

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

Printed: 12/04/2024
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 09/06/2024
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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34410 Based on observation, interview, and record review, the facility failed to provide call light access to residents, a functioning and useable bariatric shower bed, and a proper-sized incontinent brief for residents. This applies to 4 of 4 residents (R7, R35, R39, and R78) reviewed for reasonable accommodation of needs in a sample of 35. The Findings Includes: 1. R7 is a [AGE] year-old male with severe cognitive impairment as per the Minimum Data Set (MDS) dated [DATE]. R7 was admitted with diagnoses including falls, anxiety, depression, alcohol abuse, restlessness, and agitation. On 9/3/24 at 12:17 PM, R7 was in his bed sitting at the bedside and tried to put the call light on. The call light string was not connected to the call system to trigger the call. R7's call light string was observed tied to his roommate's (R78) call light string. 2. R78 is a [AGE] year-old male with severe cognitive impairment as per the MDS dated [DATE]. R78 was admitted with diagnoses including dementia, Alzheimer's disease, need for assistance to personal care, depression, sciatica, and schizoaffective disorder. On 9/3/24 at 12:17 PM, R78 was in his bed with his call light string not connected to the call system to trigger the call. R78's call light string was observed tied to his roommate's (R7) call light string. On 9/3/24 at 12:25 PM, V6 (Maintenance Director) stated, Residents should be able to use call light. The call light string should be connected to the call light system. A review of the facility-provided call light policy dated 9/19 document: Standards: 1. All residents shall have the nurse call light system available and within easy accessibility to the resident at the bedside or other reasonably accessible location. (continued on next page)		

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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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	45906 3. R35's Face sheet shows she was admitted to facility on 8/3/23. R35's MDS (Minimum Data Set), dated 7/3/24, shows her cognition is intact, and she is occasionally incontinent of both urine and stool. On 9/3/24 at 1:32 PM, R35 said the facility does not have her correct size incontinence briefs. R35 said she takes a size small, but they don't have many people that take a size small, so they put her in a size medium. R35 said the size medium incontinence briefs leak urine because they are too big around her legs. R35 said they have never had her correct size incontinence briefs, and she has been in the facility for a year. R35 said they told her today (9/3/24) they do not have any size medium incontinence briefs for her, but they are supposed to be receiving a delivery sometime today. On 9/5/24 at 12:23 PM, V24 (CNA/Certified Nurse Assistant) observed the facility's stock of incontinence briefs and there was only sizes large, extra-large, and bariatric in the CNA closet and diaper storage closet. V24 said those are the only two places in the facility that they keep incontinence briefs. V24 said the smallest size they had was large and the smallest incontinence brief size they carry is a medium, but they did not currently have any size mediums. V24 said V23 (Scheduler/Supplies) is the one who orders the supplies for the facility. On 9/5/24 at 12:33 PM, V23 said the medium incontinence briefs go fast when they are restocked and she has never seen any size small incontinence briefs in the facility. The facility's policy titled, Equipment and Supplies, dated 1/1/2024, states, Purpose: To ensure the facility provides and maintains routine to meet the needs of the residents. Procedure: 1. Formulary supplies and equipment must be available and in good working condition for use to meet the needs of the residents . 46003 4. R39 was admitted to the facility on [DATE], with diagnoses that includes hemiplegia, morbid obesity, diabetes mellitus, cerebral infarction, dysphagia, bipolar disorder, neurogenic bowel, neuromuscular dysfunction of bladder, hypertension and hyperlipidemia. R39's MDS (Minimum Data Set), dated 7/28/24, indicates she is cognitively intact with a BIMS (Brief Interview for Mental Status) score of 15. Per the MDS, R39 is completely dependent on staff for assistance with toileting hygiene and bathing. R39's current care plan, dated 8/6/24, states resident has a self-care deficit and resident is dependent with ADL (Activities of Daily Living) care. Staff to provide total assistance in all aspects of hygiene and dressing. On 9/03/24 at 2:48 PM, R39 stated she has not showered in over a year. R39 stated she receives bed baths, but would rather shower. R39 stated the staff are afraid to shower her because the rails on the shower cart are not able to hold her. (continued on next page)		

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/05/24 at 9:15 AM, R39 stated she is supposed to get out of bed on Saturday, Sunday, Monday, Wednesday and Thursday. R39 stated Tuesday and Friday they keep her in bed for a bed bath even though she wants to shower. R39 stated the shower chair is too small and rickety for her to use and would not allow her to turn. On 09/05/24 at 9:53 AM, V25, CNA (Certified Nursing Assistant), found one shower cart on the first floor too small for R39's girth. Both side rails on the cart were broken and would not lock in place. On 9/05/24 at 2:32 PM, V22 (Social Services) found two shower carts. One shower cart had both side rails broken. One shower cart did not indicate the weight limit. Both carts were too narrow for R39's girth. On 9/05/24 at 12:25 PM, V3, DON (Director of Nursing), stated the shower carts are dedicated to each unit but could be moved if needed. V3 stated R39 is afraid to shower because of a previous fall. If she refuses to shower the CNA should notify the nurse and the nurse should be following up and documenting the reason for the refusal. Review of R39 shower sheets July, August and September 2024 show documentation of bed baths. There was no documentation of showers noted. The facility policy Activities of Daily Living (ADLS), dated 9/2020, purpose is to preserve ADL function, promote independence, and increase self-esteem and dignity.		