	-	ID HUMAN SERVICES				FORM	APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OWR NC	<u>). 0938-0391</u>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185256	B. WING _				C 102/2021
NAME OF PF	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
				20	0 NURSING HOME LANE		
PARKVIEV	V POST-ACUTE AND RE	HABILITATION CENTER		PI	KEVILLE, KY 41501		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX	(	Y MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRI	ATE	DATE
	1				DEFICIENCY)		
F 000	INITIAL COMMENTS		F 0	00			
	An Abbrovisted (Derti	al Extanded Survey					
	An Abbreviated/Parti						
	investigating Complai						
	initiated on 11/20/202						
	12/02/2021. Complai						
		ficiencies cited. Immediate					
		ntified on 12/02/2021, at 42					
		n from Abuse (F600, F609,					
	and F610); 42 CFR 4						
	and F837); and 42 CF						
	Assurance and Performance Improvement						
		Quality of Care (SQC) was					
		183.12 Freedom from					
		and F610). The Immediate					
		ined to exist on 11/10/2021.					
	-	ed of Immediate Jeopardy					
	(IJ) on 12/02/2021, ar	nd IJ is ongoing.					
	On 11/10/2021 at app	proximately 4:30 PM, State					
	Registered Nursing A	ssistant (SRNA) #24					
		24 by the ankle and "jerked"					
	the resident while atte						
		esident #324 then reported					
		Vorker (SW) and to the					
	-	Operations (RDO) that					
	-	/her. Interview with the RDO					
		and review of a grievance					
	•	1, revealed although the					
		ewed Resident #324 and					
	-	#24 hurt him/her, the facility					
		ove the SRNA from resident					
		pleted a "grievance" which					
	stated the grievance						
		another floor; however,					
	-						
		ented evidence the facility					
	completed a thorough						
	-	determine if SRNA #24					
	actually abused Resid	dent #324.					
LABORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR			TITLE		(X6) DATE

**Electronically Signed** 

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.

12/17/2021

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 12/02/2021	
		185256	B. WING				
	ROVIDER OR SUPPLIER	HABILITATION CENTER		200	REET ADDRESS, CITY, STATE, ZIP CODE DINURSING HOME LANE KEVILLE, KY 41501	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
F 000	Continued From page	e 1	F	000			
F 600 SS=J	5:00 PM, SRNA #24 e room with SRNA #25 provide care. Resider care, yelling, and refu SRNA #24 proceeded the left arm/shoulder. SRNA #24 and initiate However, the facility of abuse Resident #358 investigating the alleg documented evidence (2) witnesses to the in facility failed to review the alleged incident a previous incident on #324 alleged the sam him/her. The facility p to work on 11/17/202 Furthermore, SRNA # witnessed the inciden but failed to report un and the facility investif failure to immediately Free from Abuse and CFR(s): 483.12(a)(1) §483.12 Freedom fro Exploitation The resident has the neglect, misappropria and exploitation as de includes but is not lim corporal punishment,	concluded SRNA #24 did not prior to thoroughly gation, as there was no e of interviews with the two noident. Additionally, the v the events leading up to and failed to consider a 11/10/2021, where Resident the staff (SRNA #24) "hurt" permitted SRNA #24 to return 1, providing resident care. #25 and SRNA #26 at, at approximately 5:00 PM, til approximately 6:00 PM, igation failed to identify this report. Neglect m Abuse, Neglect, and right to be free from abuse, ation of resident property, efined in this subpart. This nited to freedom from involuntary seclusion and ical restraint not required to	F	600			12/21/21

Facility ID: 100599

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		ND HUMAN SERVICES			PRINTED: 03/30/20 FORM APPROV OMB NO. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED C
		185256	B. WING		12/02/2021
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•
	N POST-ACUTE AND RE	EHABILITATION CENTER	:	200 NURSING HOME LANE	
				PIKEVILLE, KY 41501	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETIC
F 600	Continued From page	e 2	F 600		
1 000	10		F OUL		
	§483.12(a) The facili	ty must-			
	§483.12(a)(1) Not us physical abuse, corpo involuntary seclusion				
	by: Based on interview, facility policy, it was o to protect two (2) of t	Γ is not met as evidenced record review, and review of determined the facility failed hree (3) sampled residents Resident #358) from abuse.		F600- The Regional Director of Operat re-educated on 12/2/2021 by the Divisional Vice President on Abu Investigation Reporting, Abuse	e Jse
	Registered Nursing A SRNA #26 witnessed #324 by the ankle an attempting to turn an According to SRNA # #324 yelled out in pa stating she hurt him// to file a grievance ag	proximately 4:30 PM, State Assistant (SRNA) #25 and I SRNA #24 grab Resident d "jerk" the resident while d reposition the resident. #25 and SRNA #26, Resident in, and cursed at SRNA #24, her and that he/she wanted ainst SRNA #24. Although r of Operations (RDO) and		Program, and Recognizing Sign Abuse. A new Regional Director Operations has been assigned to the building as of 12/3/2021. SRNA# 24 was suspended on 1 and has not returned to work. S reported to the nurse aide regist 12/6/2021. SRNA #24 was term 12/9/2021	s of of to oversee 1/21/2021 he was try on
	facility Social Worker #324 who told them S RDO took no action t resident care.	(SW) interviewed Resident SRNA #24 hurt him/her, the to remove the SRNA from (10/2021 at approximately		On 12/17/2021 The Staff Develor Infection Nurse re-educated LPI concerning abuse, neglect and misappropriation specifically en- safety of the alleged victim, assist removing the alleged perpetrator	N # 11 suring the istance in
		and SRNA #26 accompanied		immediately notify the nursing s	
		nt #358's room and		and/or the abuse coordinator for	-

Facility ID: 100599

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		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: FORM OMB NO.	APPROVE
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPLI	
		185256	B. WING		C 12/0	2/2021
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP C		-
		EHABILITATION CENTER	:	200 NURSING HOME LANE		
FARRAIE	POST-ACOTE AND RE			PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETIO DATE
F 600	Continued From page	<b>a</b> 3	F 600			
1 000		strike the resident on the	FOUL			
		er the resident refused to		facility.		
	change clothes and r			All staff working 12/2/2021	on the 6p-6a	
		RNA #25 and SRNA #26		shift were verbally re-educa		
	witnessed the incider	nt, they did not report the		Assistant Director of Nursin	ig on the	
		tration until approximately		definition of Abuse- Abus		
		our later, and SRNA #24		willful infliction of injury, unr		
		resident care during that		confinement, intimidation, o	-	
	time.			with resulting physical harm mental anguish and Abuse		
	The facility's failure to	o have an effective system in		and Reporting - An alleged	-	
		ents were free from abuse,		abuse, neglect, exploitation		
	-	y to cause serious injury,		mistreatment (including inju		
	harm, impairment or			unknown source and misap		
	Immediate Jeopardy			resident property) will be re	-	
		determined to exist on		immediately to the departm	-	
		R 483.12 Freedom from		who will then call the abuse		
		and F610); 42 CFR 483.70 and F837); and 42 CFR		If an employee suspects the above has happened, they		
		ance and Performance		immediately ensure the res		
	· ·	Substandard Quality of		and immediately report to the		
		ntified at 42 CFR 483.12		who will immediately report	-	
		e (F600, F609, and F610).		coordinator, in accordance	to the abuse	
		ed of Immediate Jeopardy		policy.		
	(IJ) on 12/02/2021, a	nd IJ is ongoing.		The supervisor will remove	5	
	Refer to F-609 and F	-610		perpetrator from the buildin investigation. The Administ	rator will then	
	The findings include:			coordinate the investigation all required agencies. Begin 12/3/2021 staff not working	nning	
	Review of the facility	's policy titled "Abuse		including agency staff and i		
		, revised December 2016,		be educated by the DON, A		
	-	the facility had the right to		Regional Director of Nursin		
	be free from abuse.	, ,		nurse or consultant on their		
				scheduled shift. All employe	ees who have	
		's policy titled "Recognizing		worked have been in-servic		
		s of Abuse/Neglect", revised		completed a post-test comp	petency by	
		ed the facility would not		12/20/2021.	ning module C	
	condone any form of	resident abuse or neglect.		The CMS hand in hand trai	ning module 5	

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	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES				FOR	D: 03/30/202 M APPROVE D. 0938-039
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COM	E SURVEY PLETED
		185256	B. WING			C / <b>02/2021</b>
NAME OF PI	ROVIDER OR SUPPLIER	·		STREET ADDRESS, CITY, STATE, ZIP CODE		
				200 NURSING HOME LANE		
PARKVIE	W POST-ACUTE AND RE	HABILITATION CENTER		PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 600	Continued From page	e 4	F 600			
	1. Review of Residen revealed the facility a 03/24/2021 with diag Quadriplegia, Chronic Contractures. Review of Resident # Data Set (MDS) Asse date of 11/11/2021, re the resident as having Status (BIMS) score (15) indicating the res Further review reveal resident as non-ambu staff for bed mobility, motion bilaterally. Co facility assessed the psychosis or behavio Review of Resident # of Care, dated 09/03/ had chronic pain rela Neuropathy and Oste the resident would ve pain or the ability to o relieved pain. Care P monitor the resident for repositioning and sup as needed. Further re revealed Resident #3 ulcer to the left outer Review of the Comple 11/10/2021, revealed #324 reported State I (SRNA) #24, "grabbe "jerked" his/her legs, Per the report, the res	at #324's medical record admitted the resident on noses including c Pain Syndrome, and 4324's Quarterly Minimum essment, with a reference evealed the facility assessed g a Brief Interview for Mental of fifteen (15) out of fifteen sident was cognitively intact. led the facility assessed the ulatory, totally dependent on and having limited range of ntinued review revealed the resident as having no ral symptoms. 4324's Comprehensive Plan (2021, revealed the resident ted to Quadriplegia, eoarthritis. The goal stated erbalize adequate relief of cope with incompletely lan interventions included: for pain every shift; provide oport, and additional pillows eview of this Care Plan 624 had a Stage II pressure		<ul> <li>Preventing and responding to Abbeen added to the annual training program for all employees of Par Beginning 12/3/2021 residents we BIMS of 8 or greater will be intervitient the Regional Nurse Consultant, Administrator, Director of Nursing, So Service Director, Staff Developm Infection Preventionist, Medical F Wound Nurse or staff nurse to eat they feel safe in the facility, have witnessed abuse and have not be subject to abuse, daily until the ir jeopardy has been removed them until substantial compliance has achieved.</li> <li>Beginning 12/3/2021 residents we BIMS of 7 or less will have their schecked for any new bruise, redrrash, blister, skin tears or open a the Regional Nurse Consultant, I of Nursing, Assistant Director of I Staff development/ infection prevwound nurse, or staff nurse daily immediate jeopardy has been remthen weekly until substantial comhas been achieved.</li> <li>#3 Beginning 12/20/21 the Administrator/Director of Nursing will QAPI program related to review of Abuse, Neglect, and Misappropri property that will include at a min " Review of education deliverer staff and confirm all staff have bee educated, including contract staff 12/20/2021 the results of the review of education deliverer staff and confirm all staff have bee educated, including contract staff</li> </ul>	g kview. iith a viewed by g, cial ent/ Record, nsure not een mmediate n weekly been ith a skin ness, reas by Director Nursing, ventionist, runtil the moved ppliance and/or initiate a of any ation of iimum: een f. Starting iew will	

Facility ID: 100599

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		ND HUMAN SERVICES MEDICAID SERVICES			FOR	:D: 03/30/202 MAPPROVE O. 0938-039
TATEMENT (	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION		E SURVEY PLETED
		185256	B. WING		12	C 2/02/2021
NAME OF PI	ROVIDER OR SUPPLIER	•	•	STREET ADDRESS, CITY, STATE, ZIP COD		
				200 NURSING HOME LANE		
PARKVIEV	V POST-ACUTE AND RE	EHABILITATION CENTER		PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETIO DATE
F 600	Continued From page	e 5	F 60			
			1 00	weekly to determine if the iss	uo has hoon	
	re-educate the SRNA on positioning. Further review of the report, revealed it was resolved on 11/10/2021, and signed as completed by the			resolved or if the initiative sho		
				revised or continued.		
	Social Worker (SW).			" Review of Interviews con	ducted with	
				residents were completed to a	all	
		s Progress Note, dated		interviewable residents. The r		
		M, revealed Resident #324's		review will be presented to the		
		and there were no changes s present, and no redness or		Committee to determine if the been resolved or if the initiativ		
	concerns were noted			revised or continued.		
				" Education sign-in sheets	will be	
	Observation of Resid	lent #324, on 11/20/2021, at		reviewed to ensure that all sta		
	9:02 AM, revealed th	e resident was in a specialty		properly educated related to		
		ess. The resident was		Abuse/neglect policy. The res		
		with his/her hands visible.		review will be presented to the		
		were severely contracted,		Committee to determine if the been resolved or if the initiativ		
	position under the sh	gs appeared to be in a fetal		continue.	/e should	
				Beginning 12/20/21 the Nursi	na	
	Interview with Reside	ent #324, on 11/20/2021 at		Consultants will audit the abu	-	
		e/she remembered the		completion, resident abuse in		
	incident that occurred	d on 11/10/2021 involving		ensure no abuse was identifie	ed or if it is	
		view, SRNA #24 "jerked"		identified it has been address		
		bed" his/her ankle that was		reported, and that no new ski	•	
		ound. The resident stated it upper time". Resident #324		identified on the weekly skin i review weekly for 4 weeks an		
		for her (SRNA #24) to get		monthly for 3 months to ensu		
	-	ther staff that were in the		compliance with the POC. Th		
	•	are. Resident #324 stated		Consultants will also deliver e	•	
	•	file a grievance after the		the administrative team as ne		
		324 stated, "She did abuse		Nursing Consultants will repo	-	
		cern that SRNA #24 still		the abuse education completi		
	-	because she could hurt		abuse interviews and weekly	•••	
	someone else.			review to the full QAPI comm Chief Executive Officer of the		
	Interview with SRNA	#25 on 11/20/2021 at 7:29		determine if the issues have b		
		at 8:05 AM, revealed on		resolved or if the QAPI initiati		
		in orientation with SRNA		revised or continued.		
		s were being oriented to the		#4 Beginning the first week of	f December	

Facility ID: 100599

	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		NO. 0938-03 ATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	OMPLETED
					С	
		185256	B. WING			12/02/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
	N POST-ACUTE AND RE	HABILITATION CENTER		200 NURSING HOME LANE		
.,				PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 600	Continued From page	e 6	F 60	0		
		SRNA #25 stated it was her		2021 the Administrator/DON/A	DON or	
		nd all three (3) of the SRNAs		Unit Manager will quiz 5 rando	-	
		4's room to provide care to		monthly on the s/s of abuse ar		
	the resident including	turning and repositioning.		report abuse. Results are repo		
		NA #24 "seemed to be in a		QAPI committee to ensure staf	f have a	
		rabbed Resident #324's		continue understanding of the		
		resident very quickly. SRNA		policy/regulations related to ab	use and	
		#324 appeared to be very		neglect.		
		diately began yelling out for ay" and yelling about		At the QAPI meetings the resu monitoring by the DON, Social		
	-	NA #24. SRNA #25 stated		ADON, Administrator, and con		
		way from Resident #324 and		consultants will be reviewed by		
	she and SRNA #26 fi	-		Administrator, however any co		
		dent. SRNA #25 stated		identified will be addressed as		
	Resident #324 reque			including any needed educatio	n and/or	
		Operations (RDO) to file a		progressive discipline.		
		SRNA #24. SRNA #25 stated		Beginning 12/20/21 the DON, A		
		O, and Social Worker (SW)		Social Services Director, and the		
	•	4's room after she (SRNA		Consultants will report monitor	ng	
	#25) and SRNA #26 completed the resident's care. SRNA #24 stated she did not know how the RDO was notified to come to the resident's room.			outcomes of in-services,	otopoioo of	
				assessments/interviews, comp staff, and test/checks, at the w		
	TOO was notified to			and/or monthly QAPI Committee		
	Interview with SRNA	#26, on 11/20/2021 at 1:47				
		at 9:51 AM, confirmed she				
		h SRNA #25 on 11/10/2021,				
	and SRNA #24 was o	prienting them. SRNA #26				
		etween SRNA #24 and				
		red at approximately 4:30				
		he stated they all three (3)				
		24's room to provide care,				
		bbserved to pull Resident he resident immediately				
		I was saying he/she wanted				
		ainst SRNA #24. SRNA #26				
		the room and she and				
		d repositioned Resident				
	#324 without any cor	-				
	noz i without any oor	ICEITIS. OININA #20 Stated				

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TATEMENT	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			STRUCTION	(V2) DA	TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	· /		STRUCTION	· · ·	MPLETED
			A. BUILDIN				С
		185256	B. WING				2/02/2021
	OVIDER OR SUPPLIER				T ADDRESS, CITY, STATE, ZIP CODE		2/02/2021
					JRSING HOME LANE		
PARKVIEV	POST-ACUTE AND RE	HABILITATION CENTER			/ILLE, KY 41501		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETION
F 600	Continued From page	e 7	F 6	00			
		e a grievance. SRNA #26		00			
		ome to the resident's room					
	to talk to the resident						
		•					
	Interview with State F	Registered Nursing Assistant					
		0/2021 at 7:08 PM, and on					
	11/30/2021 at 5:15 P	M, revealed she denied					
		24's ankle. She stated she					
	was moving one of th						
		ent when the resident starting					
		to get out of the room.					
		en she went out into the					
	•	RDO, she motioned for him nt's room and informed him					
	the resident wanted t						
	Interview with the So	cial Worker (SW), on					
		PM and on 12/01/2021 at					
		he was preparing to leave					
	-	2021, when the Regional					
	•	s (RDO) came to her and					
		24 wanted to file a grievance.					
		netime between 4:30 PM was unsure of the exact					
	,	she and the RDO went to					
		n to interview the resident					
		#24 moved him/her too fast					
		. The SW stated the RDO					
	asked the resident w						
		sident told the RDO he/she					
	-	24 to care for him/her					
	anymore. The SW fur	ther stated the resident told					
		ted SRNA #24 re-educated					
		sidents with contractures.					
		evealed the grievance form					
		#324 and the resident					
	signed it and was agi	eeable to the resolution.					
	The CN/ et-t- loud	she and the RDO left the					

Facility ID: 100599

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		ND HUMAN SERVICES MEDICAID SERVICES			FO	ED: 03/30/2023 RM APPROVED NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185256	B. WING		1	C 2/02/2021
NAME OF PR	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	DDE	
		HABILITATION CENTER		200 NURSING HOME LANE		
FARMULY	FOST-ACOTE AND RE	HABILITATION CENTER		PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 600	allowed to go back in and she would receiv again. However, the s not removed from res investigation was not Interview with the Re (RDO), on 11/21/202 12/01/2021 at 10:41 / informed Resident #3 grievance on 11/10/2 remember the time, b RDO further stated he found out, but he not to interview the reside Resident #324 did sa him/her. However, w resident if he/she was grievance was filed, a further investigate or care because this wa The RDO stated, rem or investigating the in Continued interview r satisfied immediately agreeable to the reside staff member about re 2. Review of Residen revealed the facility a	Id the SRNA, she was not to Resident #324's room, re re-training prior to working SW stated SRNA #24 was sident care and an initiated by the RDO. gional Director of Operations 1 at 10:54 AM and AM, revealed he was 324 wanted to file a 021. He stated he did not but it was in the evening. The e did not remember how he ified the SW, and they went ent. The RDO stated by SRNA #24 had "hurt" then he directly asked the s abused, the resident O stated Resident #324 did s abused when the and therefore he did not remove SRNA #24 from as not an allegation of abuse. hoving the SRNA from care incident was not necessary. revealed the grievance was , and the resident was blution of reassigning the er unit and re-educating the	F 60			
	Infarction, Chronic Ol Disease, and Anxiety Review of Resident #					

Facility ID: 100599

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		ID HUMAN SERVICES MEDICAID SERVICES				FOF	ED: 03/30/2023 RM APPROVED IO. 0938-0391	
STATEMENT O	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		185256	B. WING			1	C 2/02/2021	
NAME OF PF	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE			
PARKVIEV	V POST-ACUTE AND RE	HABILITATION CENTER						
				F	PIKEVILLE, KY 41501			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 600	date of 09/01/2021, re the resident as having (15) out of fifteen (15) and assessed the resident asymptoms Further review of the the facility assessed extensive assistance hygiene, as always in frequently incontinent Review of Resident # of Care, dated 09/10/ refused care such as hygiene at times. The resident would be infor possible consequence interventions included resident regarding po his/her decisions, doo informed choice and a for the resident's choic Review of the "Self-R dated 11/10/2021, un Administrator, reveale Registered Nursing A	essment, with a reference evealed the facility assessed g a BIMS score of fifteen ) indicating intact cognition sident as displaying of directed toward others. MDS Assessment, revealed the resident as requiring of staff for personal continent of bowel, and as t of urine. 358's Comprehensive Plan 2021, revealed the resident bathing and personal e goal stated that the prmed regarding the es of his/her decisions. The d: staff to educate the ssible consequences of cument the resident's attempt to find the reason	F	600				
	#358 on the left shou provide care to the re Interview with Reside 12:05 PM, revealed the recollection of the inc stated if someone have enough to feel. The re	nt #358, on 11/21/2021 at he resident denied ident on 11/10/2021, and d hit him/her, it was not hard						

Facility ID: 100599

If continuation sheet Page 10 of 53

STATEMENT (	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIP	PLE CONSTRUCTION		<u>10. 0938-039</u> TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:		B	· · ·	MPLETED
						С
		185256	B. WING	·····	1	2/02/2021
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	
PARKVIE	W POST-ACUTE AND RE	HABILITATION CENTER		200 NURSING HOME LANE PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 600	Continued From page	e 10	F 60	00		
		sident stated he/she did not				
	like being bothered a	t times and would				
	sometimes yell at sta	ff when they bothered				
		358 stated when he/she				
		sually left him/her alone for a				
		later "like they should".				
	Interview with SRNA	#25, on 11/20/2021 at 7:29				
		at 8:05 AM, revealed after				
	-	4's room on 11/10/2021, she				
		26 and SRNA #24, went				
		II to Resident #358's room to				
	· ·	sident. SRNA #25 stated upset" about the incident that				
		sident #324 minutes prior.				
		ent #358 was lying in bed and				
		was arguing with SRNA #24				
		did not want to change				
		d up. SRNA #25 stated				
		n his/her right side and				
		ling behind the resident and n the left upper arm/shoulder				
		sident would not cooperate.				
		ited, when SRNA #24 struck				
		an audible noise, and she				
		ocked". Per interview, SRNA				
		striking the resident and the				
		down. SRNA #25 stated she				
	left the resident positi	leted the resident's care and ioned in bed.				
		#26, on 11/20/2021 at 1:47				
		at 9:51 AM, verified she was				
		om on 11/10/2021, at M, with SRNA #25 and				
		6 stated SRNA #24 was				
		#358 to change clothes and				
		e resident was wet; however,				
		sing to change clothes or do				

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	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES					FOR	D: 03/30/2023 MAPPROVED D. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185256	B. WING				C / <b>02/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	•		STI	REET ADDRESS, CITY, STATE, ZIP CODE	•	
PARKVIE	W POST-ACUTE AND RE	HABILITATION CENTER			) NURSING HOME LANE KEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 600	SRNA #24 struck Reg arm/shoulder hard en when impact occurred she (SRNA #26) and over the care of the m occurred. SRNA #26 were able to convince changed and cleaned of the way and no lon resident. Further intel revealed following the supper trays were on #25 proceeded to pas therefore did not imm had witnessed. SRN also passing trays to upset". SRNA #26 sta Practical Nurse (LPN passing trays and told asked what she shou #11 told her to report administration, and L action. Per interview, the incident to the Ass (ADON), at approxim the shift. Interview with License #11, on 11/21/2021 a at 9:29 AM, revealed reported that she witr Resident #358 and as do. LPN #11 stated she incident was reported the end of the shift".	ested. SRNA #26 stated sident #358 on the left oough that it made a sound d. SRNA #26 further stated SRNA #25 immediately took esident after the incident stated she and SRNA #25 e Resident #358 to get d up after SRNA #24 was out oger arguing with the rview with SRNA #26, e incident with SRNA #24, the floor, so she and SRNA as the supper trays and rediately report what they A #26 stated SRNA #24 was residents and "still seemed ated she went to Licensed ) #11 after they finished d her what happened and Id do. SRNA #26 stated LPN what she saw to PN #11 took no further she and SRNA #25 reported sistant Director of Nursing ately 6:00 PM at the end of	F	600			

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	RS FOR MEDICARE &					O. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	CONSTRUCTION	· · ·	E SURVEY IPLETED
		185256	B. WING		1:	C 2/ <b>02/2021</b>
NAME OF P	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP COD		
		HABILITATION CENTER	20	00 NURSING HOME LANE IKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETIOI DATE
F 600	Continued From page	e 12	F 600			
		ght it would be better for the d the abuse to report it to				
	PM, revealed on 11/1 4:30 PM, she entered provide care and it as spilled juice on his/he further stated the res she was trying to end change clothes. Per it encourage Resident could change his/her "tapped" the resident stated she did not sla only "tapped" the res to turn. SRNA #24 fur resident's care was p on the floor, so they p then she clocked out clocked out and went message to come ba statement. She stated	#24, on 11/20/2021 at 7:08 0/2021 at approximately d Resident #358's room to opeared the resident had er bed and clothing. She ident was refusing care and ourage the resident to nterview, while trying to #358 to roll over so they sheets and shirt, she on the shoulder. SRNA #24 up or strike the resident and ident to encourage him/her rther stated after the rovided, supper trays were bassed the supper trays and . She stated soon after she to her car, she received a ck into the facility and give a d she was suspended for a med to work at the facility.				
	(ADON), on 11/20/20 11/21/2021 at 1:08 P 6:00 PM on 11/10/20 #26 reported to her, ' SRNA #24 hit Reside SRNA #24 had alread end of the shift, so sh came back to the fac	M, revealed at approximately 21, SRNA #25 and SRNA 'they thought" they saw int #358. The ADON stated dy left because it was the is called the SRNA, who ility to provide a written he informed SRNA #24 that				

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	S FOR MEDICARE &					<u>O. 0938-039</u>	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	· · · ·	E SURVEY IPLETED	
		185256	B. WING		12	C 12/02/2021	
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	DE		
PARKVIE	W POST-ACUTE AND RE	HABILITATION CENTER		200 NURSING HOME LANE PIKEVILLE, KY 41501			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE	
F 600	Continued From page	9 13	F 60	00			
	skin assessment on F redness or bruising. T the resident if anyone mean to him/her, and mistreated by anyone Interview with the Adr 12:43 PM, and on 12/ revealed he was the A facility and responsibl reporting allegations of notified of the inciden SRNA #24 on 11/10/2 day. He stated the AE getting statements fro suspended SRNA #24 the required notification after he got home. Fut unaware SRNA #25 a approximately an hou had witnessed involvi acknowledged that ar to be reported to adm Continued interview v revealed he was awa that was filed by Resi regarding SRNA #24, reported that he/she v consider that information	ninistrator, on 11/21/2021 at /01/2021 at 11:01 AM, Abuse Coordinator for the le for investigating and of abuse. He stated he was t with Resident #358 and 2021 after he had left for the DON notified him they were om the witnesses and had 4. He further stated he made ons to the state agencies in ther, he stated he was and SRNA #26 waited in before reporting what they ng Resident #358. He hy allegations of abuse were inistration immediately.					
	11/21/2021 at 12:43 F 11:01 AM, revealed h	vith the Administrator, on PM, and on 12/01/2021 at e reviewed grievances grievance was complete					

Facility ID: 100599

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	-	D HUMAN SERVICES			FOI	ED: 03/30/2023 RM APPROVED
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DA	NO. 0938-0391 TE SURVEY MPLETED
		185256	B. WING		1	C 2/02/2021
NAME OF PF	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP COL		
			2	00 NURSING HOME LANE		
PARKVIEV	V POST-ACUTE AND RE	HABILITATION CENTER	Р	IKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 600 F 609 SS=J	#324, and it had no be investigation conducts Further interview with the allegation of abuse was unsubstantiated be denied any abuse occe was permitted to return According to the Admin re-trained SRNA #24 and instructed the SR careful how she treated people may think her though that was not h Reporting of Alleged V CFR(s): 483.12(c)(1)(c) §483.12(c) In response neglect, exploitation, of must: §483.12(c)(1) Ensure involving abuse, negled mistreatment, includin source and misapprop are reported immediat hours after the allegat that cause the allegat serious bodily injury, of the events that cause abuse and do not resu the administrator of th officials (including to t adult protective service for jurisdiction in long-	e grievance filed by Resident earing on the abuse ed related to Resident #358. the Administrator, revealed e involving Resident #358 because Resident #358 burred. Further, SRNA #24 in to work on 11/17/21. inistrator, the facility on abuse and "perception" NA she needed to be ed residents, because some actions were abusive, even er intention. Violations 4) that all alleged violations ect, exploitation or ng injuries of unknown oriation of resident property, tely, but not later than 2 tion is made, if the events ion involve abuse or result in or not later than 24 hours if the allegation do not involve ult in serious bodily injury, to use facility and to other he State Survey Agency and ces where state law provides	F 600	DEFICIENCY		12/21/21
		e law through established				

Event ID: COGB11

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	03/30/2023 MAPPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		E CONSTRUCTION	(X3) DATE	
		185256	B. WING	-			C 02/2021
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	12/	02/2021
i u une or i					200 NURSING HOME LANE		
PARKVIE	W POST-ACUTE AND RE	HABILITATION CENTER			PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
F 609	§483.12(c)(4) Report investigations to the a designated represent accordance with State Survey Agency, within incident, and if the all		F	609			
	by: Based on interview, it was of to immediately report (2) of three (3) sample and Resident #358). On 11/10/2021 at app Registered Nursing A grabbed Resident #33 the resident while turn resident. Resident #33 Social Worker (SW) a of Operations (RDO) him/her; however, the	24 by the ankle and "jerked" ning and repositioning the 24 reported to the facility and to the Regional Director			F609 The Allegation of abuse by SRNA# 24 resident # 324 was reported to OIG, A police department, attending physiciar 11/21/21. The Allegation of abuse by SRNA# 24 resident # 358 was reported to OIG, A police department, attending physiciar 11/10/2021. All residents with a BIMS of 8 or great were interviewed by the Regional Nursi and/or Administrator on 12/2/2021. The residents were asked if they felt safe in the facility, had witnessed abuse or has been subject to abuse. No residents	PS, i on PS, i on er se ng e n	

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 03/30/202 FORM APPROVE OMB NO. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		185256	B. WING		C 12/02/2021
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA	
PARKVIE	V POST-ACUTE AND RE	HABILITATION CENTER		200 NURSING HOME LANE PIKEVILLE, KY 41501	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION (X5) TIVE ACTION SHOULD BE COMPLETION CED TO THE APPROPRIATE DATE EFICIENCY)
F 609	on 11/10/2021 at app #24 went to Resident #25 and SRNA #26 a the left arm/shoulder. witnessed the incider incident immediately approximately 6:00 P the Assistant Director The facility's failure to place to ensure all all immediately reported cause serious injury, to a resident. Immedi identified on 12/02/20 exist on 11/10/2021, a from Abuse (F600, F- 483.70 Administration CFR 483.75 Quality A Improvement (F-867) Care (SQC) was iden Freedom from Abuse The facility was notified on 12/02/2021, and Is Refer to F600 and F6 The findings include:	ly thirty (30) minutes later, roximately 5:00 PM, SRNA #358's room with SRNA and struck Resident #358 on SRNA #25 and SRNA #26 ht, but failed to report the and waited until M to report the incident to of Nursing (ADON). b have an effective system in legations of abuse were , has caused or is likely to harm, impairment or death ate Jeopardy (IJ) was 21, and was determined to at 42 CFR 483.12 Freedom 609 and F-610); 42 CFR in (F-835, F-837); and 42 Assurance and Performance b. Substandard Quality of itified at 42 CFR 483.12 (F600, F609, and F610). ed of Immediate Jeopardy J is ongoing.	F 6	voiced any concern All residents with a their skin checked for redness, rash, blister areas by the region and/or Assistant Dir 12/2/2021. There we identified. SRNA# 24 was sus and has not returne reported to the nurs 12/6/2021. SRNA # 12/9/2021. ON12/3/2021 SRNA were -re-educated to Nursing on the require immediately reportint supervisor any verb witnessed abuse or upon witnessing or All staff working 12/ shift were verbally re Assistant Director of definition of Abuse- willful infliction of inj confinement, intimic with resulting physic mental anguish and and Reporting - An abuse, neglect, exp mistreatment (inclust	BIMS of 7 or less had or any new bruise, er, skin tears or open hal nurse consultant ector of Nursing on ere no new skin issues bended on 11/21/2021 d to work. She was e aide registry on 24 was terminated on A #25 and SRNA #26 by the Director of irement to ng to the department al allegation or neglect immediately hearing it. 2/2021 on the 6p-6a e-educated by the f Nursing on the Abuse is defined as ury, unreasonable lation, or punishment cal harm, pain, or Abuse Investigation alleged violation of loitation or
	of July 2017, revealed abuse shall be promp			who will then call the If an employee susp above has happene immediately ensure	lepartment supervisor e abuse coordinator. pects that either of the

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		MEDICAID SERVICES				IO. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,			E SURVEY
			A. BUILDING	G		
		185256	B. WING			С
		165256	B. WING			2/02/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z	IP CODE	
PARKVIE	W POST-ACUTE AND RE	HABILITATION CENTER		200 NURSING HOME LANE		
	1			PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE) CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETIO DATE
F 609	Continued From page	e 17	F 60	09		
	"Grievances/Complai	ints, Filing", with a revision		who will immediately rep	port to the abuse	
		vealed grievances and		coordinator, in accordar		
	complaints would be	investigated, and the		policy. The supervisor w		
		uld coordinate actions with		alleged perpetrator from		
		and federal agencies		pending the investigatio		
		ture of the allegation. The		Administrator will then c		
		all alleged violations of		investigation and report	-	
		Ild be investigated under the ng abuse and neglect.		agencies. Beginning 12/ working on 12/2/2021 in		
	guidennes for reportin	ig abuse and neglect.		staff and new hires will b		
	Review of a Complai	nt/Grievance Report, dated		the DON, ADON, IP, Re	•	
		on the form), revealed		Nursing, regional nurse	-	
	,	ed to the facility's Social		their next scheduled shi		
	Worker (SW) that a S	State Registered Nursing		who have worked have	been in-serviced	
		abbed" the resident's ankle		and completed a post-te		
		jerked" the resident's legs,		12/20/2021. If staff did		
		rt". The report was signed		passing score of 100%,		
		0/2021 by the Social Worker		consultation was done u		
		dent and the plan to resolve reassign the SRNA and		score was obtained. 100 been educate.	D% of staff have	
	educate the SRNA or			The CMS hand in hand	training module 5	
		r positioning.		Preventing and respond	•	
	Interview with Reside	ent #324, on 11/20/2021 at		been added to the annu		
		e resident recalled the		program for all employe	•	
	incident on 11/10/202	21 with State Registered		Beginning 12/3/2021 res		
	Nursing Assistant (SI	RNA) #24. Resident #324		BIMS of 8 or greater will		
		me into his/her room and		the Regional Nurse Con		
		e and jerked his/her leg while		Administrator, Director o	•	
		ning the resident. Resident		Assistant Director of Nu		
		eported to the Regional		Service Director, Staff D		
	-	s (RDO) that SRNA #24 hurt he grabbed it. Further		Infection Preventionist, I Wound Nurse or staff nu		
		esident #324 stated, "She did		they feel safe in the faci		
		view, the resident did not		witnessed abuse and ha		
		ill worked at the facility and		subject to abuse, daily u		
	stated, "She could hu	-		jeopardy has been remo		
				until substantial complia		
		#25, on 11/20/2021 at 7:29		achieved.		
	PM and 12/01/2021 a	at 8:05 AM; and with SRNA		Beginning 12/3/2021 res	sidents with a	

Facility ID: 100599

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DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE & I				FOR	D: 03/30/2023 MAPPROVED O. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	PLE CONSTRUCTION G	(X3) DAT	E SURVEY PLETED
	185256	B. WING		12	C 2/ <b>02/2021</b>
NAME OF PROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE		
			200 NURSING HOME LANE		
PARKVIEW POST-ACUTE AND RE	HABILITATION CENTER		PIKEVILLE, KY 41501		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
<ul> <li>9:51 AM; revealed the resident's ankle and p stated SRNA #24 see rushing and the reside and easy due to the m both stated the reside SRNA to get away frohurt him/her. The SRN requested to talk to the he/she wanted to file stated, SRNA #24 left came to the room to the room</li></ul>	1:47 PM and 11/21/2021 at ey saw SRNA #24 grab the oull the resident "hard". They med to be in a hurry or ent preferred staff to be slow esident's contractures. They nt started yelling, telling m him/her and that she had NAs stated the resident e RDO and was saying a grievance. SRNA #26 the room and the RDO alk to Resident #324. ed Practical Nurse (LPN) 9:29 AM, revealed she was 1. She stated Resident e with the RDO and the to assess Resident #324. ent #324 told her, SRNA e ankle and "hurt" him/her. sident had a wound to or, there were no changes to w injuries. According to LPN er turn/reposition a resident e. me facility's Report, dated 11/10/2021, lity abuse/neglect ed no documented evidence ation that SRNA #24 esident was reported to cial Worker (SW), on PM, and on 12/01/2021 at	F	<ul> <li>BIMS of 7 or less will have theic checked for any new bruise, rearsah, blister, skin tears or opent the Regional Nurse Consultant of Nursing, Assistant Director of Staff development/ infection prwound nurse, or staff nurse da immediate jeopardy has been a then weekly until substantial contas been achieved.</li> <li>#4 Beginning the first week of 2021 the Administrator/DON/A Unit Manager quizzes 5 randomonthly on the s/s of abuse an report abuse. Results are repor QAPI committee to ensure staff continue understanding of the policy/regulations related to ab neglect.</li> <li>At the QAPI meetings the resumonitoring by the DON, Social ADON, Administrator, and comic consultants will be reviewed by Administrator, however any coidentified will be addressed as including any needed educatio progressive discipline.</li> <li>Beginning 12/3/2021 the Administrator of grieva any allegation of abuse/negleci each day with the Regional Dir Operations and/or Divisional V President daily until the immedi jeopardy is removed and then substantial compliance is achied Beginning 12/20/21 the DON, A social Services Director, and the substantial compliance is achied by a social Services Director, and the substantial compliance is achied by a services Director, and the substantial compliance is achied by a services Director, and the substantial compliance is achied by a services Director, and the substantial compliance is achied by a services Director, and the substantial compliance is achied by a services Director, and the substantial compliance is achied by a services Director, and the substantial compliance is achied by a service by a service</li></ul>	edness, a areas by t, Director of Nursing, reventionist, ily until the removed ompliance December DON or om staff nd when to rted to the ff have a buse and lts of the Services, tract y the ncerns discovered, n and/or nistrator will porting and ances and t received rector of fice liate weekly until eved. ADON,	

Event ID: COGB11

Facility ID: 100599

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	S FOR MEDICARE &					IO. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	· · ·	TE SURVEY MPLETED
		185256	B. WING		1	C 2/02/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		2/02/2021
				200 NURSING HOME LANE		
PARKVIE	W POST-ACUTE AND RE	HABILITATION CENTER		PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 609	Continued From page	a 10	F 60			
	The SW stated, she set the complaint/grievant she was still in trainin occurred on 11/10/20 present with the RDC Resident #324 filed at #24. The SW stated F SRNA #24 hurt him/h not abused when ask grievances were revise Administrator to ensu appropriately as an at grievance. She further	21. She stated she was o on 11/10/2021, when grievance regarding SRNA Resident #324 reported er, but stated he/she was red. She stated all ewed with the RDO and the re they were investigated buse allegation or as a er stated, because the e was not abused; the		outcomes of in-services, assessments/interviews, com staff, and test/checks, at the v and/or monthly QAPI Commit meetings.	veekly	
	(RDO), on 11/21/202 <sup>-</sup> 11/23/2021 at 9:20 Al filed a grievance on 1 that was provided by stated Resident #324 him/her and had the r hurt, the allegation w an abuse allegation w an abuse allegation w an abuse allegation w complaint/Grievance Resident #324 was h Resident #324 was h Resident #324 report him/her. The RDO sta he/she was abused, a "no". Therefore, the F was not reported as a RDO, the resident wa resolution to reassign	Form, which stated urt, the RDO acknowledged ed that SRNA #24 did hurt ated he asked the resident if and the resident responded, RDO stated the allegation abuse. According to the				

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION	(X3) DATE COMP	
		185256	B. WING				02/2021
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
PARKVIE	W POST-ACUTE AND RE	HABILITATION CENTER			200 NURSING HOME LANE PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 609	12:43 PM, revealed h Coordinator for the fa allegations of abuse. Resident #324 filed a #24 on 11/10/2021, b resident did not say h allegation was not rep accordance with facili 2. Review of the facil Signs and Symptoms revision date of Janua would not condone ar neglect. The policy fu were to report any sig abuse/neglect to their of Nursing immediate Review of a "Self-Rep 11/10/2021, revealed documented), two (2) Assistants (SRNAs), a reported that another Resident #358 on the performing activities of The report noted that facility Administrator. Review of SRNA #25 revealed she witnessa Resident #358 on the resident was refusing other aide "stepped ir resident. Review of th Statement from SRNA SRNA #24 strike Resident #24	ninistrator, on 11/21/2021 at e was the Abuse cility and investigated He stated he was aware grievance against SRNA ut stated because the e/she was abused, the ported to state agencies in ty policy. ity policy titled, "Recognizing of Abuse/Neglect", with a ary 2011, revealed the facility hy form of resident abuse or rther stated, all personnel gns and symptoms of supervisor or the Director ly. ported Incident Form", dated on 11/10/2021, (no time State Registered Nursing SRNA #25 and SRNA #26, SRNA (SRNA #24) struck e left shoulder while of daily living (ADL) care. the reporting party was the s Witness Statement, ed SRNA #24 strike e left arm/shoulder while the care. Further, she and the " and provided care to the	F	609			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		185256	B. WING				C 02/2021
NAME OF PR	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	<u>.                                    </u>	
PARKVIEV	V POST-ACUTE AND RE	HABILITATION CENTER			200 NURSING HOME LANE PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 609	Continued From page	21	F	609			
	PM and 12/01/2021 a #26, on 11/20/2021 a 9:51 AM; revealed on left Resident #324's r "upset" about the inci- stated they entered R approximately 5:00 P Continued interview v 11/20/2021 at 7:29 PI was resisting care an resident was on his/h was behind the reside struck the resident on area. SRNA #25 stated when she hit the reside SRNA #25 stated they incident to the nurse of Nurse (LPN #11) afte told her to report to Ar supper trays were on report the allegation t Nursing (ADON) until approximately 6:00 P Continued interview v 11/20/2021 at 1:47 PI AM, revealed SRNA # Resident #358 to cha because the resident the bed and the resid resident was refusing stated SRNA #24 stru arm/shoulder and it m interview, she and SF	with SRNA #25, on M, revealed Resident #358 d was yelling. She stated the er right side and SRNA #24 ent when she (SRNA #24) a the left upper arm/shoulder ed, it made an audible noise dent and it "shocked" her. y immediately reported the on duty (Licensed Practical r the incident occurred, who dministration. She stated the floor and they did not o the Assistant Director of the end of the shift at M. with SRNA #26, on M, and 11/21/2021 at 9:51 #24 was trying to get nge clothes and clean up had spilled something on ent was wet. She stated the to change. She further uck Resident #358 on the left nade an audible noise. Per					
	(ADON), at approximation	ately 6:00 PM at the end of					

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 03/30/2023 MAPPROVED D. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		185256	B. WING			C 12/02/2021	
NAME OF PI	ROVIDER OR SUPPLIER	I		S	STREET ADDRESS, CITY, STATE, ZIP CODE		
PARKVIE	W POST-ACUTE AND RE	HABILITATION CENTER			200 NURSING HOME LANE PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 609	trays were on the floo Resident #358, so the SRNA #26 stated SR other residents as we SRNA #26 stated she finished passing trays needed to be reporter administration. Interview with License #11, on 11/21/2021 a 9:29 AM, revealed sh 11/10/2021 and SRN SRNA #24 abuse Resishe was unsure what the abuse allegation, the end of the shift." S SRNA to report the all LPN #11 stated she of approximately five (5) the SRNA had report further action. LPN # abuse allegations we immediately to admin the allegation becaus to report. Interview with the Ass (ADON), on 11/20/20 11/21/2021 at 1:08 PI remember the exact f #26 reported the abus Resident #358, but st PM", at the end of the reported they "though Resident #358. The A	stated they did not e incident because supper or when they finished care for ey passed the supper trays. NA #24 passed trays to the ell and still "seemed upset". e went to LPN #11 after they s and the nurse told her it d immediately to ed Practical Nurse (LPN) t 10:14 AM, and 11/30/2021 re was working on A #26 told her she witnessed sident #358. LPN #11 stated time SRNA #26 told her of but stated it was "around She stated she told the llegation to Administration. confirmed with the ADON ) to ten (10) minutes later, ed the allegation and took no 11 stated she was aware re required to be reported istration, but did not report as she instructed SRNA #26 sistant Director of Nursing	F	609			

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		MEDICAID SERVICES				O. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:		CONSTRUCTION	· · ·	E SURVEY IPLETED
						С
		185256	B. WING	1:	2/02/2021	
IAME OF PI	ROVIDER OR SUPPLIER	1	s	TREET ADDRESS, CITY, STATE, ZIP CODE		
			2	00 NURSING HOME LANE		
ARKVIEV	V POST-ACUTE AND R	EHABILITATION CENTER	F	PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 609	Continued From pag	ie 23	F 609			
		ack to the facility, gave a	1 000			
		suspended. She further				
		ied the Administrator who				
		dinator. The ADON stated				
		e incident had occurred at				
		PM, and was not reported				
	immediately.					
	Interview with the Ac	Iministrator, on 11/21/2021 at				
		2/2021 at 8:58 AM, revealed				
		me aware of the incident with				
	SRNA #24 and Resi	dent #358 "almost				
	-	nappened". He stated the				
		11/10/2021 after he had left				
	-	him about the incident. The				
		when he got home, he made ne state agencies according				
		ministrator stated that he				
		aff who witnessed the incident				
	had not reported the	incident to administration				
	-	he Administrator was asked				
		ly" and the expectation for				
		staff was expected to report safety was assured, and care				
	had been provided.	salety was assured, and care				
F 610		Correct Alleged Violation	F 610			12/21/21
SS=J						
	§483.12(c) In respor	nse to allegations of abuse,				
		or mistreatment, the facility				
	must:					
	S400 40(-)(0) 11					
	§483.12(c)(2) Have violations are thorou	evidence that all alleged ghly investigated.				
	\$483.12(c)(3) Preve	nt further potential abuse,				
		, or mistreatment while the				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 03/30/2023 // APPROVED ). 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,			(X3) DATE	
		185256	B. WING				C <b>02/2021</b>
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
				2	200 NURSING HOME LANE		
PARKVIE	W POST-ACUTE AND RE	HABILITATION CENTER		F	PIKEVILLE, KY 41501		
					PROVIDER'S PLAN OF CORRECTION		0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 610	Continued From page	24	F	610			
	§483.12(c)(4) Report						
	-	administrator or his or her					
		ative and to other officials in					
		e law, including to the State n 5 working days of the					
		eged violation is verified					
		eged violation is verified					
		action must be taken.					
		is not met as evidenced					
	by:						
		record review, and facility			F610		
		determined the facility failed			The Allegation of abuse by SRNA# 24		
	-	of abuse were thoroughly			resident # 324 was re-investigated star	-	
		2) of three (3) sampled			12/3/2021 by the new Regional Director	or of	
	∣ residents (Resident #	324 and Resident #358).			Operations. SRNA #25 and # 26 were re-interviewed by new Regional Director	or	
	0n 11/10/2021 at an	proximately 4:30 PM, State			of Operations on 12/3/2021&& Resider		
	Registered Nursing A	• · · · · · · · · · · · · · · · · · · ·			324 was re-interviewed by new Region		
		24 by the ankle and "jerked"			Director of Operations on 12/3/2021.		
	-	rning and repositioning of			The Allegation of abuse by SRNA# 24	to	
	-	t #324 reported to the facility			resident # 358 was re-investigated star		
		· · ·					
	. ,	and to the Regional Director			12/3/2021 by the new Regional Directo	01 01	
	of Operations (RDO)				Operations. SRNA #25 and # 26 were		
		th the RDO and the facility's			re-interviewed by new Regional Directo		
1	SW and review of a d	nevance iorm dated	1		of Operations on 12/3/2021&& Resider	IL #	I I

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							NO. 0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			DNSTRUCTION	· · ·	ATE SURVEY OMPLETED
			A. BUILDING	G			С
		185256	B. WING				12/02/2021
	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		12/02/2021
PARKVIEV	W POST-ACUTE AND RE	HABILITATION CENTER		PIKI	EVILLE, KY 41501		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECT	TION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETIO DATE
F 610	Continued From page	e 25	F 61	10			
		the RDO and SW went to			358 was re-interviewed by new Re	gional	
		n and the resident informed			Director of Operations on 12/3/202		
	them SRNA #24 hurt	him/her; however, the			SRNA #24 was terminated on 12/9	/2021.	
	-	to remove the SRNA from			All residents with a BIMS of 8 or gr		
	resident care. The fa				were interviewed by the Regional N		
		ted the grievance would be			Consultant, Assistant Director of N	0	
		SRNA #24 to another floor; /as no documented evidence			and/or Administrator on 12/2/2021.		
		a thorough investigation of			residents were asked if they felt sa the facility, had witnessed abuse o		
		r to determine if SRNA #24			been subject to abuse. No residen		
	abused Resident #32				voiced any concerns.		
					All residents with a BIMS of 7 or le	ss had	
	Furthermore, approxi	mately thirty (30) minutes		t	their skin checked for any new brui	se,	
		at approximately 5:00 PM,			redness, rash, blister, skin tears or		
		esident #358's room with			areas by the regional nurse consu		
		A #26. Resident #358 was			and/or Assistant Director of Nursin	•	
		yelling; and SRNA #24 Resident #358 on the left			12/2/2021. There were no new skir identified	1 Issues	
		cility suspended SRNA #24			All staff working 12/2/2021 on the 6	3n-6a	
		tigation. However, the			shift were verbally re-educated by		
		NA #24 did not abuse			Assistant Director of Nursing on th		
	•	o thoroughly investigating			definition of Abuse- Abuse is de		
	the allegation and co	nsidering there were two (2)		\	willful infliction of injury, unreasona	ble	
		lent. The facility also failed			confinement, intimidation, or punis		
		eading up to the alleged			with resulting physical harm, pain,		
		consider a previous incident			mental anguish and Abuse Investig		
		e another resident alleged			and Reporting - An alleged violatio abuse, neglect, exploitation or	n ot	
		A #24) "hurt" him/her. The IA #24 to return to work on			mistreatment (including injuries of		
		resident care. Additionally,			unknown source and misappropria	tion of	
		A #26 witnessed the incident,			resident property) will be reported		
		) PM, but failed to report until			mmediately to the department sup	ervisor	
	approximately 6:00 P	M, and the facility		\	who will then call the abuse coordi	nator.	
	investigation failed to	identify this failure to			If an employee suspects that eithe	r of the	
	immediately report.				above has happened, they are to		
					mmediately ensure the resident is		
	-	o have an effective system in			and immediately report to their sup		
	place to ensure all all thoroughly investigate	egations of abuse were		\	who will immediately report to the a	abuse	

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		ND HUMAN SERVICES MEDICAID SERVICES				FORM	D: 03/30/20 M APPROVE D. 0938-039
TATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMF	SURVEY
		185256	B. WING				C 1 <b>02/2021</b>
NAME OF PI	ROVIDER OR SUPPLIER	•		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
				20	0 NURSING HOME LANE		
PARNVIE	WPOST-ACUTE AND RE	EHABILITATION CENTER		PI	KEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETIO DATE
F 610	Continued From pag	e 26		610			
1 010				510			
		harm, impairment or death iate Jeopardy (IJ) was			policy. The supervisor will remove the	;	
		021, and was determined to			alleged perpetrator from the building pending the investigation. The		
		at 42 CFR 483.12 Freedom			Administrator will then coordinate the		
		609, and F610), 42 CFR			investigation and report to all required	1	
		n (F835 and F837), and 42			agencies. Beginning 12/3/2021 staff r		
		Assurance and Performance			working on 12/2/2021 including agend		
	-	. Substandard Quality of			staff and new hires will be educated b	-	
	Care (SQC) was ider	ntified at 42 CFR 483.12			the DON, ADON, IP, Regional Directo	or of	
		e (F600, F609, and F610).			Nursing, regional nurse or consultant		
	-	ed of Immediate Jeopardy			their next scheduled shift. All employe		
	on 12/02/2021 and I.	J is ongoing.			who have worked have been in-servic		
	Refer to F600 and F6	609			and completed a post-test competend 12/20/2021.		
	<b>-</b>				The CMS hand in hand training modu		
	The findings include:				Preventing and responding to Abuse I	nas	
	Review of the facility	policy titled "Abuse			been added to the annual training program for all employees of Parkview	.,	
		porting", with a revision date			All Grievances/complaints filed with th		
		d all reports of resident			facility will be investigated and correct		
	-	otly reported to local, state,			actions will be taken to resolve the		
		and thoroughly investigated			grievance(s). Grievance forms are loc	ated	
		ent. The policy further stated			on each hallway, all grievances will be		
		ting the investigation would			reviewed grievance officer who is the		
	-	ses to the incident, interview			Administrator. The Social Service		
		n all shifts) who had contact			Director will serve as a backup grieva		
		ng the period of the alleged			officer to the Administrator. Grievance		
		all events leading up to the			officer will either investigate grievance		
	alleged incident.				assign the grievance to the manager	ot	
	Boviow of the facility	policy titled			the department it relates to for		
	Review of the facility	ints, Filing", with a revision			investigation. The grievance officer wi follow up on grievances to ensure a		
		evealed grievances and			thorough investigation has been		
		investigated, and the			conducted and the grievance has been	en	
		uld coordinate actions with			resolved. Beginning 12/3/2021 staff n		
		and federal agencies			working on 12/2/2021 including agend		
		ture of the allegation. The			staff and new hires will be educated b		
		all alleged violations of abuse			the DON, ADON, IP, Regional Directo	-	
		nvestigated under the			Nursing, regional nurse or consultant		

Facility ID: 100599

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			()())			OMB NC	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DATE COMP	SURVEY
			7 DOILD	° <u> </u>		(	С
		185256	B. WING				02/2021
NAME OF P	ROVIDER OR SUPPLIER	·		ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
		HABILITATION CENTER		20	00 NURSING HOME LANE		
				PI	IKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETIO DATE
F 610	Continued From page	e 27	F 61	10			
		ng abuse and neglect.			their next scheduled shift. All employee	es	
					who have worked have been in-service		
	1. Review of Resident #324's medical record revealed the facility admitted the resident on				and completed a post-test competency 12/20/2021.	' by	
	03/24/2021 with diag	noses which included			The New Regional Director of Operation	ons	
C F		c Pain Syndrome, and			and/or Divisional VP reviewed the		
	Contractures.				grievance log for the last 30 days on		
	Boviow of a Complai	nt/Grievance Report, dated			December 3, 2021 to ensure no abuse allegations were noted on the grievanc		
		revealed Resident #324			log and not reported or investigated.	C	
		/ Social Worker (SW), a			There were no logged grievances that		
	SRNA "grabbed" his/				alleged abuse or neglect.		
		d" the resident's legs. The			#4 Beginning the first week of Decemb	er	
		SW, it "hurt". The report			2021 the Administrator/DON/ADON or		
		eted on 11/10/2021 and the			Unit Manager quizzes 5 random staff	4	
		ievance was to reassign the er floor and educate the			monthly on the s/s of abuse and when report abuse. Results are reported to the		
	SRNA on positioning				QAPI committee to ensure staff have a		
	documentation revea				continue understanding of the		
	re-educated on 11/17	7/2021 on Abuse Prevention			policy/regulations related to abuse and		
	and Reporting as wel	-			neglect.		
	repositioning of reside	ents.			Beginning 12/3/2021 residents with a		
	Boviow of the Nurse'	- Prograa Nota datad			BIMS of 8 or greater will be interviewed the Regional Nurse Consultant,	d by	
		s Progress Note, dated M, revealed Resident #324's			Administrator, Director of Nursing,		
		and there was no changes			Assistant Director of Nursing, Social		
		s present, and no redness or			Service Director, Staff Development/		
	concerns were noted				Infection Preventionist, Medical Record	ł,	
					Wound Nurse or staff nurse to ensure		
		rly Minimum Data Set			they feel safe in the facility, have not		
		dated 11/11/2021, revealed the resident as having a			witnessed abuse and have not been subject to abuse, daily until the immedi	iato	
		ental Status (BIMS) score of			jeopardy has been removed then week		
		en (15) indicating the			until substantial compliance has been	<i>y</i>	
	resident was cognitiv				achieved.		
					Beginning 12/3/2021 residents with a		
		ent #324, on 11/20/2021 at			BIMS of 7 or less will have their skin		
		e/she did recall the incident			checked for any new bruise, redness,		
	which occurred on 11	/10/2021 with SRNA #24.			rash, blister, skin tears or open areas b	у	

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		MEDICAID SERVICES				- T	NO. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	· · ·	ATE SURVEY OMPLETED
							С
		185256	B. WING				12/02/2021
NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
PARKVIE\	W POST-ACUTE AND RE	EHABILITATION CENTER	200 NURSING HOME LANE PIKEVILLE, KY 41501				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	COMPLETIO
F 610	Continued From pag	e 28	F 6	10			
	_	d, "She did abuse me". The			the Regional Nurse Consultant, Direc	ctor	
		d, he/she did not like that the			of Nursing, Assistant Director of Nurs		
		the facility because, "She			Staff development/ infection preventi	onist,	
	could hurt someone	else".			wound nurse, or staff nurse daily unt		
					immediate jeopardy has been remov		
		Registered Nursing Assistant			then weekly until substantial complia	nce	
	, , ,	20/2021 at 7:29 PM and M, and with SRNA #26, on			has been achieved.	orwill	
		M and 11/21/2021 at 9:51			Beginning 12/3/2021 the Administrative report, and review for timely reporting		
		itnessed the incident with			thorough investigation of grievances	-	
	-	SRNA #24 on 11/10/2021			any allegation of abuse/neglect recei		
	around 4:30 PM. Bot	h SRNAs stated SRNA #24			each day with the Regional Director		
	grabbed Resident #3	24 by the ankle and "jerked"			Operations and/or Divisional Vice		
		ne resident's leg. Both			President daily until the immediate		
	SRNAs stated they w				jeopardy is removed and then weekly	/ until	
	statement regarding	nt or asked to provide a the incident.			substantial compliance is achieved.		
	Interview with the Re	gional Director of Operations					
		1 at 10:54 AM, and again on					
		M, revealed Resident #324					
	-	11/10/2021 related to care					
		24. The RDO initially stated					
		ot say the SRNA hurt him/her. esident had stated the SRNA					
		e allegation would have been					
		buse allegation. Later during					
		O stated Resident #324					
	-	did hurt him/her; however,					
	· · ·	ed the resident if he/she was					
		responded, "no". Per the					
	RDO, therefore, the a	•					
		ted as abuse. Continued n investigation was not					
		the resident was satisfied					
		reassign SRNA #24 to					
		acility and to re-educate the					
		ng. The RDO stated the					
	drievance was satisfi	ied immediately and					

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	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		<u>O. 0938-03</u> E SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	PLETED
					С	
		185256	B. WING		12	2/02/2021
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1	
	POST-ACUTE AND RE	HABILITATION CENTER		200 NURSING HOME LANE		
				PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 610	Continued From page	<u>&gt;</u> 20	F 61	0		
1 010			FOI	8		
	0	ation was not completed. SRNA #24 was not removed				
		nediately after this incident.				
	Interview with the Soc	cial Worker (SW), on				
		PM and on 12/01/2021 at				
	•	he was the Grievance				
		and just started as the social				
		on 11/03/2021. Per interview, nt occurred on 11/10/2021,				
		g. Further, she received				
		sility on her role as the				
		11/15/2021 and 11/16/2021.				
	The SW stated she w	as present with the RDO on				
	11/10/2021 when Res					
		SRNA #24. Per interview,				
		ed SRNA #24 hurt him/her, further, the resident stated				
	•	ed. The SW further stated all				
		ewed with the RDO and the				
	0	re they were investigated				
		se if necessary. She stated				
		24 stated he/she was not				
	· •	it was not investigated as an				
	abuse allegation.					
	Interview with the Adr	ministrator, on 11/21/2021 at				
	12:43 PM, revealed h	-				
	•	cility and investigated any				
	allegations of abuse.	He stated he was aware				
		grievance against SRNA				
		owever, the resident did not				
	say he/she was abus	ed. Further interview on was not investigated as				
		there was no documentation				
		tion nor was SRNA #24				
	immediately removed	I from resident care due to				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		LETED
		185256	B. WING				C 02/2021
NAME OF PI	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
PARKVIEV	V POST-ACUTE AND RE	HABILITATION CENTER			00 NURSING HOME LANE PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 610	<ol> <li>Review of Resider revealed the facility a 03/14/2020 with diagr Infarction, Chronic Ot Disease, and Anxiety MDS Assessment wit 09/01/2021, revealed resident as having a B Status (BMS) score o (15) indicating the resident as having a B Status (BMS) score o (15) indicating the resident as the second resident as having a B Status (BMS) score o (15) indicating the resident as the second and SRNA #26 report Resident #358 on the performing activities of The form noted that the reporting party.</li> <li>Review of Resident # Note, dated 11/10/2020 redness or bruising me Review of State Regist (SRNA) #25's written 11/10/2021, revealed strike Resident #358 while the resident was review revealed she as in" and provided care</li> <li>Review of SRNA #26' Statement, undated, in strike Resident #358</li> </ol>	at #358's clinical record dmitted the resident on noses including Cerebral ostructive Pulmonary . Review of the Quarterly h a reference date of the facility assessed the Brief Interview for Mental f fifteen (15) out of fifteen sident was cognitively intact. borted Incident Form'' dated on 11/10/2021, SRNA #25 ed SRNA #24 struck left shoulder while of daily living (ADL) care. he Administrator was the 358's Nurse's Progress 21, revealed there was no oted to the left shoulder. stered Nursing Assistant Witness Statement, dated she witnessed SRNA #24 on the left arm/shoulder s refusing care. Further and the other aide "stepped to the resident. s written Witness revealed she saw SRNA #24 on the left arm and she and of the resident after the s Witness Statement,	F	610			

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		LETED
		185256	B. WING				C 02/2021
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
				2	200 NURSING HOME LANE		
PARKVIEV	V POST-ACUTE AND RE	HABILITATION CENTER		P	PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 610	to encourage the reside Interview with Reside 12:05 PM, revealed h with staff at times and The resident stated set to be bothered. Per in at the staff, they woul alone for a while "like back later. The reside not recall an incident." Interview with State R (SRNA) #25, on 11/20 12/01/2021 at 8:05 Al care to Resident #358 approximately 5:00 P SRNA #26. She state resisting care and yel resident was on his/h was behind the reside the resident on the lef SRNA #25 stated she when SRNA #24 hit th her. Continued intervi SRNA #26 reported th shift to the Assistant D at approximately 6:00 provide a written state to the Regional Direct interview, she provide was not interviewed a asked to provide any Interview with SRNA #24 hit	apped" the resident's hand dent to turn. Int #358, on 11/21/2021 at e/she would get aggravated a would "get loud" with them. Interview, when he/she yelled d usually leave him/her they should" and come ent further stated he/she did where staff hit him/her. Registered Nursing Assistant D/2021 at 7:29 PM and M, revealed she provided 3 on 11/10/2021 at M, with SRNA #24 and d Resident #358 was ling. She further stated the er right side and SRNA #24 ent when SRNA #24 struck ft upper arm/shoulder area. In heard an audible noise he resident and it "shocked" we revealed SRNA #25 and he incident at the end of the Director of Nursing (ADON) PM and was asked to ement as to what happened tor of Operations. Per ed a written statement, but again about the incident nor further information. #26, on 11/20/2021 at 1:47 t 9:51 AM, revealed the	F	610			
	incident on 11/10/202						

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	D: 03/30/2023 MAPPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	ECONSTRUCTION		(X3) DATE COMP	SURVEY PLETED
		185256	B. WING		_		C 02/2021
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE	-	
				200 NURSING HOME LANE	E		
PARKVIEV	W POST-ACUTE AND RE	HABILITATION CENTER		PIKEVILLE, KY 41501			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDERS	S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX		CTIVE ACTION SHOULD B	E	COMPLETION
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		NCED TO THE APPROPRIA	TE	DATE
					DEFICIENCY)		
			1				
F 610	Continued From page	32	F 610				
	SRNA #24, SRNA #2	5, and she (SRNA #26) went					
	to Resident #358's ro	om to provide care for the					
		v, SRNA #24 was trying to					
		change clothes and clean					
	-	ent had spilled something on					
		tated the resident was wet					
	and was refusing to c	hange. She further stated					
	SRNA #24 struck Res	ident #358 on the left					
	arm/shoulder and it m	ade an audible noise.					
	Continued interview re	evealed she and SRNA #25					
	reported the incident	to the Assistant Director of					
		proximately 6:00 PM, at the					
	end of the shift and w						
		nat time. SRNA #26 stated					
	she was not interview	ed again by facility staff nor					
	asked any further que						
	incident.	5 5					
	Interview with SRNA	#24, on 11/20/2021 at 7:08					
	PM and on 11/30/202	1 at 5:15 PM, revealed she					
	denied grabbing Resi	dent #324's ankle. Per					
	interview, she was mo	oving one of the pillows used					
	for positioning the res	ident when the resident					
	starting yelling and te	lling her to get out of the					
	room. SRNA #24 state	ed when she went out into					
	the hallway, she motion	oned for the RDO to come					
	to the resident's room	and informed him that the					
	resident wanted to file	e a grievance. Further					
	interview revealed on	11/10/2021 at					
	approximately 4:30 Pl	M, she entered Resident					
	#358's room to provid	e care and it appeared					
	he/she had spilled juid	ce on his/her bed and					
	clothing. SRNA #24 s	tated, while trying to					
	encourage Resident #	\$358 to roll over so they					
	-	ets and shirt, she "tapped"					
	-	oulder. SRNA #24 stated					
		ike the resident and only					
	-	to encourage him/her to					
	turn. She stated after	the resident was changed,					

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TATEMENT (	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DAT	E SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:			CON	IPLETED
			5.11/10/0		С	
		185256	B. WING		12	2/02/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PARKVIE	W POST-ACUTE AND RE	HABILITATION CENTER		00 NURSING HOME LANE PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
F 610	the supper trays were passed the supper tray out. She further state and went to her car, s come back to the faci She stated she was s then went back to wo Interview with the Ass (ADON), on 11/20/20 11/21/2021 at 1:08 PI 6:00 PM on 11/10/202 #26 reported to her, " SRNA #24 hit Reside stated SRNA #24 had the end of the shift, s she came back to the statement. She further was suspended pend Continued interview r Resident #358's room minutes of when the in performed a skin ass found no redness or the also asked the reside or was mean to him/r being hit by anyone. Interview with License #11, on 11/21/2021 a 9:29 AM, revealed sh 11/10/2021 when SR she witnessed SRNA	e on the floor, so they ays and then she clocked d soon after she clocked out she received message to lity and give a statement. suspended for a week and rk. sistant Director of Nursing 21 at 6:20 PM, and M, revealed at approximately 21, SRNA #25 and SRNA they thought" they saw nt #358. The ADON further d already left because it was o she called the SRNA, and e facility to provide a written er stated at that point SRNA ling the investigation. evealed the ADON went to n within five to ten (5-10) incident was reported and essment on the resident and oruising. Per interview, she ent if anyone had hit him/her her, and the resident denied ed Practical Nurse (LPN) t 10:14 AM and 11/30/2021	F 610			

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DEPARTMENT OF HEALTH AND HUN CENTERS FOR MEDICARE & MEDIC	-				PRINTED: ( FORM A OMB NO. ()	PPROVED
STATEMENT OF DEFICIENCIES (X1) PR	ROVIDER/SUPPLIER/CLIA	. ,	CONSTRUCTION		(X3) DATE SU COMPLET	RVEY
	185256	B. WING		_	C 12/02/	/2021
NAME OF PROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PARKVIEW POST-ACUTE AND REHABILI	TATION CENTER		00 NURSING HOME LANI IKEVILLE, KY 41501	E		
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST E TAG REGULATORY OR LSC IDEN	BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)	-	(X5) COMPLETION DATE
F 610 Continued From page 34 Review of the facility's Invess completion date of 11/16/202 the investigation revealed re score greater than eight (8) of asked if they felt safe, if they well, and if they had any com review of the investigation re assessments for residents we less than eight (8) were com further revealed staff and the were interviewed. However, documented evidence of inter the investigation, only written SRNA #24, SRNA #25, and summary further stated, bas #358's statement, the allega unsubstantiated. There was evidence in the investigation incident with Resident #324 considered, or that the event incident with SRNA #24 and reviewed. Furthermore, there documented evidence the fa the investigation, that SRNA failed to immediately report a abuse. Interview with the Regional II (RDO), on 11/21/2021 at 10: 11/10/2021, two (2) SRNAs SRNA #26) reported an allega ADON. The RDO stated the their statements and a staten from the SRNA (SRNA #24) was against, and she was su stated all the information wa Administrator because he wa coordinator and took over the	21. The summary of sidents with a BIMS were interviewed and v were being treated ocerns. Further evealed skin vith BIMS scores of upleted. The summary e resident involved there was no erviews with staff in n statements from SRNA #26. The ed on Resident tion of abuse was no documented that the previous and SRNA #24 was ts leading up to the Resident #358 were e was no ocility identified during #25 and SRNA #26 an allegation of Director of Operations :54 AM, revealed on (SRNA #25 and gation of abuse to the witnesses wrote out ment was obtained that the allegation uspended. The RDO s given to the as the abuse	F 610				

Facility ID: 100599

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING		(X3) DATE SURVEY COMPLETED	
		185256	B. WING		1	C 2/02/2021
IAME OF PF	ROVIDER OR SUPPLIER		STF	REET ADDRESS, CITY, STATE, ZIP CO		
	V POST-ACUTE AND RE	EHABILITATION CENTER	200	NURSING HOME LANE		
			Pik	(EVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETIO DATE
F 610 Continued From page 35		e 35	F 610			
	12:43 PM and 11/22/	ministrator, on 11/21/2021 at 2021 at 8:58 AM, revealed				
	as the administrator.	on the abuse policy upon hire Per interview, he was the nator and was responsible				
	for completing abuse	-				
	"almost immediately	#24 and Resident #358 after it happened". He stated				
		on 11/10/2021, after he had old him about the incident and the RDO) had				
	suspended SRNA #2	-				
		ate agencies, according to				
		aware SRNA #25 and SRNA				
	PM, but failed to repo	cident, at approximately 5:00 ort until approximately 6:00 been identified during the				
		ncident. The Administrator				
	11/16/2021 and unsu abuse based on Res	ibstantiated the allegation of ident #358's statement that				
	revealed he was awa 11/10/2021, which oc	ccurred when SRNA #24				
	stated he did not con making the determination	sident #324. However, he sider this incident when ation that the allegation with				
	Administrator stated #324 was "a care iss	insubstantiated. The the incident with Resident ue" and not an allegation of				
	abuse.	0				

Event ID: COGB11

Facility ID: 100599

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				PRINTED: 03/30, FORM APPRC OMB NO. 0938-
DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /	(X3) DATE SURVEY COMPLETED	
	185256	B. WING		C 12/02/2021
ROVIDER OR SUPPLIER	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	
V POST-ACUTE AND RE	HABILITATION CENTER			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLE
§483.70 Administration A facility must be administration enables it to use its re efficiently to attain or practicable physical,	on. ninistered in a manner that esources effectively and maintain the highest mental, and psychosocial	F 835		
by: Based on interview, Administrator's Job D facility's policies and determined the facility a manner that protect abuse. On 11/10/2021 at app Resident #324 report him/her by the ankle while turning and rep incident was witnesse #26. Resident #324 y SRNA #24, stating th he/she wanted to file SRNA. This allegatic appropriate agencies investigation initiated Approximately thirty ( 11/10/2021, SRNA #25 SRNA #24 hit Reside arm/shoulder. Facility	record review, review of the pescription, and review of the procedures, it was y failed to be administered in ted the residents from proximately 4:30 PM, ted that SRNA #24 grabbed and "jerked" the resident ositioning him/her. This ed by SRNA #25 and SRNA velled out and cursed at e SRNA hurt him/her and a grievance against the on was not reported to o, nor was there an (30) minutes later, on 24 entered Resident #358's with SRNA #25 and SRNA 5 and SRNA #26 witnessed ant #358 on the left y Administration failed to		F835 Residents #324 and #358 had th checked for any new bruises, red rash, blister, skin tears or open a the RN regional nurse consultant 12/2/2021. There were no new s identified. Residents #324 and #358 were interviewed on 12/2/2021 by the Administrator, they were asked it safe in the facility, had witnessed had been subject to abuse, Both # 324 and #358 stated they felt s facility and both resident #324 ar stated they had not witnessed at were they subject to abuse. All residents with a BIMS of 8 or were interviewed by the Regional Consultant, Assistant Director of and/or Administrator on 12/2/202 residents were asked if they felt the facility, had witnessed abuse been subject to abuse. No reside voiced any concerns. All residents with a BIMS of 7 or	dness, areas by t on kin issues f they felt d abuse or residents safe in the nd # 358 buse nor greater al Nurse Nursing 21. The safe in or had ents less had
	S FOR MEDICARE & DF DEFICIENCIES CORRECTION ROVIDER OR SUPPLIER V POST-ACUTE AND RE SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page §483.70 Administratio A facility must be adr enables it to use its re efficiently to attain or practicable physical, well-being of each re This REQUIREMENT by: Based on interview, Administrator's Job D facility's policies and determined the facilit a manner that protect abuse. On 11/10/2021 at app Resident #324 report him/her by the ankle while turning and rep incident was witnesses #26. Resident #324 y SRNA #24, stating th he/she wanted to file SRNA. This allegatio appropriate agencies investigation initiated Approximately thirty ( 11/10/2021, SRNA #26 SRNA #24 hit Reside arm/shoulder. Facility	IDENTIFICATION NUMBER:         IDENTIFICATION NUMBER:         IB5256         ROVIDER OR SUPPLIER         V POST-ACUTE AND REHABILITATION CENTER         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 36 §483.70 Administration.         A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.         This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the Administrator's Job Description, and review of the facility's policies and procedures, it was determined the facility failed to be administered in a manner that protected the residents from	S FOR MEDICARE & MEDICAID SERVICES         PF DEFICIENCIES CORRECTION       (X1) PROVIDERSUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE A BUILDING_         185256       B. WING	S FOR MEDICARE & MEDICAID SERVICES         9F DEFICIENCIES       (X1) PROVIDERSUPPLIERICLIA       (X2) MULTIPLE CONSTRUCTION         10EDTIFICATION NUMBER:       A BUILDING         10EDTIFICATION NUMBER:       A BUILDING         10EDTIFICATION NUMBER:       STREET ADDRESS. CITY. STATE, ZIP CODE         200 NURSING HOME LANE       STREET ADDRESS. CITY. STATE, ZIP CODE         200 NURSING HOME LANE       PREVILLE, KY 41601         STREET ADDRESS. CITY. STATE, ZIP CODE       200 NURSING HOME LANE         PREVILLER       Y POST-ACUTE AND REHABILITATION CENTER       PREVIL         VOST-ACUTE AND REHABILITATION CENTER       PREVILER, KY 41601         SIMMARY STREMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO DENTIFYING INFORMATION)       PREVIL         Continued From page 36 §483.70 Administration.       F 835         Afaility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.       F 835         This REQUIREMENT is not met as evidenced by:       F 835         On 11/10/2021 at approximately 4:30 PM, Resident #324 reported that SRNA #24 grabbed him/her by the ankle and "jerked" the resident while turning and repositioning him/her. This incident was witnessed by SRNA #25 and SRNA #26. Resident #324 and #358 ware interviewed on 12/2/2021 by the dades stated they had not witnessed at safe in the facility, failed w

Facility ID: 100599

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		ND HUMAN SERVICES MEDICAID SERVICES				FOR	D: 03/30/2023 M APPROVED O. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		185256	B. WING _				C / <b>02/2021</b>
NAME OF PI	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PARKVIE	W POST-ACUTE AND RE	HABILITATION CENTER		200 NURSING HOME LANE PIKEVILLE, KY 41501			
		ATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORRECTIO	NI	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 835	Continued From page	e 37	F	835			
	this allegation.				areas by the regional nurse consult	ant	
	and anogation.				and/or Assistant Director of Nursing		
	The facility's failure to	o have an effective			12/2/2021. There were no new skin i		
		ure the facility's policies			identified. On 12/12/21 The Administ	rator	
	were implemented ar	nd failure to ensure its			conducted in-services with Director of	of	
		ed effectively and efficiently			Nursing, and Social Services Directo		
		y to cause serious injury,			concerning Significant Event Call (SI	EC)	
	harm, impairment, or				policy, Abuse, Neglect, and	_	
	Immediate Jeopardy				Misappropriation especially reporting	and	
	12/02/2021, and dete				investigating and the Concerns,		
		R 483.12 Freedom from and F610); 42 CFR 483.70			Complaint, and Grievance policy.		
		and F837); and 42 CFR			The Regional Director of Operations	Was	
		ance and Performance			re-educated on 12/2/2021 by the	Was	
		Substandard Quality of			Divisional Vice President on Abuse		
		ntified at 42 CFR 483.12			Investigation Reporting, Abuse Preve	ention	
	. ,	(F600, F609, and F610).			Program, and Recognizing Signs of		
	The facility was notifi	ed of Immediate Jeopardy			Abuse. A new Regional Director of		
	on 12/02/2021 and IJ	is ongoing.			Operations has been assigned to over the building as of 12/3/2021.	ersee	
	Refer to F600, F609,	F610, and F867			On 12/3/2021 the new Regional Dire		
					of Operations re-educated the facility	/	
	The findings include:				interdisciplinary management team,		
	Dovious of facility in the	a Job Departmention for			including the Administrator, Director		
	Review of facility's the	e Job Description for a revision date of January			Nursing, Assistant Director of Nursin	y,	
	2015, revealed the pr				Social Service Director, MDS coordinators, Human Resources,		
	-	analy purpose of the adaptor to the adaptor day functions of the			Business Office Manager, Medical		
		with current federal, state,			Records, Maintenance, Central Supp	olv.	
	-	guidelines, and regulations			Dietary Manager, Staff Development	-	
		hest degree of quality care			Coordinator, Wound Nurse, Activitie		
	can be provided to re				Director, Unit manager,		
		e Administrator included to			Housekeeping/Laundry Supervisor w		
	develop and maintair				verbally re-educated on the definition	n of	
	procedures and profe				Abuse- Abuse is defined as willful		
		he operation of the facility.			infliction of injury, unreasonable confinement, intimidation, or punishn		
		s "Abuse Investigating and			with resulting physical harm, pain, or		
	Reporting" Policy, wit	th a revision date of July			mental anguish and Abuse Investiga	tion	

Facility ID: 100599

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	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	OMB NO. 0938-0 (X3) DATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:		G	COMPLETED
					С
		185256	B. WING		12/02/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE
	N POST-ACUTE AND RE	EHABILITATION CENTER		200 NURSING HOME LANE	
				PIKEVILLE, KY 41501	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE COMPLET HE APPROPRIATE DATE
F 835	Continued From page	e 38	F 83	35	
		ports of resident abuse shall		and Reporting - An alleged	violation of
		to local, state, and federal		abuse, neglect, exploitation	
		ghly investigated by facility		mistreatment (including inju	
		blicy further stated the		unknown source and misap	
	-	the investigation would		resident property) will be re	
		ses to the incident, interview		immediately to the departm	
		all shifts) who had contact		who will then call the abuse	
		ng the period of the alleged		If an employee suspects the	
	alleged incident.	all events leading up to the		above has happened, they immediately ensure the res	
	alleged incluent.			and then immediately repor	
	Review of the facility'	's "Recognizing Signs and		immediate supervisor who	
	-	Neglect" Policy, with a		immediately notify the abus	
		ary 2011, revealed the facility		which is currently the Admir	
	would not condone a	ny form of resident abuse or		Staff Development coordina	
	neglect. The policy fu	urther stated all personnel		administered a written test	following
		gns and symptoms of		training sessions. If staff die	
		r supervisor or the Director		the passing score of 100%,	
	of Nursing immediate	ely.		consultation was done until	a passing
				score was obtained	the state of the second
		plaint/Grievance Report,		The supervisor will remove	-
		itimed, revealed Resident facility Social Worker, that a		perpetrator from the buildin investigation. The Administ	
		resident's ankle which was		coordinate the investigation	
		d" the resident's legs. The		all required agencies. Begir	•
		rt". The plan to resolve the		12/3/2021 staff not working	
		ssign the SRNA to another		including agency staff and r	
		e the SRNA on positioning.		be educated by the DON, A	
	Further review of the	-		Regional Director of Nursin	
		was resolved and the results		nurse or consultant on their	
	-	e communicated to Resident		scheduled shift. All employe	
		nt signed the report on		worked have been in-servic	
		ort was signed as completed e Social Worker (SW).		completed a post-test comp 12/20/2021	belency by
		no documented evidence the		All Grievances/complaints f	iled with the
		horough investigation of the		facility will be investigated a	
		determine if SRNA #24		actions will be taken to reso	
		24. In addition, the facility		grievance(s). Grievance for	
		cident to the appropriate		on each hallway, all grievar	

Facility ID: 100599

		ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 03/30/202 M APPROVE D. 0938-039		
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /		СОМ	E SURVEY PLETED		
		185256	B. WING			C / <b>02/2021</b>		
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
				200 NURSING HOME LANE				
PARKVIEV	V POST-ACUTE AND RE	HABILITATION CENTER		PIKEVILLE, KY 41501				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE		
F 835	Continued From page	e 39	F 83	5				
1 000	agencies according to		1 00	reviewed grievance officer who Administrator. The Social Serv				
	Quarterly Minimum D with a reference date	Resident #324 in the lata Set (MDS) Assessment, of 11/11/2021, as having a ental Status (BIMS) score of		Director will serve as a backup officer to the Administrator. Gri officer will either investigate gri assign the grievance to the ma	grievance evance ievance or			
	fifteen (15) out of fifte cognition. Interview	with Resident #324 on M revealed he remembered		the department it relates to for investigation. The grievance of follow up on grievances to ensi	ficer will			
	SRNA #24. Resident me". The resident co	curred on 11/10/2021 with #324 stated "She did abuse mplained he/she did not like		thorough investigation has bee conducted and the grievance h resolved. Beginning 12/3/2021	nas been staff not			
	"She could hurt some			working on 12/2/2021 including staff and new hires will be educ the DON, ADON, IP, Regional	cated by Director of			
	dated 11/10/2021, rev (2) SRNAs (SRNA #2	lf-Reported Incident Form" vealed on 11/10/2021, two 25 and SRNA #26) reported A #24) struck Resident #358		Nursing, regional nurse or cons their next scheduled shift. All e who have worked have been ir and completed a post-test com	mployees n-serviced			
	on the left shoulder w daily living (ADL). Re	hile performing activities of		12/20/2021. Beginning 12/3/2021 residents BIMS of 8 or greater will be inte	with a			
	arm/shoulder while th	ident #358 on the left ne resident was refusing IA #26's Witness Statement,		the Regional Nurse Consultant of Nursing, Assistant Director of Social Service Director or desig	of Nursing,			
	revealed she saw SR #358 on the left arm.	NA #24 strike Resident		ensure they feel safe in the fac not witnessed abuse and have subject to abuse, daily until the	not been			
	Quarterly MDS Asses of 09/01/2021, as have	Resident #358 in the ssment with a reference date ving a BIMS score of fifteen		jeopardy has been removed th until substantial compliance ha achieved.	•			
	Interview with Reside	) indicating intact cognition. int #358, on 11/21/2021 at ne/she did not recall an		Beginning 12/3/2021 residents BIMS of 7 or less will have their checked for any new bruise, re	ir skin			
	incident where staff h	it him/her. suspended SRNA #24 and		rash, blister, skin tears or open the Regional Nurse Consultant of Nursing, Assistant Director of	t, Director			
	initiated an investigat	-		or Designee daily until the imm jeopardy has been removed th	nediate			

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TATEMENT (	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		10. 0938-039
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	i	COI	MPLETED
		185256	B. WING		1	C 2/02/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PARKVIE	W POST-ACUTE AND RE	HABILITATION CENTER		200 NURSING HOME LANE PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 835		e 40 vitnessed the incident at	F 83	5 until substantial compliance ha	as been	
	incident until approxim there was no docume were reviewed leadin or that the previous in where another reside (SRNA #24) "hurt" hir Additionally, there was of interviews with SR SRNA #26. The facilit allegation of abuse w on Resident #358's s were two (2) witnesse facility permitted SRN 11/17/2021, providing Interview with the Re (RDO), on 11/21/202 12/02/2021 at 6:56 P related to allegations Administrator who was and he took over the further stated all abus	gional Director of Operations 1 at 10:54 AM and on M, revealed all information of abuse were given to the as the Abuse Coordinator investigations. The RDO se investigations were ministrator to ensure the		achieved. Beginning 12/3/2021 the Admi report, and review for timely re thorough investigation of griev any allegation of abuse/negled each day with the Regional Di Operations and/or Divisional V President daily until the immed jeopardy is removed and then substantial compliance is achie	eporting and ances and at received rector of /ice Jiate weekly until	
	12:43 PM, 11/22/202 12/01/2021 at 11:01 / role as Administrator He confirmed he was was responsible to th report allegations of a timely. Per interview, weekly to ensure the	ministrator, on 11/21/2021 at 1 at 8:58 AM, and AM, revealed he took on the of the facility on 10/01/2021. the Abuse Coordinator and oroughly investigate and abuse to the state agencies he reviewed all grievances y were complete, to ensure satisfied with the resolution,				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185256	B. WING		1	C 2/02/2021
AME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		
	N POST-ACUTE AND RE	EHABILITATION CENTER	200 NURSING HOME LANE			
				PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETION DATE
F 835	Continued From pag		F 83	5		
F 837	11/21/2021 at 12:43 and 12/01/2021 at 11 incident with Resider and not an allegation stated usually if a res member hurt them, it investigated as abuse answered "no" when the incident was not agencies or investiga abuse. Continued in aware of the incident Resident #358 "almo happened". Per inter unaware SRNA #25 incident at approxima report the incident ur the Assistant Directo Administrator stated investigation involvin 11/16/2021 and unsu abuse based on the he/she was not abuse Administrator stated	est immediately after it rview, the Administrator was and SRNA #26 witnessed the ately 5:00 PM, but failed to ntil approximately 6:00 PM to r of Nursing (ADON). The he completed the g Resident #358 on ubstantiated the allegation of resident's statement saying ed. However, the he did not consider the nt #324 when making the	F 83	7		12/21/21
SS=J	§483.70(d) Governin					1

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		ND HUMAN SERVICES MEDICAID SERVICES				FORI	D: 03/30/202 M APPROVE D. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		DNSTRUCTION	COMF	E SURVEY PLETED
		185256	B. WING				C / <b>02/2021</b>
	ROVIDER OR SUPPLIER	HABILITATION CENTER		200	EET ADDRESS, CITY, STATE, ZIP CODE NURSING HOME LANE EVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 837	required;	ate, where licensing is nanagement of the facility;	F	337			
	by: Based on interview, policy review, it was of Governing Body faile were implemented re operation of the facili failed to ensure comp Freedom from Abuse during Surveys dated and 09/10/2021. Con cited during this surve Neglect, and Exploita Immediate Jeopardy Care (SQC) was cite all at a S/S of a "J". A Administration, F835 of a "J"; and 42 CFR and Quality Improver S/S of a "J". The facility's failure to body, or designated p governing body, that establishing and impl the management of to likely to cause seriou	T is not met as evidenced record review, and facility determined the facility's d to ensure facility policies garding management and ty. The Governing Body bliance with 42 CFR 483.12 , Neglect, and Exploitation 1 09/24/2020, 12/12/2020, ntinued non-compliance was ey at 42 CFR 483.12 Abuse, and Substandard Quality of d at F600, F609 and F610 additionally, 42 CFR 483.70 and F837 was cited at a S/S 483.75 Quality Assurance ment, F867 was cited at a b have an effective governing bersons functioning as a that is legally responsible for ementing policies regarding he facility, has caused or is s injury, harm, impairment or mmediate Jeopardy (IJ)was			F837 Residents #324 and #358 had their checked for any new bruises, reduce rash, blister, skin tears or open areas the RN regional nurse consultant of 12/2/2021. There were no new skin identified. Residents #324 and #358 were interviewed on 12/2/2021 by the Administrator, they were asked if th safe in the facility, had witnessed a had been subject to abuse, Both re # 324 and #358 stated they felt safe facility and both resident #324 and stated they had not witnessed abus were they subject to abuse. All residents with a BIMS of 8 or gro were interviewed by the Regional N Consultant, Assistant Director of Nu and/or Administrator on 12/2/2021. residents were asked if they felt safe the facility, had witnessed abuse or been subject to abuse. No resident voiced any new concerns at the tim the interview. All residents with a BIMS of 7 or less	ess, as by issues ey felt buse or sidents e in the # 358 e nor eater lurse ursing The ie in had s e of	

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		ND HUMAN SERVICES MEDICAID SERVICES				FORM	): 03/30/202 /I APPROVE ). 0938-039
STATEMENT OF DEFIC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		185256	B. WING _				C 02/2021
NAME OF PROVIDER	OR SUPPLIER	•		ST	REET ADDRESS, CITY, STATE, ZIP CODE	•	
PARKVIEW POST	ACUTE AND RE	HABILITATION CENTER			0 NURSING HOME LANE KEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETIO DATE
exist of from A 483.7 CFR A Impro Care of Freed The fa (IJ) or Refer The fi Revie Assur (QAP) with a Gover the Q on info focuse reflect provid Revie Assur (QAP) with a Gover the Q on info focuse reflect provid Revie Assur (Revie Assur (QAP) With a Gover the Q on info focuse reflect provid Revie Assur (Revie (Revie (Revie Assur (Revie (Re	Abuse (F600, Fe 0 Administration 483.75 Quality A vement (F867). (SQC) was ider om from Abuse acility was notifin 12/02/2021, an to F600, F609, ndings include: w of the facility ance and Perfo 0) Program - Go revision date o ning Body was API program was proation that m es on problems t processes, fur led to the reside w of Statement urvey, dated 09, v was cited at 42 ct, and Exploita ity (S/S) of a "D tion of abuse. H failed to ensure ained. w of Statement urvey, dated 12, v was cited at 42 v	at 42 CFR 483.12 Freedom 609, and F610), 42 CFR n (F835 and F837), and 42 Assurance and Performance Substandard Quality of ntified at 42 CFR 483.12 r (F600, F609, and F610). ed of Immediate Jeopardy nd IJ is ongoing. F610 and F867 policy titled "Quality rmance Improvement vernance and Leadership" of March 2020, revealed the responsible for ensuring that as implemented and based reasures performance and and opportunities that inctions, and services	F 8	37	redness, rash, blister, skin tears or op areas by the regional nurse consultant and/or Assistant Director of Nursing o 12/2/2021. There were no new skin is identified. On 12/3/2021 the Governing Body consisting of the Chief Nursing Officer Chief Strategy Officer, Divisional Vice President, New Regional Vice Preside Regional Nurse Consultant were re-educated on abuse definition, abus reporting and abuse investigating, Grievance and complaints and staff responsibility by Rytes Company. The Chief Operating Officer, MHA, MPA, LNHA, CHC. of the Rytes Company, oprovides corporate compliance for Plainview provided an in-depth review education session on abuse investigat abuse reporting, recognizing signs an symptoms of abuse and neglect, revier compliance requirement of Office of Inspection General, self-reporting inci form and Kentucky mandatory reportin requirement. Beginning 12/3/2021 the Administrator report, and review grievances receive each day with the New Regional Direct of Operations or Divisional Vice Presid daily until the immediate jeopardy is removed and weekly until substantial compliance is achieved. On 12/2/21 the Divisional Vice Presid daily until the Regional Director of Operation conducted a Teachable Moment with the Regional Director of Operation (RDO) concerning failure to follow Significant Event Call (SEC) Po and failed to report and/or investigate	It n sues , , , , , , , , , , , , , , , , , , ,	

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DEFICIENCIES CORRECTION OVIDER OR SUPPLIER	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185256	` ´		NSTRUCTION		E SURVEY IPLETED
OVIDER OR SUPPLIER			G		1 2011	
	185256	B. WING				•
	103230					С
			OTDE	ET ADDRESS, CITY, STATE, ZIP CODE	12	2/02/2021
POST-ACUTE AND RE				IURSING HOME LANE		
	HABILITATION CENTER			VILLE, KY 41501		
(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETIO DATE
Continued From page	9 44	F 83	37			
				2/2/21 the RDO resigned.		
-	. ,			8	ns	
			0	f operations attended the corporate	;	
	· · · •				ipany	
	0					
				-		
	-				erning	
					n and	
-						
	•			-	5	
				-	ucted	
Review of the Statem	ents of Deficiencies (SOD)					
for the Survey, dated	09/10/2021, revealed the			-		
facility was cited at 42	2 CFR 483.12 Abuse,					
	, ,				•	
				· · ·	ance	
			p	olicy.		
					-	
				•		
					•	
-	-					
maintained.	-				•	
	, , ,					
				-	-	
	Substandard Quality on 11/25/2020 and de 11/09/2020, in the are Freedom from Abuse Severity (S/S) of a "J" Abuse Policy, F607 a Reasonable Suspicio of a "J"; Reporting All S/S of a "J"; and Inve F610, at a S/S of a "J" Abuse Policy, F607 a "J 483.70, Administratio of an "L". The facility Correction and achiev 01/20/2021. However to ensure compliance Review of the Statem for the Survey, dated facility was cited at 42 Neglect, and Exploita Immediate Jeopardy a Care (SQC) was cited related to failure to er from abuse. The faci Immediate Jeopardy 09/25/2021, alleging of Jeopardy on 09/26/2021, as allege Body failed to ensure maintained. During this Survey, the CFR 483.12 Abuse, N (F600, F609 and F61 Substandard Quality F600, F609, and F61 Additionally, 42 CFR	During this Survey, the facility was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F600, F609 and F610). Immediate Jeopardy and Substandard Quality of Care (SQC) was cited at F600, F609, and F610 all at a S/S of a "J". Additionally, 42 CFR 483.70, Administration, F-835 and F837 was cited at a S/S of a "J"; and	Substandard Quality of Care (SQC) was identified on 11/25/2020 and determined to exist on 11/09/2020, in the areas of 42 CFR 483.12 Freedom from Abuse, F-600, at a Scope and Severity (S/S) of a "J"; Develop and Implement Abuse Policy, F607 at a S/S of a "J"; Reporting Reasonable Suspicion of a Crime, F608, at a S/S of a "J"; Reporting Alleged Violations, F609 at a S/S of a "J"; and Investigate/Prevent Abuse, F610, at a S/S of a "J". Additionally, 42 CFR 483.70, Administration, F835 was cited at a S/S of an "L". The facility submitted a Plan of Correction and achieved compliance effective 01/20/2021. However, the Governing Body failed to ensure compliance was maintained. Review of the Statements of Deficiencies (SOD) for the Survey, dated 09/10/2021, revealed the facility was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F600 and -609). Immediate Jeopardy and Substandard Quality of Care (SQC) was cited at F600 at a S/S of a "K", related to failure to ensure residents were free from abuse. The facility submitted an acceptable Immediate Jeopardy Removal Plan on 09/25/2021, alleging removal of the Immediate Jeopardy on 09/26/2021. The State Agency verified the Immediate Jeopardy was removed on 09/26/2021, as alleged. However, the Governing Body failed to ensure compliance was maintained. During this Survey, the facility was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F600, F609 and F610). Immediate Jeopardy and Substandard Quality of Care (SQC) was cited at F600, F609, and F610 all at a S/S of a "J". Additionally, 42 CFR 483.70, Administration,	Substandard Quality of Care (SQC) was identified       1         on 11/25/2020 and determined to exist on       A         11/09/2020, in the areas of 42 CFR 483.12       In         Freedom from Abuse, F-600, at a Scope and       a         Severity (S/S) of a "J"; Develop and Implement       C         Abuse Policy, F607 at a S/S of a "J"; Reporting       th         Reasonable Suspicion of a Crime, F608, at a S/S       ff         of a "J"; Reporting Alleged Violations, F609 at a       S/S         S/S of a "J"; and Investigate/Prevent Abuse,       C         F610, at a S/S of a "J". Additionally, 42 CFR       M         483.70, Administration, F835 was cited at a S/S       S         of an "L". The facility submitted a Plan of       A         Correction and achieved compliance effective       C0         01/20/2021. However, the Governing Body failed       p         to ensure compliance was maintained.       C         Review of the Statements of Deficiencies (SOD)       S         for the Survey, dated 09/10/2021, revealed the       S         facility was cited at 42 CFR 483.12 Abuse,       A         Neglect, and Exploitation (F600 and -609).       m         Immediate Jeopardy and Substandard Quality of       tt         Care (SQC) was cited at F600 at a S/S of a "K",       p	Substandard Quality of Care (SQC) was identified on 11/25/2020 and determined to exist on 11/09/2020, in the areas of 42 CFR 483.12 Freedom from Abuse, F-600, at a Scope and Severity (S/S) of a 'J'; Develop and Implement Abuse Policy, F607 at a S/S of a 'J'; Reporting Reasonable Suspicion of a Crime, F608, at a S/S of a 'J'; Reporting Alleged Violations, F609 at a S/S of a 'J'; Reporting Alleged Violations, F609 at a S/S of a 'J'; Additionally, 42 CFR 483.70, Administration, F835 was cited at a S/S of an 'L'. The facility submitted a Plan of Correction and achieved compliance effective 01/20/2021. However, the Governing Body failed to ensure compliance was maintained.12/2/21 the RDO resigned. A new Regional di of operation stattended the corporate training conducted by the Rytes com for corporate compliance.Review of the Statements of Deficiencies (SOD) for the Survey, dated 09/10/2021, revealed the facility was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F600 and -609).Social Services Director concerning Significant Event Call (SEC) Policy, Abuse, Neglect, and Misappropriatio Concerns, Complaint, and Grievance policy.Review of the Statements of Deficiencies (SOD) for the Survey, dated 09/10/2021, revealed the facility was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F600 and -609).Social Services Director concerning Significant Event Call (SEC) Policy, Abuse, Neglect, and Busent and/or Chief Nursi Officer. All members are responsibil Information gather will be on site at the down and fe10 all at a S/S of a 'J''. Administrator. The Medical Director attends QAPI. While the member is Substandard Quality of Care (SQC) was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F600, F609 and F610). Immediate Jeopardy Removal Plano Officer. All members are re	Substandard Quality of Care (SQC) was identified on 11/25/2020 and determined to exist on 11/09/2020, in the areas of 42 CFR 483.12 Freedom from Abuse, F-600, at a Scope and Severity (S/S) of a "J". Povelop and Implement Abuse Policy, F607 at a S'S of a "J". Reporting Reasonable Suspicion of a Crime, F608 at a S/S of a "J". The version of a Crime, F609 at a S/S of a "J". and Investigate/Prevent Abuse, F610, at a S/S of a "J". Additionally, 42 CFR 483.70, Administration, F835 was cited at a S/S of an "L". The facility submitted a Plan of Correction and achieved compliance effective 01/20/2021. However, the Governing Body failed to ensure compliance was maintained. Review of the Statements of Deficiencies (SOD) for the Survey, dated 09/10/2021, revealed the facility was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F600 and -609). Immediate Jeopardy and Substandard Quality of Care (SQC) was cited at F600 at a S/S of a "K", related to failure to ensure residents were free from abuse. The facility submitted a Plan on G0/25/2021. However, the Governing Body failed to ensure to ensure residents were free from abuse. The facility submitted an acceptable Immediate Jeopardy Removal of the Immediate Jeopardy on 09/26/2021. The State Agency verified the Immediate Jeopardy was removed on 09/25/2021, as a allegod. However, the Governing Body failed to ensure compliance was maintained. During this Survey, the facility was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation Substandard Quality of Care (SQC) was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation Substandard Quality of Care (SQC) was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation Substandard Quality of Care (SQC) was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation Additionally, 42 CFR 483.70, Administrator, F4835 and F837 was cited at a S/S of a "J", and

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		MEDICAID SERVICES				NO. 0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION		ATE SURVEY OMPLETED
			A. BUILDING			
		185256	B. WING			C
	ROVIDER OR SUPPLIER	100200		STREET ADDRESS, CITY, STATE, ZIP CO		12/02/2021
	ROVIDER OR SUFFLIER			200 NURSING HOME LANE	DE	
PARKVIE	W POST-ACUTE AND RE	EHABILITATION CENTER		PIKEVILLE, KY 41501		
	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	COMPLETIO
F 837	Continued From page	e 45	F 83	7		
	42 CFR 483.75 Qual	ity Assurance and Quality		investigated, and alleged pe	rpetrators	
	Improvement, F867 v	was cited at a S/S of a "J".		suspended.		
				Two outside Nurse Consulta		
		taff interviews, revealed that		Management) and (Healthca		
	on 11/10/2021 at app			Associates) will provide addi		
		ted that SRNA #24 grabbed		oversight with this POC begins	0	
		and "jerked" the resident ositioning him/her. The		12/12/21 weekly for 4 month often if necessary to ensure		
		ed by SRNA #25 and SRNA		with the POC. The Nurse Co		
		ent #324 yelled out and		also deliver education to the		
	•	, stating the SRNA hurt		administrative team as need		
		vanted to file a grievance		Nurse Consultants will repor	t findings to	
	against the SRNA, th	is allegation was not		the Governing Body, the QA		
		te agencies, nor was there		committee, and the Chief Ex		
	•	ted. SRNA #24 was not		Officer of the company to de		
	removed from reside	nt care.		issues have been resolved of initiative should continue.	or if the QAPI	
	Subsequently, approx	ximately thirty (30) minutes				
	later, on 11/10/2021,	SRNA #24 entered Resident				
		de care with SRNA #25 and				
		NA #25 and SRNA #26				
		hit Resident #358 on the left				
		ver, facility Administration				
	abuse and failed to ic	nvestigate the allegation of				
	immediately report th	-				
	Interview with the Re	gional Director of Operations				
		I at 10:54 AM and again on				
	. ,	M, revealed Resident #324				
		11/10/2021 related to care				
		SRNA #24. The RDO initially				
		did not report the SRNA				
		the resident stated he/she				
	-	on would have been reported				
		on. After discussing the				
		form that stated Resident DO then acknowledged				
	$\pi_{0}$ = $\pi_{0$	DO LIELI AUNIOWIEUYEU				1

Facility ID: 100599

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TATEMENT	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	TIPLE CONSTRUCTION	(X3) DAT	O. 0938-039 E SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	NG	COM	IPLETED
		185256	B. WING _		13	C 2/02/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		
PARKVIE	W POST-ACUTE AND RE	HABILITATION CENTER		200 NURSING HOME LANE PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 837	Continued From page	e 46	F8	337		
	<ul> <li>F 837 Continued From page 46</li> <li>him/her. Further interview revealed the RDO asked the resident if he/she was abused, and the resident responded "no". Therefore, the RDO stated the allegation was not reported as abuse. According to the RDO, Resident #324 was satisfied with the resolution to reassign SRNA #24 to another area of the facility and to re-educate SRNA #24 on repositioning.</li> <li>Continued interview with the RDO, on 11/21/2021 at 10:54 AM and again on 11/23/2021 at 9:20 AM, regarding the incident with Resident #358, revealed two (2) SRNAs (SRNA #25 and SRNA #26) reported an allegation of abuse to the Assistant Director of Nursing (ADON). The RDO stated the witnesses wrote out their statements and a statement was obtained from the alleged perpetrator (SRNA #24), who was suspended. The RDO stated all the information was given to the Administrator as he was the Abuse Coordinator who completed the investigation. The RDO further stated all abuse investigations were reviewed with the Administrator to ensure the</li> </ul>					
	were identified with th Further interview with	omplete and no concerns ne investigation. n the Regional Director of n 12/02/2021 at 6:56 PM,				
	revealed he was the orepresentative for the 10/01/2021. He states facility daily. The RD	Governing Body facility and had been since d he was present at the O stated he was the Interim facility from 09/13/2021 -				
	address the deficienc 09/10/2021 survey ar meetings every Frida	the week of 09/15/2021 to ties cited from the nd there were regional y. He stated he was not when the other jeopardies				

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	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 03/30/2 FORM APPROV OMB NO. 0938-03	
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 12/02/2021	
		185256	B. WING			
	ROVIDER OR SUPPLIER	HABILITATION CENTER	2	TREET ADDRESS, CITY, STATE, ZIP CODE 00 NURSING HOME LANE 1KEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 837	with the Plan of Correct correct the deficiencie trained on the facility became the Interim A but had not identified	e 47 ted, but had been involved ection and monitoring to es. He stated he was abuse policy when he administrator on 09/13/2021, there were continuing abuse investigations, or	F 837			
F 867 SS=J	§483.75(g) Quality as §483.75(g)(2) The qu assurance committee (ii) Develop and imple	(ii) ssessment and assurance. ality assessment and	F 867		12/21/21	
	by: Based on interview, review, and review of (SOD) from the 09/24 09/10/2021 Surveys, facility's Quality Assu develop and implement action to correct iden Review of the facility' 483.12 Freedom from Exploitation was cited 09/24/2020, 12/12/20 Continued non-comp survey at 42 CFR 483 Exploitation (F600, Fr Jeopardy and Substa	is not met as evidenced record review, facility policy Statements of Deficiencies 1/2020, 12/12/2020 and it was determined the rance Committee failed to ent appropriate plans of tified quality deficiencies. s history revealed 42 CFR Abuse, Neglect, and d during Surveys dated 20, and 09/10/2021. liance was cited during this 3.12 Abuse, Neglect, and 609 and F610). Immediate indard Quality of Care (SQC) 609, and F610 all at a S/S of		F867 On 12/3/2021 the New Regional Direct of Operations re-educated the facility interdisciplinary management team wh includes the Administrator, Director of Nursing, Assistant Director of Nursing, Social Service Director, MDS coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager, Housekeeping/Laundry Supervisor we verbally re-educated on the definition of	ich /, re	

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		MEDICAID SERVICES				NO. 0938-03	
IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185256		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		B. WING			C 12/02/2021		
NAME OF P	ROVIDER OR SUPPLIER		<b>_</b>	STREET ADDRESS, CITY, STATE, Z			
				200 NURSING HOME LANE			
PARKVIEW POST-ACUTE AND REHABILITATION CENTER				PIKEVILLE, KY 41501			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED		(X5) COMPLETIC DATE	
F 867	Continued From page	<u>•</u> 48	E 86	37			
F 867	<ul> <li>67 Continued From page 48</li> <li>a "J". Additionally, 42 CFR 483.70 Administration, F835 and F837 was cited at a S/S of a "J"; and 42 CFR 483.75 Quality Assurance and Quality Improvement, F867 was cited at a S/S of a "J".</li> <li>The facility's failure to have an effective Quality Assurance and Performance Improvement system in place to ensure appropriate action plans to maintain compliance has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy (IJ)was identified, on 12/02/2021, and was determined to exist on 11/10/2021, at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610), 42 CFR 483.70 Administration (F835 and F837), and 42 CFR 483.75 Quality Assurance and Performance Improvement (F867). Substandard Quality of Care (SQC) was identified at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610). The facility was notified of Immediate Jeopardy on 12/02/2021. IJ is ongoing.</li> <li>Refer to F600, F609, and F610</li> </ul>		F 867 Abuse- Abuse is defined as infliction of injury, unreasonal confinement, intimidation, or with resulting physical harm, mental anguish and Abuse Ir and Reporting - An alleged v abuse, neglect, exploitation of mistreatment (including injuri unknown source and misapp resident property) will be rep immediately to the departme who will then call the abuse of If an employee suspects that above has happened, they a immediately report to the who will immediately report to the who will immediately report to the who will immediately report to coordinator who is currently to Administrator. The supervise the alleged perpetrator from pending the investigation. The Administrator will then coord investigation and report to al agencies. staff have been ex-		asonable on, or punishment narm, pain, or use Investigation ged violation of injuries of isappropriation of e reported artment supervisor ouse coordinator. s that either of the hey are to resident is safe, to their supervisor port to the abuse ently the ervisor will remove from the building on. The coordinate the t to all required en educated.: The	s willful ble punishment pain, or nvestigation riolation of or ies of propriation of orted nt supervisor coordinator. t either of the re to lent is safe, eir supervisor o the abuse the or will remove the building ne inate the I required	
		"Quality Assurance and		supervisor will then imm Administrator will imme coordinate the investiga	diately begin to ation. If abuse		
		ement (QAPI) Program"		happens while the Adm			
	Policy, with a revision date of April 2014, revealed			Administrator would be	•		
	the primary purpose of the QAPI program was to			immediately begin coor	•		
		facility-wide processes that		investigation., this also			
		care, quality of life and		hours/weekends/holida	-		
		he residents. The policy		Administrator is also res			
	-	plans were implemented to		reporting to all state age			
	prevent recurrence of	adverse events.		working their next shift			
	<b>_</b> . <i>.</i>			retrained on recognizing			
		strator's Job Description,		abuse and the Staff Dev	-		
		i, revealed the administrator		Coordinator administere			
	was responsible to as	ssist the Quality Assurance		post-test. If staff did no	t achieve the		

Facility ID: 100599

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CENTERS FOR MEDICARE & MEDICAID SERVICES           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SU	OMB NO. 0938-03 (X3) DATE SURVEY	
ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	COMPLE	COMPLETED		
					C	
185256		B. WING			/2021	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
PARKVIE\	W POST-ACUTE AND RE	HABILITATION CENTER		200 NURSING HOME LANE		
				PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AO CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE
F 867	Continued From page	e 49	F 86	57		
	(QA) and Assessmen	t committee in developing		passing score of 100%, ir	ndividual	
	and implementing ap	propriate plans of action to		consultation was done un		
	correct identified qua	lity deficiencies.		score was obtained. 100%	% of staff have	
				been educated.	<b>a</b>	
		s of Deficiencies (SOD) for		All Grievances/complaints		
		24/2020, revealed the facility		facility will be investigated actions will be taken to re		
		483.12 Abuse, Neglect, and t a Scope and Severity (S/S)		grievance(s). Grievance f		
	,	investigate an allegation of		on each hallway, all griev		
		QA Committee failed to		reviewed grievance office		
	ensure substantial co			Administrator. The Socia		
				Director will serve as a ba	ackup grievance	
		s of Deficiencies (SOD) for		officer to the Administrato	or. Grievance	
	the Survey dated 12/			officer will either investiga	-	
		2 CFR 483.12 Abuse,		assign the grievance to th	-	
		tion (F600, F607, F608,		the department it relates t		
		nediate Jeopardy (IJ) and of Care (SQC) was identified		investigation. The grievar follow up on grievances to		
	on 11/25/2020 and de	· · · · ·		thorough investigation ha		
		eas of 42 CFR 483.12		conducted and the grieva		
		, F-600, at a Scope and		resolved. Beginning 12/3/		
	Severity (S/S) of a "J	; Develop and Implement		working on 12/2/2021 inc	luding agency	
		it a S/S of a "J"; Reporting		staff and new hires will be		
		n of a Crime, F608, at a S/S		the DON, ADON, IP, Reg		
		eged Violations, F609 at a		Nursing, regional nurse o		
		stigate/Prevent Abuse, I". In addition, 42 CFR		their next scheduled shift who have worked have be		
		n, F835 was cited at a S/S		and completed a post-tes		
		submitted an acceptable		12/20/2021.		
	-	th a compliance date of		Beginning 12/3/2021 the	Administrator will	
	01/20/2021. The plan	-		report, and review grievar	nces received	
	12/12/2020 Survey stated any new hires or			each day with the New Re	0	
	agency staff would be in-serviced on abuse prior			of Operations or Divisiona		
		sident care; and the facility		daily until the immediate j	· · ·	
	-	s which included staff		removed and weekly until	i substantial	
	•	ent interviews, and resident lowever, the corrective		compliance is achieved. Beginning 12/3/2021 a m	ember of the	
	actions were not effe			governing body will be on		
		ce at 42 CFR 483.12 Abuse,		facility daily until the imme		

Facility ID: 100599

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	0: 03/30/202 AAPPROVE 0. 0938-039
STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         185256			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C 12/02/2021	
		B. WING					
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			•	
		HABILITATION CENTER	200 NURSING HOME LANE				
PARNVIEV	V POST-ACUTE AND RE	HABILITATION CENTER		PI	KEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 867	Continued From page	<u>- 50</u>	F8	867			
	Neglect and Exploitat				is removed and substantial compliance	o io	
					is removed and substantial compliance achieved. Members of the governing	5 15	
	Review of the Statem	ents of Deficiencies (SOD)			body include New RDO and/or DVP,		
		09/10/2021, revealed			Regional Nurse Consultant and/or Ch	ief	
	deficiencies cited at 4			Nursing Officer. The key members of			
	Neglect, and Exploita			QAPI committee consist of Administra	tor,		
		(IJ) and Substandard Quality			Director of Nursing, Medical Director,		
	· · · ·	ited at F600 at a S/S of a			Infection Preventionist. Information ga	ther	
	"K". The facility subn				will be QAPI d and reported to full		
	Immediate Jeopardy				governing body by Administrator. The		
		removal of the Immediate 021. The State Agency			Medical Director attends QAPI. While facility the member of governing body		
		e Jeopardy was removed on			present will review the resident abuse		
		ed. However, the Governing			interviews, and grievances filed each		
	Body failed to ensure				to ensure that there are no allegations		
	maintained.				abuse, and/or allegations are immedia investigated, and alleged perpetrators	ately	
	During this Survey, re	ecord review and staff			suspended.		
		hat on 11/10/2021 at			Beginning 12/20/2021 the Administrat		
		M, Resident #324 reported			designee will ensure the Monitoring a		
		sing Assistant (SRNA) #24			Trending Reports for Incident/Accider	its,	
		he ankle and "jerked" while			Infection Control, Pressure Wound		
	<b>.</b> .	hing him/her. Resident #324 I at SRNA #24, stating the			reports, Reportable Events, resident dignity, and staffing levels are provide	d to	
		nd he/she wanted to file a			the QAPI Committee. All monitoring to		
		e SRNA, as witnessed by			developed for the survey deficiencies		
	SRNA #25 and SRNA	-			be reviewed to ensure that compliance		
	allegation was not rep				expectations are met by the Administr		
		ere an investigation initiated.			prior to submitting at each QAPI		
	SRNA #24 continued	to work.			Committee meetings. If compliance		
					expectations are not met staff the QA		
		thirty (30) minutes later, on			committee members will complete a r		
		24 entered Resident #358's			cause analysis and then a performance	e	
		and SRNA #26 to provide			improvement plan will be initiated to		
	-	SRNA #25 and SRNA #26 bit Resident #358 on the left			correct and not deficient practice.		
		hit Resident #358 on the left ovided Witness Statements,			Beginning 12/20/2021 all PI Projects	will	
	-						
	The facility falled to th	oroughly investigate the			be monitored, and results provided to	the	

Facility ID: 100599

CENTERS FOR MEDICARE & MEDICAID SERVICES           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIF	PLE CONSTRUCTION		OMB NO. 0938-03 (X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  185256 NAME OF PROVIDER OR SUPPLIER		IDENTIFICATION NUMBER:	A. BUILDING		ີ ໌ ເດ	COMPLETED	
					С		
		B. WING			12/02/2021		
			STREET ADDRESS, CITY, STATE, ZIP	CODE			
PARKVIEW POST-ACUTE AND REHABILITATION CENTER			200 NURSING HOME LANE				
PARAVIEV	V POST-ACUTE AND RE	HABILITATION CENTER		PIKEVILLE, KY 41501			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETIOI DATE	
F 867	Continued From page	e 51	F 86	37			
		ddition, the failed to identify	1.00				
		tely report this allegation.		Two outside Nurse Consu	ltant (Kev		
		,		Management) and (Health			
	Interview with the Administrator, on 11/21/2021 at			Associates) will provide ad			
	12:43 PM, 11/22/2021 at 8:58 AM, 12/01/2021 at			oversight with this POC be	eginning		
	11:01 AM, and 12/2/2021 at 6:42 PM, revealed he			12/12/21 weekly for 4 mor			
		of administrator of the		often if necessary to ensu			
		)21, and was over the		with the POC. The Nurse			
	Quality Assurance Performance Improvement (QAPI) committee. The Administrator stated he			also deliver education to the administrative team as ne			
	also served as the Abuse Coordinator at the			Nurse Consultants will rep			
		iew, revealed usually if a		the Governing Body, the C			
	-	taff member hurt them, it		and the Chief Executive C			
	•	d investigated as abuse, but		company to determine if the			
	-	answered "no" when asked		been resolved or if the QA	PI initiative		
	if he/she was abused	l, the incident was not		should continue.			
		te agencies or investigated					
		ouse. Per interview, he					
	considered the incide care issue and not ar	ent involving Resident #324 a					
	cale issue and not al	Tallegation of abuse.					
	Continued interview	with the Administrator, on					
	11/21/2021 at 12:43	PM, 11/22/2021 at 8:58 AM,					
		AM, and 12/2/2021 at 6:42					
		pleted the investigation					
	•	358 on 11/16/2021, and					
	unsubstantiated the allegation of abuse based on						
	the resident's statement saying he/she was not abused. The Administrator stated, although he						
	was aware of the incident on 11/10/2021, which						
	occurred when SRNA #24 provided care for						
	Resident #324, he did not consider this incident						
	when making the det	ermination the allegation					
	-	358 was unsubstantiated.					
		ion of the incident involving					
		dministrator revealed he was					
		and SRNA #26 witnessed the					
	incident at approxima	ately 5:00 PM, but failed to					

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	-	ID HUMAN SERVICES MEDICAID SERVICES				RINTED: 03/30/2023 FORM APPROVED MB NO. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(3) DATE SURVEY COMPLETED
		185256	B. WING			C 12/02/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT	E, ZIP CODE	
PARKVIE	W POST-ACUTE AND RE	HABILITATION CENTER		200 NURSING HOME LANE PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE
F 867	12/2/2021 at 6:42 PM deficiencies for the 09 reviewed through the being monitored throu done as part of the PI survey. The Administr committee had not ide the monitoring of abu	of Nursing (ADON). with the Administrator, on l, revealed the abuse A/10/2021 Survey had been QAPI program and were ugh audits that were being an of Correction for the	F 867			

Event ID: COGB11

Facility ID: 100599

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