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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185012 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>06/05/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Park Grove Nursing and Rehabilitation Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1500 Pride Avenue<br>Madisonville, KY 42431 |  |

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

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, record review and facility policy review, the facility failed to implement a comprehensive person-centered care plan to meet mental and psychosocial needs for one (Resident (R) 2) of three residents reviewed for activity care plans. The resident's care plan for the television (TV) to be on at all times was not consistently followed.</p> <p>The findings include:</p> <p>Review of the facility policy, Care Plan Policy, dated 08/04/2024, revealed the policy statement stated, The facility will develop and implement a person-centered care plan for each resident, that includes measurable objectives and time frames to meet a resident's medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment. Per the policy, The Licensed Nurses and/or Interdisciplinary Team (IDT) develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain . The Comprehensive Care Plan will be person-centered for each resident.</p> <p>Review of R2's medical record revealed she was admitted to the facility on [DATE] with diagnoses which included cerebral palsy and anxiety disorder. Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident was severely impaired for decision making regarding tasks of daily life, with both short- and long-term memory loss. Per the MDS, the resident had impairment on both the lower and upper extremities and was dependent on staff for activities of daily living. (ADLs).</p> <p>Review of the Comprehensive Care Plan, dated 08/23/2024, revealed the Focus stated, I exhibit or am at risk for limited meaningful engagement related to cognitive loss/loss of function. I have Cerebral Palsy, severe physical impairment, and anxiety disorder. I require total care per staff. I prefer for my TV to be on at all times. Interventions on the care plan included, I like to watch television in my room and prefer shows that involve animals. Date initiated 04/15/2024.</p> <p>Observation on 06/03/2025 at 9:10 AM revealed R2 was in awake in bed in her room. The resident was observed to not be able to move her arms or legs more than a few inches. Although R2 moved her head in response to the survey team's voice, attempts to interview the resident were unsuccessful. Two TVs were in the resident's room. One TV was directly in front of the resident at the foot of her bed, with the remote for the TV on a table in front of the TV, out of the resident's reach. A second TV was sitting on a chest of drawers in the room. Neither of the two TVs was on at this time.</p> <p>(continued on next page)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>On 06/03/25 3:35 PM, R2 was found in her bed with her eyes open. Another attempt to interview the resident was made at this time. The resident glanced over at the survey team but did not respond. The two TVs were not on at this time.</p> <p>During an observation on 06/04/25 at 10:29 AM, R2 was in bed, and appeared to be asleep. Neither of the two TVs in the room were on.</p> <p>During an observation on 06/05/25 at 8:15 AM, R2 was in bed. The resident's eyes were open, and she blinked her eyes when spoken to, but did not respond verbally to an attempted interview. Neither of the two TVs were on at this time.</p> <p>During an observation on 06/05/25 at 10:25 AM., R2's TV was turned on, and was showing a cartoon (rather than a show that involved animals, as detailed on the care plan.) Certified Nurse Aide (CNA)1 was at the bedside, and she stated she just turned on the TV. Interview with CNA1 revealed she was unaware that the resident's television was supposed to be on at all times. Further interview revealed she was also unaware that the care plan called for the resident's television to be turned to shows that involved animals.</p> <p>On 06/05/25 at 9:27 AM, during an interview with the MDS Director, she stated she expected staff to follow the care plan.</p> <p>Interview on 06/05/25 at 1:47 PM with the Activities Director revealed she has been in this position for two months. She stated she expects for the staff to follow the care plan as written. Further interview with the Activities Director revealed she was not aware that the care plan called for the resident's TV to be on at all times, and was not monitoring to ensure this was done.</p> <p>During an interview with the Director of Nursing (DON) on 06/05/25 at 2:32 PM, she stated that all nursing staff are responsible for ensuring that the Comprehensive Care Plan is followed as written. Additional interview with the DON on 06/05/25 at 3:40 PM confirmed that she expected the care plans to be followed as written.</p> <p>During an interview with the Administrator on 06/05/25 at 4:17 PM, she stated she expected staff to follow care plans as written and to have R2's TV on.</p> |  |  |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and review of the facility's policy, the facility failed to store food in accordance with professional standards for food service safety. Food was not dated at the time of storage. Opened food was not covered and/or sealed to prevent contamination. This failure had the potential to affect 52 of the facility's 52 residents who consumed food from the kitchen.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Food Storage, dated 2019, revealed food would be stored by methods designed to prevent contamination or cross-contamination. Further review revealed food would be stored in covered containers or wrapped carefully and securely and each item would be clearly labeled and dated before being refrigerated. Additionally, all frozen foods should be covered, labeled, and dated.</p> <p>a. Observation of the kitchen, on 06/03/2025 at 10:07 AM, revealed Refrigerator1's contents included four loaves of bread, one package of hot dog buns, and one package of rolls that were not dated when stored.</p> <p>b. Observation of Freezer1 revealed its contents included one box of hamburger patties, one box of roll dough, one box of frozen cookie dough, and one box of mixed vegetables. Each of these food items were still in their original box/container; however, the food items had been opened, and the containers were not sealed/covered to prevent potential contamination.</p> <p>Interview with Cook2, on 06/05/2025 at 3:00 PM, revealed she worked in the facility for three years as a cook and dietary aide. She stated any food item that was delivered should, prior to storage, be dated with the received date, whether the food was stored in the dry storage pantry, the refrigerator, or the freezer. Cook2 noted that when an item was opened, it should be dated with an open date to provide staff guidance on how long the food item could remain in storage or when it should be discarded. She added that when any food item was opened and kept in its original container, it should be covered securely, and the container should be closed to prevent contamination and/or freezer burn. Interview revealed that all, dietary staff, including Cook2, were responsible for ensuring this occurred. Cook2 stated that when food was opened, it was to be discarded after seven days if unused. Food products that were used were to be discarded within three days, depending on the product. She added that if food was not dated, it should be discarded as there was no way to know how long the food item had been on the shelf or in the refrigerator or freezer. Cook2 stated that if staff failed to follow the facility's policy and guidance on food safety, there was the potential for residents to be served unsafe food that could cause sickness.</p> <p>In an interview with the Dietary Manager, on 06/05/2025 at 3:15 PM, she stated she was new to the position. The Dietary Manager indicated that staff needed reeducation on food safety, including checking dates and ensuring food items were dated when received. She stated that all opened items should be sealed and covered and, if still in the original box, they should also be closed securely. The Dietary Manager said her expectation for all dietary staff was that they ensure residents were served food that was nutritional and not potentially contaminated, adding that the facility was home to all residents, and she would not want to cause them to be sick.</p> <p>(continued on next page)</p> |  |  |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many                           | In an interview with the Administrator, on 06/05/2025 at 3:55 PM, she stated her expectation was for the dietary department staff to follow the appropriate food safety guidelines and the facility's policy so that residents were served meals that were nutritional and safe. |  |  |