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	12/26/2024

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 31849 Based on observation, interview and record review, the facility failed to prepare and dress a resident appropriately for an outside appointment. This applies to 1 of 3 residents (R1) reviewed for accommodation of resident needs. The findings include: The facility's Clinical Communications-Facility Bulletin Board section of the Electronic Medical Record system showed R1 had an apponitment on 12/18/2024, and the notification included .10 AM pick up by [ambulance] going by AMB 9 AM pick up. On 12/24/24 at 7:30, AM V10 (R1's Guardian) stated that R1 was not properly dressed for the appointment. V10 stated R1 was dirty and only had a gown on, and was covered only with a sheet and no blanket. V10 also stated R1 was 40 minutes late to the appointment. On 12/24/24 at 8:45 AM, R1 was in a low bed with bolsters bilaterally and a floor mat was in place. R1 had contractures on both hands and he wore a hospital gown. R1 was unable to be interviewed due to his nonverbal status. R1's 10/3/24 Minimum Data Set (MDS) showed he is dependent on staff for his activities of daily living. On 12/24/24 at 9:26 AM, V3 (Activity Director) stated that R1's appointment was made on October 21st. V3 stated she put the appointment in facility's dashboard for nursing and the CNA (Certified Nursing Assistant) to see, and the appointment was loaded and updated on 12/16/24. On 12/18/24 at 10:00AM, V5 RN (Registered Nurse) stated that usually when residents go for appointment, staff have it on the dashboard and nurses and CNAs (Certified Nursing Assistants) can see it. V5 stated on the day of R1's appointment, both she and V6 (R1's assigned CNA) started late. V5 stated by the time she printed out R1's medication list and Face Sheet for the EMTs, R1 was already on the stretcher for transport. On 12/18/24 at 10:00AM, V6 (CNA) stated she doesn't usually work first shift, but she picked up this shift and came in late. V6 stated she was in another resident's room and when she came to R1's room, they already had R1 on the stretcher. V6 asked what was going on and she was told R1 had an appointment. (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	12/26/2024

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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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/24/24 at 11:41 AM, V7 (CNA) stated that when she first arrives for work, she looks in the computer to check what appointments her reisdents might have for the day. V7 stated staff have to make sure the resident has proper clothing, shoes, socks, pants, hat, gloves, jacket, or other clothing for the weather. On 12/24/24 at 11:58 AM, V4 ADON (Assistant Director of Nursing) stated that staff prepare the residents for appointments by making sure they are clean and dry, and dressed appropriately for weather conditions. R1's Face Sheet showed his diagnoses include spastic quadriplegic cerebral palsy, dystonia, scoliosis, personal history of traumatic brain injury, protein calorie malnutrition, mild cognitive impairment, dysphagia, oropharyngeal phase, and contractures. The facility did not provide a policy related to how they ensure a resident is made ready for outside appointments.