

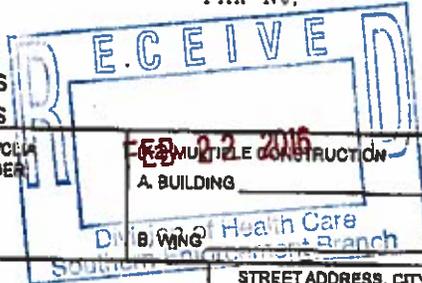
FEB/22/2016/MON 02:40 PM

FAX No.

P. 002

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

PRINTED: 02/12/2016  
FORM APPROVED  
OMB NO. 0938-0381



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>186256 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____<br>C. SECTION _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>12/14/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>PARKVIEW NURSING AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>200 NURSING HOME LANE<br>PIKEVILLE, KY 41601 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (X5) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
| F 000              | INITIAL COMMENTS<br><br>-Amended-<br><br>An abbreviated standard survey (KY24123, KY24133) was initiated on 12/09/15 and concluded on 12/14/15. KY24123 was unsubstantiated with no deficient practice identified. KY24133 was unsubstantiated; however, related deficient practice was identified at 'D' level.   | F 000         | Parkview Nursing and Rehabilitation Center Acknowledges receipt of the Statement of Deficiencies and Proposes this plan of correction, to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality of care and safety of the residents. The plan of correction is submitted as a written allegation of compliance.   |                      |
| F 157<br>SS=D      | 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)<br><br>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).<br><br>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of | F 157         | Parkview Nursing and Rehabilitation Center's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the statement of deficiencies, nor does it constitute an admission that any deficiency is accurate. Further, Parkview Nursing and Rehabilitation Center reserves the right to submit documentation to refute any of the stated deficiencies on this statement of deficiencies through informal dispute resolution, formal appeal, and/or any other administrative or legal proceedings. |                      |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *[Signature]* (X6) DATE: 02-16-16

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| NAME OF PROVIDER OR SUPPLIER<br><br>PARKVIEW NURSING AND REHABILITATION CENTER |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>200 NURSING HOME LANE<br>PIKEVILLE, KY 41501   |                      |   |
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| F 157  | Continued From page 1 this section.<br><br>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.<br><br><del>This REQUIREMENT is not met as evidenced by:</del><br>Based on interview, record review, and a review of the facility policy it was determined the facility failed to consult with the resident's physician when a change in the resident's condition occurred for one (1) of fourteen (14) sampled residents (Resident #14). Interviews conducted with facility staff on 12/10/15, revealed Resident #14's skin surrounding his/her colostomy (a surgically produced exterior opening, with a bag attached to collect fecal waste from the body) was observed to be red and excoriated on 08/02/15. Further interview revealed as a result of the resident's red/excoriated skin, the colostomy bag was unable to be properly attached around the resident's colostomy site, and as a result the resident's colostomy bag leaked fecal matter onto the resident's red/excoriated skin. Interviews and record reviews revealed staff failed to notify Resident #14's physician of the change in the resident's condition until 08/05/15 (three days after the change was identified). Resident #14 was transferred to the hospital on 08/05/15 as a result of "skin breakdown" around his/her colostomy site.<br><br>The findings include:<br><br>Review of the facility policy titled "Change in | F 157  | F 157<br><br>1. On 8/5/15, Resident #14 was noted by the nurse to have drainage from colostomy, g-tube, and emesis of the same consistency as the drainage. The facility Nurse Practitioner was notified and evaluated Resident #14. Orders were received to send Resident #14 to the local hospital for evaluation of the drainage. Resident #14 was subsequently admitted to the hospital with diagnoses of neutropenia, diarrhea, and colon cancer. Resident #14 never returned to the facility.<br><br>2. All residents have the potential to be affected by the deficient practice. Current residents received a head to toe assessment by the Nurse Unit Manager by 12/16/15. Nothing the primary physician was not already aware of was identified. By 12/21/15, the Nurse Unit Managers had reviewed the last 30 days of current residents' medical records looking for a change in | 12/23/15             |   |

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P. 004

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| NAME OF PROVIDER OR SUPPLIER<br><br>PARKVIEW NURSING AND REHABILITATION CENTER |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>200 NURSING HOME LANE<br>PIKEVILLE, KY 41501  |                      |   |
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| F 157  | <p>Continued From page 2</p> <p>Resident Condition," dated 11/30/14, revealed clinical nursing staff was required to recognize, appropriately intervene, and notify the resident's physician when a change in a resident's condition occurred.</p> <p>Review of the medical record for Resident #14 revealed the facility admitted the resident on 11/10/14 with diagnoses which included History of Colon Cancer with attention to Colostomy and Anemia. Review of the resident's quarterly Minimum Data Set Assessment (MDS) dated 05/17/15 revealed the resident required extensive assistance of two staff members for bed mobility and toileting. Staff assessed the resident to be interviewable with a Brief Interview for Mental Status (BIMS) score of 15.</p> <p>The resident was no longer at the facility and was unable to be observed or interviewed.</p> <p>Interview with State Registered Nurse Aide (SRNA) #8 on 12/10/15 at 2:15 PM revealed she had provided care to Resident #14 on 08/02/15 and had observed that the resident's colostomy bag was "leaking" and the resident's skin surrounding the resident's colostomy site was red and excoriated. The SRNA stated she reported the change in the resident's condition to a nurse as required but was unable to recall to whom she reported.</p> <p>Interview with Licensed Practical Nurse (LPN) #8 on 12/10/15 at 3:05 PM revealed she had observed Resident #14's skin surrounding his/her colostomy site to be red and "scalding" in appearance on 08/02/15. The LPN stated she had not observed and was not aware that the resident's colostomy bag was leaking on</p> | F 157  | <p>status that included accident/incidents, a need to alter treatment, a significant change in a resident's condition, or a resident transfer to ensure the primary physician was aware of any changes in residents' condition. Nothing the primary physician was not already aware of was identified.</p> <p>3. A. By 12/22/15, the Assistant Director of Clinical Services had reeducated Licensed Nurses and Nursing Assistants on regulation F 157, the facility's policy and procedure for notification of the primary physician on a resident's change in condition, and their responsibility to document any change in condition on the 24 hour report.</p> <p>B. Daily, the Nurse Unit Manager will QA monitor the 24 hour report for resident changes then review the medical record to ensure the primary physician has been notified. Any discrepancy will be corrected immediately and reported to the Director of</p> |                      |   |

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| F 157  | <p>Continued From page 3</p> <p>08/02/15. The LPN stated had not contacted the resident's physician when a change in the resident's skin condition surrounding his/her colostomy was identified but stated she should have.</p> <p>Interview with Advanced Practice Registered Nurse (APRN) #1 on 12/10/15 at 4:10 PM revealed she was notified of Resident #14's change in condition when she was in the facility where the resident resided on 08/05/15. The APRN stated an SRNA had notified her on 08/05/15 that the resident's skin was "red and irritated" and requested that the APRN assess the resident's skin that surrounded his/her colostomy. APRN #1 stated she observed the resident's skin around his/her colostomy to be red and irritated with a "substance leaking" from the resident's colostomy site. The APRN stated the resident's skin was so irritated "nothing would stick" to his/her skin, in reference to applying a waste collection bag to cover the resident's colostomy and protect the resident's skin. APRN #1 stated she covered Resident #14's colostomy opening with towels and padding, and transferred the resident to a local hospital for further care and treatment. The APRN stated staff should have notified her "quicker for sure" related to the change in the resident's skin condition that surrounded his/her colostomy site.</p> <p>Interview with the Director of Nursing (DON) on 12/10/15 at 5:20 PM revealed staff should have contacted the resident's physician when his/her skin surrounding the colostomy site was observed to be red and irritated, and the resident's colostomy bag was observed to be leaking. The DON stated she had not been notified that Resident #14's skin was red and irritated or that</p> | F 157  | <p>Clinical Services for follow up.</p> <p>C. The Nurse Unit Managers will QA monitor the skin assessment documentation for all residents for two weeks then for 10 residents per week for three months. They will compare this documentation with each resident's record to ensure the primary physician has been notified and a corresponding treatment has been attained if needed.</p> <p>4. Results of the QA monitoring of the 24 hour report will be discussed in the monthly QA meeting for three months for development of an action plan as needed.</p> |                      |   |

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| F 157<br>F 309<br>SS=D   | <p>Continued From page 4<br/>the resident's colostomy bag had been "leaking."<br/>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on interview, record review, and a review of the facility policy it was determined the facility failed to provide necessary care and services to maintain the highest practicable physical, mental, and psychosocial wellbeing for one (1) of fourteen (14) sampled residents (Resident #14). Interviews on 12/10/15 with facility staff revealed Resident #14's skin that surrounded his/her colostomy (a surgically produced exterior opening, with a bag attached to collect fecal waste from the body) was observed to be red and excoriated on 08/02/15. Continued interviews revealed the resident's colostomy bag was unable to be properly attached around the resident's colostomy site, and as a result the resident's colostomy bag leaked fecal matter onto the resident's red/excoriated skin. Resident #14 was transferred to the hospital on 08/05/15 as a result of "skin breakdown" around his/her colostomy site.</p> | F 157<br>F 309   | <p>F 309</p> <ol style="list-style-type: none"> <li>On 8/5/15, Resident #14 was noted by the nurse to have drainage from colostomy, g-tube, and emesis of the same consistency as the drainage. The facility Nurse Practitioner was notified and examined Resident #14. Orders were received to send Resident #14 to the local hospital for evaluation of the drainage. Resident #14 was subsequently admitted to the hospital with diagnoses of neutropenia, diarrhea, and colon cancer. Resident #14 never returned to the facility.</li> <li>All residents have the potential to be affected by the deficient practice. Current residents received a head to toe assessment by the Nurse Unit Manager by 12/16/15. The primary physician had already been informed of all concerns. By 12/21/15, the Nurse Unit Managers had reviewed the last 30 days of current residents' medical records to ensure the primary physician was aware of changes in a resident's status</li> </ol> | 12/23/15             |   |

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| F 309 | <p>Continued From page 5<br/>The findings include:</p> <p>Review of the facility policy titled "Ostomy/Stoma Care," dated 11/30/14, revealed staff was required to provide nursing care to facility residents that maintained good hygiene and to prevent skin problems around the resident's stoma.</p> <p>Review of Resident #14's medical record revealed the facility admitted the resident on 11/10/14 with diagnoses which included Anemia and History of Colon Cancer with attention to Colostomy. Resident #14's quarterly Minimum Data Set Assessment (MDS) dated 05/17/15 revealed the resident required extensive assistance of two staff members for toileting and bed mobility. The resident had been assessed to be interviewable with a Brief Interview for Mental Status (BIMS) score of 15.</p> <p>Resident #14 was no longer at the facility and was unable to be observed or interviewed.</p> <p>Interview with State Registered Nurse Aide (SRNA) #8 on 12/10/15 at 2:15 PM revealed she provided care to Resident #14 on 08/02/15 and had observed that the resident's colostomy bag was "leaking." The SRNA stated the resident's skin surrounding the resident's colostomy site was red and excoriated. SRNA #8 reported the change in the resident's condition to a nurse as required but she was unable to recall who she reported the change in the resident's condition to.</p> <p>Interview with Licensed Practical Nurse (LPN) #8 on 12/10/15 at 3:05 PM revealed she had observed Resident #14's skin surrounding his/her colostomy site to be red and "scalding" in</p> | F 309 | <p>and these changes had already been added to the care plan with interventions so that the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being are being provided. By 12/21/15, the Minimum Data Set Coordinators (MDSC) reviewed each current resident's last comprehensive assessment and care plan to ensure each resident is receiving the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care. Any discrepancies were addressed by the MDSC as a care plan revision.</p> |  |
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| F 309  | <p>Continued From page 6</p> <p>appearance on 08/02/15. LPN #8 stated she had not observed and had not been notified that Resident #14's colostomy bag was leaking on 08/02/15. The LPN stated had not contacted the resident's physician or implemented any new care and treatment to Resident #14's skin, when a change in the resident's skin condition surrounding his/her colostomy was identified on 08/02/15.</p> <p>Interview with Advanced Practice Registered Nurse (APRN) #1 on 12/10/15 at 4:10 PM revealed she was notified of Resident #14's change in condition when she was in the facility where the resident resided on 08/05/15. APRN #1 stated she observed the resident's skin around his/her colostomy to be red and irritated with a "substance leaking" from the resident's colostomy site. The APRN stated the resident's skin was so irritated "nothing would stick" to his/her skin. In reference to applying a waste collection bag to cover the resident's colostomy and protect the resident's skin. APRN #1 stated she covered Resident #14's colostomy opening with towels and padding, and transferred the resident to a local hospital for further care and treatment. The APRN stated staff should have notified her "quicker for sure" related to the change in the resident's skin condition that surrounded his/her colostomy site.</p> <p>Interview with the Director of Nursing (DON) on 12/10/15 at 5:20 PM revealed staff should have provided the necessary care and services to Resident #14 when his/her skin surrounding the colostomy site was observed to be red and irritated, and the resident's colostomy bag was observed to be leaking. The DON stated she had not been notified that Resident #14's colostomy</p> | F 309  | <p>3. A. By 12/22/15; the Assistant Director of Clinical Services had reeducated the licensed nurses of regulation F 309 and their responsibility to contact the primary physician for any change in resident condition, including any new skin impairment; and to evaluate and revise the care plan for each new order and/or diagnosis to ensure each resident will receive the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care.</p> <p>B. The Nurse Unit Managers will QA monitor skin assessment documentation weekly on all residents for two weeks, then 10 residents per week for three months. They will compare this documentation with each resident's record to ensure the primary physician has been notified and a corresponding treatment has been attained if needed.</p> |                      |   |

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| F 309  | Continued From page 7<br>bag was "leaking" or that the resident's skin was red and irritated.                          | F 309  | <p>C. By 12/22/15, the Assistant Director of Clinical Services had reeducated the licensed nurses on using the 24 hour report to document changes in a resident's condition that include accident/incidents, a significant change in a resident's condition, a need to alter treatment or a decision to transfer the resident.</p> <p>D. Daily, the Nurse Unit Manager will QA monitor the 24 hour report for resident changes then review the medical record to ensure the physician has been notified and the care plan has been revised. Any discrepancy will be corrected immediately and reported to the Director of Clinical Services for follow up.</p> <p>4. Results of the QA monitoring of the 24 hour report and skin assessments will be discussed in the monthly QA meeting for three months for development of an action plan as needed.</p> |                      |   |