

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 09/17/2025
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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation and interview the facility failed to ensure that couches inside resident rooms were clean and sanitary and in accordance with what a resident would expect in a clean homelike environment. This applies to 3 of 3 residents (R2, R5 and R6) reviewed for housekeeping issues in the sample of 11. The findings include: On September 12, 2025 at 1:59 PM, the couch inside R2's room had multiple dark stains on the seat cushion area. V2 (Director of Nursing) who was present stated that R2's couch had dark stains and that the said couch needed to be cleaned. On September 12, 2025 at 2:33 PM, the couch inside R6's room had multiple white stains on the seat cushion area. V2 who was present stated that R6's couch needed to be cleaned because of the white stains. On September 12, 2025 at 2:40 PM, the couch inside R5's room had multiple dark stains on the seat cushion area and on the arm rest. V2 who was present stated R5's couch had multiple dark stains and added that R5's couch needed to be cleaned.</p>

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