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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366256 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/12/2024 |
| NAME OF PROVIDER OR SUPPLIER Parkview Northwest Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 3875 East Galbraith Road Cincinnati, OH 45236 | |

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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49771</p> <p>Based on record review, staff interview and review of the facility policy, the facility failed to ensure a preadmission screening and resident review (PASARR) Level II was completed after a significant change in resident status. This affected one (Resident #14) of two residents reviewed for PASARRs. The facility census was 46 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #14 revealed an admitted [DATE] with diagnoses including obstructive and reflux uropathy, benign prostatic hypertrophy, gastro-esophageal reflux disease and insomnia.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #14 dated 07/20/24 revealed the resident had intact cognition and required set up with activities of daily living (ADLs.)</p> <p>Review of the diagnosis list for Resident #14 revealed the resident had a new diagnosis of schizoaffective disorder, bipolar type added on 07/03/24 by the facility.</p> <p>Review of the PASARR for Resident #14 dated 03/22/21 revealed the resident was ruled out of the PASARR population because dementia was likely to be the primary focus of behavioral health treatment. Further review of the PASARR revealed the following diagnoses were ruled out while the resident was in the hospital prior to admission to the facility: bipolar disorder, depression with psychotic features, schizoaffective disorder.</p> <p>Interview on 09/11/24 at 11:40 A.M. with Social Worker (SW) #365 confirmed the facility should have completed a resident review and initiated a Level II PASARR for Resident #14 when the resident was diagnosed with schizoaffective disorder on 07/03/24.</p> <p>Review of the facility policy titled PASARR dated 01/01/20 revealed a new PASARR was to be completed any time there was a change of condition of a resident currently in a nursing facility and a change in the individual's current diagnoses, mental health treatment, functional capacity, or behavior such that, as a result of the change, the individual who did not previously have indications of a serious mental illness developed such indications.</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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