

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2024
NAME OF PROVIDER OR SUPPLIER Parc Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 222 North Hammes Joliet, IL 60435	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34410 Based on interview and record review, the facility failed to implement their abuse policy and notify the State Agency of an allegation of theft. This applies to 1 of 8 residents (R1) reviewed for misappropriation of property. The findings include: R1 is a [AGE] year-old female admitted on [DATE] with moderate cognitive impairment as per the Minimum Data Set (MDS) dated [DATE]. R1 was interviewed on 4/12/2024 at 10:45AM, and stated she reported to V8 (Registered Nurse/RN)a few weeks ago, that she lost \$80.00 from her wallet. According to R1, V8 was the supervisor that day. On 4/12/24 at 11:25 AM, V8 stated he charted the incident that R1 was missing her \$80.00, and reported it to V13 (Social Service). On 4/12/24 at 12:55 PM, V13 stated V8 didn't notify her R1 was missing \$80.00 from her wallet. V13 added when she checked with V8, he (V8) said he notified the Assistant Administrator (V2). On 4/12/24 at 3:30 PM, V2 stated V8 never notified her. On 4/12/24 at 3:30 PM, V1 (Administrator) stated, (V8(should have notified me to report it to Public Health on time. I just reported it today. The facility presented Abuse Prevention Program Facility Policy and Procedures, revised on 1/4/19, documents: VIII. External Reporting 1. Initial Reporting of Allegations - When an allegation of abuse, exploitation, neglect, mistreatment or misappropriation of resident property has occurred, the resident's representative and the Department of Public Health's regional office shall be informed by telephone or fax.		

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0803 Level of Harm - Potential for minimal harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34410 Based on observation, interview, and record review, the facility failed to provide menu variety to meet resident's meal preferences. This failure could potentially affect all 144 residents who consume Food from the kitchen. The findings include: On 4/13/24 at 10:50 AM, V1 (Administrator) stated 144 residents are consuming food from the kitchen. R1 is a [AGE] year-old female, admitted on [DATE], with moderate cognitive impairment as per the Minimum Data Set (MDS) dated [DATE]. R1 was interviewed on 4/12/24 at 10:45AM, and stated, Food is horrible here, and sometimes we don't know what kind of food they are serving. We get too much pork, and I wouldn't say I like it. R3 is a [AGE] year-old female admitted on [DATE], having mild cognitive impairment as per MDS dated [DATE]. R3 was interviewed on 4/12/24 at 10:20AM, and stated, Food is not good here. Every day, we get yucky eggs for breakfast. They are serving too much ham. On 4/12/24 at 11:30 AM, the kitchen was observed with kitchen staff cooking for lunch. V10 (Cook) was observed cooking braised pork and hamburger patties on the stovetop. On 4/12/24 at 1:12 PM, R7 was in the dining room after Lunch and stated, We are eating too much pork. They serve different types of pork on most days. We want more hamburgers, tacos, and chili. Every day, we get eggs and toast. We want to have a variety of menus, including more cereal and fruit cups. On 4/12/24 at 1:17 PM, R8 was in the dining room after Lunch and stated, We don't want to see pork too often. On 4/12/24 at 2:45 PM, a review of the four-week dietary menu with V7 (Dietary Manager) reveals the residents are getting one pork meal in a week 1, three pork-based meals in a week 2, four pork-based meals in a week 3, and three pork-based meals in a week 4. The analysis also reveals the residents are getting egg-based breakfast (scrambled egg, egg of choice, western egg bake, hardboiled egg, garden egg bake, egg and sausage) for 27 days in 4 weeks. On 4/12/24 at 2:45 PM, V7 stated, Some weeks, the residents may have 2-3 pork meals. We serve different types of pork in various recipes, and the preparations are different. When I first meet residents to get their dietary preferences, if someone says they don't like pork, then we have hamburgers or chicken patties to accommodate as much as possible. I know residents should get a variety of foods, and we will look into the issue.		