITATION CENTER PARKVIEW POST-ACUTE AND REHABILITATION CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (V COMPLETE) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE)	DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES		FORM APPROVED				
AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING       COMPLETED         185256       B. WING       COULD       02/04/202         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       02/04/202         PARKVIEW POST-ACUTE AND REHABILITATION CENTER       STREET ADDRESS, CITY, STATE, ZIP CODE       200 NURSING HOME LANE         (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION)       ID       PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY       COMP         F 000       INITIAL COMMENTS       F 000       F 000       F 000       F 000       F 000	CENTER	S FOR MEDICARE & I	MEDICAID SERVICES						
185256     B. WING     02/04/202       NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     200 NURSING HOME LANE       PARKVIEW POST-ACUTE AND REHABILITATION CENTER     DIREVILLE, KY 41501     200 NURSING HOME LANE       (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)     (0 COMP DEFICIENCY)       F 000     INITIAL COMMENTS     F 000     F 000       An abbreviated standard survey (KY33177) was initiated on 02/03/2021 and concluded on 02/04/2021. The complaint was unsubstantiated     F 000									
PARKVIEW POST-ACUTE AND REHABILITATION CENTER       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 CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       (COMP DFICIENCY)         F 000       INITIAL COMMENTS       F 000       F 000         An abbreviated standard survey (KY33177) was initiated on 02/03/2021 and concluded on 02/04/2021. The complaint was unsubstantiated       F 000			185256	B. WING			C 02/04/2021		
PARKVIEW POST-ACUTE AND REHABILITATION CENTER         PREVILLE, 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)       (0) COMP DF DF DF DF         F 000       INITIAL COMMENTS       F 000       F 000         An abbreviated standard survey (KY33177) was initiated on 02/03/2021 and concluded on 02/04/2021. The complaint was unsubstantiated       F 000	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
Image: Constraint of the constraint					200 NURSING HOME LANE				
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMP DV         F 000       INITIAL COMMENTS       F 000       F 000       F 000       INITIAL COMMENTS       F 000         An abbreviated standard survey (KY33177) was initiated on 02/03/2021 and concluded on 02/04/2021. The complaint was unsubstantiated       F 000       F 000       F 000	PARTIEW POST-ACOTE AND REITABLEHATION CENTER				PIKEVILLE, KY 41501				
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMP D/         F 000       INITIAL COMMENTS       F 000       F 000       An abbreviated standard survey (KY33177) was initiated on 02/03/2021 and concluded on 02/04/2021. The complaint was unsubstantiated       F 000       F 000       F 000       F 000       F 000	(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
F 000     INITIAL COMMENTS     F 000       An abbreviated standard survey (KY33177) was initiated on 02/03/2021 and concluded on 02/04/2021. The complaint was unsubstantiated     F 000	PREFIX	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL						COMPLETION DATE	
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		INITIAL COMMENTS An abbreviated stanc initiated on 02/03/202 02/04/2021. The com	dard survey (KY33177) was 11 and concluded on nplaint was unsubstantiated			DEFICIENCY)			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DAT								(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.

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