

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 08/05/2025
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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, quarterly statement review, and interview, the facility failed to notify residents and/or representatives of account balances over the eligibility limit for 5 of 56 (Residents #11, #57, #65, #94, and #113) sampled residents reviewed for personal funds. The findings include: 1. Review of the undated facility policy titled, Resident Trust Fund, revealed .Notification of Certain Balances .Residents or their legal representatives must be notified by a Trust Fund Balance Notification when their trust fund balances are within \$200 of Medicaid eligibility limit . 2. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE], with diagnoses including Dementia, Schizophrenia, and Traumatic Brain Injury. Review of Resident #11's Resident Fund Statement from 4/1/2025 through 6/30/2025, revealed the Resident's account balance was \$3,489.10. 3. Review of the medical record revealed Resident #57 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Diabetes, and Depression. Review of Resident #57's Resident Fund Statement from 4/1/2025 through 6/30/2025, revealed the Resident's account balance was \$4,332.75. 4. Review of the medical record revealed Resident #65 was admitted to the facility on [DATE], with diagnoses including Respiratory Failure, Hypertension, Dysphagia, and Anxiety. Review of Resident #65's Resident Fund Statement from 4/1/2025 through 6/30/2025, revealed the Resident's account balance was \$4,794.72. 5. Review of the medical record revealed Resident #94 was admitted to the facility on [DATE], with diagnoses including Encephalopathy, Aphasia, Dementia, and Hemiplegia. Review of Resident #94's Resident Fund Statement from 4/1/2025 through 6/30/2025, revealed the Resident's account balance was \$3,581.45. 6. Review of the medical record revealed Resident #113 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Malnutrition, Depression and Anxiety. Review of Resident #113's Resident Fund Statement from 4/1/2025 through 6/30/2025, revealed Resident's account balance was \$3,241.54. During an interview on 8/5/2025 at 11:43 AM, the Assistant Business Office Manager confirmed that residents and/or their representatives had not been notified of their account balances and should be informed when the account balances are over the eligibility limit.</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 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>(continued on next page)</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to follow physician orders when staff administered medications outside of ordered parameters and failed to report blood glucose levels for 1 of 5 (Resident #4) sampled residents reviewed for unnecessary medications. The findings include: Review of the facility policy titled, Administration of Drugs, dated 6/2025, revealed .Drugs will be administered in a timely manner and as prescribed by the resident's attending physician.Drugs must be administered in accordance with the written orders of the attending physician. Review of the medical record revealed Resident #4 was admitted to the facility on [DATE], with diagnoses including Chronic Kidney Disease, Diabetes, Heart Failure, and Chronic Obstructive Pulmonary Disease. Review of the annual Minimum Data Set assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #4 was cognitively intact. Resident #4 received a hypoglycemic medication. Review of the Physician's Order dated 8/8/2024, revealed NovoLOG Solution [used to treat elevated blood glucose] 100 UNIT/ML [Milliliter].Inject as per sliding scale.401 - 1000 = 12 units Notify MD [Medical Director] for further orders.subcutaneously [under the skin] two times a day related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS. Review of the Physician's Order dated 5/11/2025, revealed Amiodarone .[used to treat irregular heartbeats] Oral Tablet 200 MG [Milligram].Give 1 tablet by mouth every 12 hours related to PAROXYSMAL ATRIAL FIBRILLATION [irregular heart rate].Hold for HR [Heart rate] < [less than] 60 bpm [beats per minute].notify provider. Review of the Physician's Order dated 5/26/2025, revealed Lantus Subcutaneous Solution [used to treat elevated blood glucose] 100 UNIT/ML.Inject 42 unit subcutaneously in the morning related to TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY.Hold for BG [Blood Glucose] < 100 and notify the provider. Review of the Medication Administration Record (MAR) dated 6/2025, revealed Resident #4's blood glucose level was greater than 400 and the staff failed to notify the physician on the following dates. a. 6/6/2025 at 9:00 PM for a glucose of 510 b. 6/21/2025 at 9:00 PM for a glucose of 407 c. 6/23/2025 at 9:00 PM for a glucose of 428 d. 6/25/2025 at 9:00 PM for a glucose of 552 e. 6/28/2025 at 9:00 PM for a glucose of 506 f. 6/29/2025 at 9:00 PM for a glucose of 550 Review of the MAR dated from 6/2025, revealed Resident #4 received Lantus 42 units when resident's blood glucose level was less than 100 on the following dates. a. 6/8/2025 at 7:30 AM for a glucose of 93 b. 6/9/2025 at 7:30 AM for a glucose of 86 c. 6/12/2025 at 7:30 AM for a glucose of 95 d. 6/17/2025 at 7:30 AM for a glucose of 86 e. 6/18/2025 at 7:30 AM for a glucose of 87 f. 6/26/2025 at 7:30 AM for a glucose of 89 g. 6/30/2025 at 7:30 AM for a glucose of 92 Review of the MAR dated 6/2025, revealed Resident #4 received Amiodarone 200 mg when the heart rate was outside of ordered parameters to hold for heart rate less than 60 on the following dates. a. 6/1/2025 at 9:00 PM HR was 56 b. 6/3/2025 at 9:00 AM HR was 55 c. 6/9/2025 at 9:00 PM HR was 57 d. 6/10/2025 at 9:00 PM HR was 56 e. 6/11/2025 at 9:00 AM HR was 56 f. 6/12/2025 at 9:00 AM HR was 56 g. 6/18/2025 at 9:00 AM HR was 59 Review of the MAR dated 7/2025, revealed Resident #4's blood glucose level was greater than 400 and the staff failed to notify the physician on the following dates. a. 7/6/2025 at 9:00 PM for a glucose of 404 b. 7/19/2025 at 9:00 PM for a glucose of 574 c. 7/26/2025 at 9:00 PM for a glucose of 482 Review of the MAR dated 7/2025, revealed Resident #4 received Lantus 42 units when resident's blood glucose level was less than 100 on the following dates. a. 7/15/2025 at 7:30 AM for a glucose of 96 b. 7/30/2025 at 7:30 AM for a glucose of 88 c. 7/31/2025 at 7:30 AM for a glucose of 71 Review of the MAR dated 7/2025 revealed Resident #4 received Amiodarone 200 mg when heart rate was outside of ordered parameters to hold for heart rate less than 60 on the following dates. a. 7/3/2025 at 9:00 AM HR was 59 b. 7/8/2025 at 9:00 AM and 9:00 PM HR was 59 c. 7/29/2025 at 9:00 AM HR 59 Review of the MAR dated 8/2025, revealed Resident #4's blood glucose level was greater than 400 and the staff failed to notify the physician on 8/1/2025 at 9:00 PM, for a glucose of 430. Review of the MAR dated 8/2025, revealed Resident #4 received Lantus 42 units when the resident's blood glucose level was less than 100 on 8/4/2025 at 7:30 AM, for a glucose of 93. During an interview on 8/5/2025 at 11:18 AM, the Director of Nursing acknowledged that medications should be held when vital signs are outside of ordered parameters, and staff should have notified the physician when the resident's glucose level and heart rate were outside of parameters.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on policy review, facility documentation review, observation, and interview, the facility failed to ensure proper infection control practices were followed when 2 of 14 staff members (Certified Nursing Assistant (CNA) A and CNA E) touched food and flatware with their bare hands and failed to properly perform hand hygiene for 4 residents (Residents #9, #93, #94, and #103) reviewed for dining, and when the Infection Preventionist (IP) failed to track and monitor organisms being treated in the facility, which could potentially affect 114 out of 114 residents. The findings include: 1. Review of the facility policy titled, Hand Hygiene, dated 6/2025, revealed .Handwashing/hand hygiene shall be regarded by this Center as a means of preventing the spread of infections.All personnel shall follow our established handwashing procedures to prevent the spread of infection and disease to other personnel, patients, and visitors.Associates must perform appropriate handwashing procedures under the following conditions.Between passing out meal trays. Before and after eating.Hand hygiene (HH) e.g. [for example]handwashing and/or alcohol based hand rub (ABHR) Soap and other detergents help in the cleaning process, but the most important part of hand washing is the mechanical scrubbing of the hands under running water for at least 20 second. Review of the facility policy titled, Infection Control Monitoring, dated 6/2025, revealed .It is the policy of the Center to investigate the cause of infections (nosocomial and community and hospital acquired) and the manner of spread.The Infection Preventionist will also use an Infection Control Trending Map of Center to identify any trends/specific organism.The objectives of our Infection Control Policies and Practices are to.Preventing, identifying, reporting, investigating, and controlling infections and other communicable diseases. 2. Observation during dining in Resident #103's room on 8/3/2025 at 12:49 PM, revealed CNA A took the resident's cookie out of the plastic wrap with her bare hand and placed it on the resident's tray. Observation during dining in Resident #93's room on 8/3/2025 at 1:03 PM, revealed CNA A entered the resident's room, set up the meal tray, exited the room, obtained a towel from the linen cart, re-entered the room and placed the towel on Resident #93. CNA A exited Resident #93's room, obtained a tray from the meal cart, and entered Resident #42's room without performing hand hygiene. Observation during dining in Resident #94's room on 8/3/2025 at 1:11 PM, revealed CNA E performed hand hygiene at the resident's sink and turned the faucet off with her wet hand. Observation during dining in Resident #9's room on 8/3/2025 at 1:15 PM, revealed CNA A touched the end of the resident's spoon with her bare hands when removing it from the package. During an interview on 8/05/2025 at 11:35 AM, the Director of Nursing (DON) confirmed that staff should not touch food with their bare hands during dining and hand hygiene should be performed after contact with a resident. 3. Review of the [Named Facility] INFECTION LOG. dated 4/2025, 5/2025, and 6/2025, revealed .ROOM # [number] ONSET, LAST NAME, FIRST NAME, RELATED DX [Diagnosis], Antibiotic, Nosocomial [facility acquired infection].END DATE. Tracking for organisms of residents was not listed. There was no column for tracking of organisms. Review of the Infection Control Monthly Summary Report dated 4/2025, 5/2025, and 6/2025, revealed the Culture and Sensitivity section was blank for the months dated 4/2025, 5/2025, and 6/2025. During an interview on 8/5/2025 at 2:10 PM, the IP confirmed that she does not track the organisms being treated in the facility. During an interview on 8/5/2025 at 2:15 PM, The DON confirmed that organisms should be tracked and monitored.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, observation, and interview, the facility failed to provide and maintain a safe, functional, and sanitary environment for 2 of 60 (Resident #6, #44, #60, and #121) shared occupied bathrooms, when a toilet was clogged with feces and when the biohazard red bag (bag used for disposal of potentially infectious or hazardous materials) was overflowing with trash and Personal Protective Equipment (PPE), and when 1 of 60 (Resident #60 and #121) occupied resident rooms had floors dirty with trash and marks, the over bed tables had a spill of dried shiny substance, and the resident's bed would not adjust positions. The findings include: 1. Review of the facility policy titled, Safe Environment, dated 6/2022, revealed .It is the policy of the facility to provide a safe environment in accordance with State and Federal Regulations .The facility will maintain all essential mechanical, electrical and patient care equipment in safe operating condition .The facility will provide a safe, clean, comfortable, and homelike environment . Review of the facility policy titled, Resident Rights, dated 6/2025, revealed .Federal and state laws guarantee certain basic rights to all residents of this facility .include the resident's right to .a dignified existence . Review of the facility policy titled, Biohazardous Waste Handling, dated 6/2025, revealed .Biohazardous articles, waste will be handled and disposed of safely and in accordance with regulatory requirements .biohazardous waste include human blood and blood-soiled articles, contaminated items .soiled dressing .disposable items contaminated . believed to be infectious must be placed in plastic bags and sealed .General trash that is placed in containers with medical waste will be handled as regulate biohazardous waste . Review of the facility policy titled, Waste Disposal, dated 6/2025, revealed .All infectious and regulated waste shall be handled in a safe and appropriate manner .It shall be the responsibility of the Infection Preventionist in conjunction with the environmental services director to ensure the waste is properly disposed of . 2. Review of the medical record revealed Resident #6 was admitted to the facility on [DATE], with diagnoses including Rhabdomyolysis (a breakdown of muscle tissue), Dementia, and Schizophrenia. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 12, which indicated Resident #6 was moderately cognitively impaired. Resident #6 required max assistance of staff with toileting. 3. Review of the medical record revealed Resident #44 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Hemiplegia, Depression, and Malnutrition. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 9, which indicated Resident #44 was moderately cognitively impaired. Resident #44 was dependent on staff with toileting. Observations in Resident #6 and Resident #44's shared bathroom on 8/3/2025 at 9:40 AM and 11:42 AM, 2:57 PM, and on 8/4/2025 at 8:02 AM and 8:08 AM, and on 8/5/2025 at 8:06 AM, revealed the toilet was clogged with feces. A strong, foul odor was noted in the resident's shared room and bathroom. During an interview on 8/3/2025 at 2:57 PM, Resident #6 confirmed that maintenance was aware, and the toilet had been messed up for 2 weeks. During an observation and interview in the Residents' room on 8/3/25 at 3:40 PM, the Maintenance Manager confirmed that the resident's toilet was clogged and shouldn't have been left in disrepair over an extended period of time. During an interview on 8/5/2025 at 11:39 AM, the Administrator confirmed that a plumbing company should be contacted if a toilet has ongoing issues with clogging that is unresolved by maintenance. 4. Review of the medical record revealed Resident #60 was admitted to the facility on [DATE], with diagnoses including Heart Disease, Urogenital Candidiasis (a fungal infection affecting the urinary tract), Basal Cell Carcinoma of Skin, and Diabetes. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 13, which indicated Resident #60 had intact cognition. Review of the Physician's Order dated 3/26/2025, revealed .Contact Precautions . 5. Review of the medical record revealed Resident #121 was admitted to the facility on [DATE], with diagnoses including Acquired Absence of Right Leg Below Knee, Urogenital Candidiasis, Gastro-Esophageal Reflux Disease, and Type 2 Diabetes. Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #121 had intact cognition. Review of the Order Summary Report dated 7/24/2025, revealed .Contact Precautions . Observations in the Residents' room on 8/4/2025 at 8:10 AM, 10:59 AM, and at 4:12 PM, revealed Resident #60's and Resident #121's over the bed tables were dirty with a spill of shiny dried substance, the room's floor was dirty with trash and dark marks, the bathroom's biohazard red bag overflowed with PPE and trash, and the bathroom smelled of urine. During an interview on 8/4/2025 at 10:59 AM, Resident #121 confirmed he would like to be able to be in bed with the head of bed raised and cannot because the bed does not work</p>		