

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Parkway Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 South Parkway West Memphis, TN 38109	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49269</p> <p>Based on policy review, medical record review, and interview the facility failed to ensure staff reported an allegation of resident-to-resident abuse to the facility Administrator in a timely manner for 1 of 4 (Resident #37) sampled residents for allegations of abuse.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Abuse Prevention Policy, dated 3/1/2018, revealed .The resident has the right to be free from verbal, sexual, physical and mental abuse .The abuse coordinator in the facility is the administrator. Reports of allegations or suspected abuse .will be reported immediately to [the] Facility Abuse Coordinator, Director of Nursing, State Agencies, local Ombudsman Office .Abuse means the willful infliction of injury .physical harm, pain, mental anguish .Abuse maybe resident to resident .When abuse .is suspected the Licensed Nurse should .Respond to the needs of the resident, and protect them from further abuse, Notify the Director of Nursing and Administrator, Complete an incident report and initiate an immediate investigation to prevent further potential abuse, notify the attending physician, resident's family/legal representative and Medical Director, Obtain witness statements .Monitor and document the resident's condition .Provide initial and follow-up counseling for the resident(s), Document actions taken .in the medical record .It is the responsibility of all staff to provide a safe environment for the resident .Ensure that all alleged violations involving abuse .are reported immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse .</p> <p>Review of the facility policy titled, Resident to Resident Altercations, dated 9/2022, revealed .All altercations, including those that may represent resident to resident abuse, are investigated and reported to the nursing supervisor, the director of nursing services and to the administrator .</p> <p>2. Review of the medical record revealed Resident #37 was readmitted to the facility on [DATE], with diagnoses including Hemiplegia, Chronic Obstructive Pulmonary Disease, Heart Failure, Depression, and Dementia.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #37 was cognitively intact. Resident was dependent on staff assistance to perform Activities of Daily Living (ADLs).</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview in the Resident's room on 2/25/2025 at 9:22 AM, the resident stated he was asleep in bed during the night when his roommate (Resident #112) walked over to his bed calling him the N . word and hit him several times on the chest. Resident #37 confirmed that a nurse walked in and instructed his roommate to return to bed. The incident report confirmed this occurred on 2/18/2025.</p> <p>Review of medical record revealed Resident #112 was admitted to the facility on [DATE], with diagnoses including Coronary Artery Disease, Hypertension, and Chronic Kidney Disease.</p> <p>Review of the admission MDS dated [DATE], revealed a BIMS score of 14, which indicated Resident #112 was cognitively intact.</p> <p>Review of Resident #112's Care Plan revised on 2/20/2025, revealed .Resident has demonstrated physical aggression initiated towards roommate .Resident Will Not Harm Self or Others .behavior monitoring .if Resident poses a potential threat to injure self or others notify provider .If safe, allow Resident personal space .Monitor for cognitive, emotional or environmental factors that may contribute to violent .Monitor for signs / symptoms of agitation .psych consult .Residents separated .</p> <p>Review of the Facility Reported Incident documentation dated 2/20/2025, revealed .[the] Administrator was made aware of a resident-to-resident altercation on 2/20/2025 which occurred on 2/18/2025 AT 11:30 PM .</p> <p>During an interview on 2/26/2025 at 2:37 PM, the Administrator confirmed that the incident occurred on 2/18/2025 and the nurse failed to report the incident to the Director of Nursing or to the Administrator. The Administrator confirmed that allegations of abuse should be reported within 2 hours.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50408</p> <p>Based on policy review, medical record review, and interview, the facility failed to ensure Activities of Daily Living (ADL) assistance was provided related to showering for 2 of 2 (Resident #82 and #320) sampled residents reviewed for ADLs.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Review of the undated policy titled, .Activities of Daily Living (ADL's) Abilities, revealed It is the policy of the facility to specify the responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life .A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good .grooming, and personal and oral hygiene . Review of the medical record review revealed Resident #82 was admitted to the facility on [DATE], with diagnoses including Heart Failure, Chronic Kidney Disease, Diabetes, Atrial Fibrillation, and Chronic Obstructive Pulmonary Disease. <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #8 was cognitively intact. Resident #82 required substantial/maximal assistance from staff with showers and bathing.</p> <p>During an interview on 2/24/2025 at 3:37 PM, Resident #82 was asked about his shower/ bathing habits, he stated he should be receiving his showers 3 times a week, on Tuesday, Thursday and Saturday and he hasn't received one since January.</p> <p>Review of the Certified Nursing Aide (CNA) Shower Sheet revealed Resident #82 did receive a shower as stated on Thursday, 1/2/2025, Tuesday 1/7/2025, Tuesday, 1/14/2025, Thursday 1/16/2025, and Thursday 1/23/2025.</p> <p>Review of the [NAME] Wing Shower Schedule form revealed room [ROOM NUMBER], Resident #82's room, Resident #82 should have received a shower on Monday, Wednesday, and Friday.</p> <p>Review of the .Documentation Survey Report . CNA Bathing Task for January 2025 and February 2025, revealed Resident #82 did not receive a shower on 1/1/2025, 1/3/2025, 1/6/2025, 1/8/2025, 1/10/2025, 1/13/2025, 1/15/2025, 1/17/2025, 1/20/2025, 1/22/2025, 1/24/2025, 1/27/2025, 1/29/2025, 1/31/2025, 2/3/2025, 2/5/2025, 2/7/2025, 2/10/2025, 2/12/2025, 2/14/2025, 2/17/2025, 2/19/2025, 2/21/2025, and 2/24/2025.</p> <ol style="list-style-type: none"> Review of the medical record revealed Resident #320 was admitted to the facility on [DATE], with diagnoses including Spinal Stenosis, Morbid Obesity, Neuropathy, Hepatitis B, and Paraplegia. <p>Review of the Baseline Care Plan dated 2/16/2025 revealed Resident #320 is dependent on staff for showers/bath.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/25/2025 at 9:22 AM, Resident #320 was asked about his shower/bathing habits, Resident #320 stated, I have not received a shower since I got here.</p> <p>Review of the facility's [NAME] Wing Shower Schedule, form revealed room [ROOM NUMBER], Resident #320's room should get a shower on Monday, Wednesday, and Friday.</p> <p>Review of the Documentation Survey Report, CNA Bathing Task for February 2025, revealed Resident #320 did not receive a shower on 2/17/2025, 2/19/2025, 2/21/2025, and 2/24/2025.</p> <p>4. During an interview on 2/26/2025 at 9:30 AM, the Director of Nurses (DON) confirmed she was unable to provide documentation for showers, the DON stated, .Point Click Care (PCC) did not have an area to address showers versus baths .and PCC now has been corrected to address this issue by her Regional Nurse on 2/25/2025.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49269</p> <p>Based on medical record review and interview the facility failed to administer the prescribed medication for 1 of 5 (Resident #90) sampled residents reviewed for unnecessary medications.</p> <p>The findings include:</p> <p>1. Review of the medical record revealed Resident #90 was admitted to the facility on [DATE], with diagnoses including Viral Hepatitis, Malnutrition, Bipolar Disorder, Depression, and Schizophrenia.</p> <p>Review of the quarterly Minimum Data Set assessment dated [DATE], revealed a Brief Interview of Mental Status score of 9, which indicated Resident #90 was moderately cognitively impaired.</p> <p>Review of Physician's Order dated 6/6/2023, revealed .Famotidine [used to treat heart burn or acid reflux] Oral Tablet 20 MG [milligram] .Give 1 tablet by mouth two times a day .Trazodone [used to treat depression] Oral Tablet 50 mg Give 1 tablet by mouth one time a day .Atorvastatin Calcium [used to treat high cholesterol] Oral Tablet 20 MG. Give 1 tablet by mouth one time a day .</p> <p>Review of Physician's Order dated 8/22/2024, revealed .Baclofen [used to treat muscle spasms] Oral Tablet 5 MG .Give 10 mg by mouth two times a day .</p> <p>Review of Physician Order dated 11/20/2024, revealed ZyPREXA, [used to treat mental disorders] Oral Tablet 5 MG (Olanzapine) Give 1 tablet by mouth one time a day .</p> <p>Review of the Medication Administration Record (MAR) dated 1/2025, revealed blanks on 1/4/2025 and 1/5/2025 for the medications of Zyprexa 5mg daily, Baclofen 10mg at bedtime, Famotidine 20mg at bedtime, Trazodone 50mg daily, and Atorvastatin 20 mg daily.</p> <p>During an interview on 2/27/2025 at 8:59 AM, revealed the Director of Nursing (DON) was asked what the blanks on the resident's MAR indicated. The DON confirmed that the blanks meant that the night shift nurse didn't sign the medications off. The DON confirmed that the medications should have been signed out, and she could not confirm that medications were administered.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47835</p> <p>Based on policy review, observation, and interview, the facility failed to ensure a safe and sanitary environment in the kitchen and failed to clean the East Hall ice machine.</p> <p>The findings include:</p> <p>1. The facility policy titled, Food Safety and Sanitation, dated 2021, revealed .local, state, and federal standards and regulations will be followed in order to assure a safe and sanitary food and nutrition services department .</p> <p>The facility's undated Resident Rights Notice revealed .right to a safe, clean, comfortable and homelike environment .</p> <p>The facility policy titled Ice Machines and Ice Storage Chests dated 4/2024, revealed .Ice machines and ice storage/distribution containers will be used and maintained to assure a safe and sanitary supply of ice .</p> <p>2. Observation in the kitchen bathroom on 2/24/25 at 9:50 AM, revealed a large rectangular hole, approximately 3-4 foot high, cut out of the drywall on the inner right wall. A sheet of black plastic covered the opening, and when pulled back revealed the wooden inner framing of the wall.</p> <p>Observation in the Storage Room on 2/25/2025 at 12:10 PM, and on 2/27/2025 at 8:58 AM, revealed what appeared to be mouse excrement (small cylindrical black pellets) on top of one large can of green beans and in an open box containing 7 cans of chicken noodle soup.</p> <p>During an observation and interview in the Nutrition Room on the East Hall on 2/25/2025 at 12:30 PM, a white hard powdery build up was discovered on the plastic casing and coolant tubes inside of the ice machine. The Dietary Manager (DM) stated, .That looks like hard water build-up .I will make sure that gets cleaned .</p> <p>Observation in the Emergency Food Supply closet on 2/25/25 at 3:50 PM, and on 2/27/2025 at 8:58 AM, revealed what appeared to be mouse excrement and small shredded up pieces of paper and cardboard on the floor under the metal rack that held the food.</p> <p>3. During an interview on 2/25/2025 at 4:41 PM, the Administrator presented an invoice showing Rodent Control with named pest control company had been started as of 2/25/2025 and stated, .I just signed this today</p> <p>During an interview on 2/27/2025 at 9:00 AM, the DM confirmed that mouse excrement should not be found in the Storage Room.</p>		