

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/19/2025
NAME OF PROVIDER OR SUPPLIER  Parkview Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2819 North St Joseph Ave Evansville, IN 47720	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, on 3 of 3 units reviewed. The resident rooms had urine odors, damaged and unclean flooring. (Unit 100, Unit 200, Unit 300) Finding includes : The following was observed between 8:42 a.m. to 9:35 a.m. : room [ROOM NUMBER]- A strong urine odor in the bathroom. The same was observed at 1:17 p.m.room [ROOM NUMBER] - A strong urine odor in the bathroom. The same was observed at 1:19 p.m.Bathroom shared with room [ROOM NUMBER] and 207- Caulking around the wall was crumbling, and debris on the floor.Bathroom shared with room [ROOM NUMBER] and 210- Debris and cobwebs around wall edges, missing flooring. Bathroom shared with room [ROOM NUMBER] and 211- debris around wall edges, crumbling caulking.Bathroom shared with room [ROOM NUMBER] and 214 - debris around edges of wall and cobwebs.Bathroom shared with room [ROOM NUMBER] and 215- holes in linoleum flooring.room [ROOM NUMBER] shared with room [ROOM NUMBER]- A strong urine odor in the bathroom. The same was observed at 1:21 p.m. On 8/19/25 at 9:45 a.m., Housekeeper 2 indicated resident rooms were cleaned daily. Rooms were dusted, swept, mopped, high-touch surfaces cleaned, trash taken out, and bathroom toilets were cleaned. On 8/19/25 at 10:30 a.m. The resident council minutes for May 2025 were reviewed. The minutes included, but were not limited to : Housekeeping: Council would like a deep clean schedule. All in attendance state that the bathrooms are not being cleaned good enough. [name of resident ] stated, The floor in my bathroom is disgusting.On 8/19/25 at 9:15 a.m., the Administrator provided the current Housekeeping general policy with a revision date of 5/16/25. The policy included but was not limited to: . The facility must provide: Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior .This citation relates to Complaint 2578016. 3.1-19(f)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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