STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145221	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parc Joliet	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 41384 Based on observation, interview, and record review, the facility failed to implement fall interventions for 2 residents (R3, R5) who are at risk for falls in a sample of 5. The findings include: 1. R3's electronic health records showed she has a history of falls, including on 10/5/24. R3's 9/6/24 care plan shows she is at risk for falls with interventions in place including provide resident a reacher for safety reaching items, and fall update of 5/25/24 showed apply the specialized mat to wheelchair for safety. R3's 10/21/24 MDS (Minimum Data Set) showed R3's decision making is impaired. On 10/30/24 at 3:15 pm, R3 was observed in the dining room, and she did not have her reacher with her. The staff, V4 and V5 (Certified Nurses Assistants), brought R3 to her room. V4 and V5 stood R3 up and showed R3 did not have a specialized seating mat on the seat of her wheelchair. V5 said she has worked with R3 a lot including last Monday (2 days prior), and has never seen R3 with a (specialized seating) mat on her wheelchair seat. On 10/30/24 at 3:40 pm, V8 (Activities Director) said she had removed the special mat from R3's wheelchair earlier that day because she replaced her wheelchair for repair, but did not replace the mat because it was dirty, wrinkled, and lost its grip. V8 said R3 needs the mat for fall prevention. On 11/6/24 at 2:05 pm, V1 (Administrator) said R3 is to have the specialized mat on her wheelchair to prevent her from falling, and she is to have a reacher so she does not bend over to reach for things and fall. On 11/6/24 at 11:10 am, V2 (Director of Nursing) said R3 needs the specialzed mat on her wheelchair, and she is to have a reacher to prevent her from falling. 2. R5's 10/9/24 MDS showed R5's cognition is moderately impaired. R5's 4/23/24 care plan showed R5 is at risk for falls with interventions in place, including bed in low position and floor mats on both sides of the bed. The facility's Device List updated 10/9/24 showed R5 is to have mats in place. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145221	A. Building B. Wing	11/06/2024

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/30/24 at 12:32 pm, R5 was observed in his bed with his bed in a high position, and the bed control was out of his reach inside the drawer of the bedside table. Floor mats were not in place next to his bed. R5 said he does not like his bed in a high position. R5 said the staff left his bed in a high position, and he is unable to lower it because he cannot find the bed controller. On 11/6/24 at 2:05 pm, V1 (Administrator) said R5's bed should not be in a high position because it puts him at risk for falling, and he should have mats on the floor next to his bed for safety in case of a fall. On 11/6/24 at 11:10 am, V2 (Director of Nursing) said R5's bed should not be in a high position because he could fall out of it and hurt himself, and he should have mats on the floor next to his bed for safety.