

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

Printed: 04/30/2025
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 02/28/2025
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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31849 Based on observation, interview, and record review, the facility failed to protect residents' right to be free from abuse. This applies to 2 of 3 residents (R4, R5) reviewed for abuse in the sample of 14. The findings include: The facility's 2/12/2025 final Facility Incident Investigation Report for R4 and R5 showed .it was determined that on 2/5/25, [R4] was sitting outside .he saw [R5] come outside, and he called him a mooch. [R5] overheard [R4] and in reaction, he went towards the latter. As [R5] approached, he swung at [R4] and missed, lost his balance, and his momentum caused both residents to land on the ground [R5] had a scrape on his left forearm .[R4] had scratches on the right side of his face . The Report showed that both residents are alert and oriented and are responsible for themselves. On 2/25/25 at 10:40 AM, R4 in his room. R4 had just returned from an appointment and his gait and steps were a little bouncy and unsteady. R4 stated R5 always asked for cigarettes and money and R5 still owed him three dollars. R4 stated that on 2/12/2025 before their altercation, R4 said why don't you stop begging? and R5 got upset. R4 stated R5 swore and threw a punch at him and R4 deflected the punch by holding his arms out in front of his head. R4 stated R5's body made contact with his and R4 fell backward due to R5's weight. R4 stated he hit the outside air conditioner that is by the patio. R4 stated he hit the right side of his head, his face, his right earlobe, he scraped his elbow, and he started bleeding. R4 pointed to each area. There was a fading injury area next to his right eyebrow. R4 stated R5's actions were intentional. On 2/25/25 at 9:01AM, V9 (Activity Director) stated the altercation happened in the back patio in the smoking area outside of the 1st floor dining room. V9 stated she wasn't present but V9 watched the video. V9 stated R5 did not have a cigarette and wanted to borrow one and R4 told him to stop asking. V9 stated other residents overheard R5 asking and R5 went to walk away and changed his mind. V9 stated R5 charged at R4 and R4 did not move. R5 threw a punch at R4 but he didn't make contact but both residents lost their balance and fell and both got cuts and scrapes. V9 stated R4 tried to defend himself. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R12 is interviewable. On 2/25/25 at 10:53 AM, R12 stated R5 was not allowed to go and beg for cigarettes, which was what he was doing. R12 stated R5 just got mad, took his coat off, and launched after R4. R12 stated when R5 got closer, he took a swing at R4. R12 stated [R5] was literally going to punch [R4]. R12 stated R4 was bumped backward due to the weight of R5 and they went down and R4 hit the outside air conditioner. R12 stated R4 was bleeding from his right side of forehead, and he scraped his right elbow. R12 stated staff were coming out as R5 was swinging and they separated them. R5's Face Sheet showed he discharged himself from the facility the same day. The facility's Abuse Prevention Program Policy Definitions template showed Abuse means any physical or mental injury inflicted upon a resident other than by accidental [NAME] the willful infliction of injury intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident . The Policy further showed Residents have the right to be free from abuse or mistreatment .		