

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  02/13/2026
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 0689  Level of Harm - Actual harm  Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interview and record review, the facility failed to transfer a resident safely with a mechanical lift. This failure resulted in a resident sustaining an 8 cm (centimeter) laceration, requiring 11 sutures. This applies to 1 of 3 residents (R1) reviewed for mechanical lift transfers in a sample of 3. The findings include: On 2/11/26 at 10:21, V4 (CNA/Certified Nurse Assistant) said she transferred R1 from his wheelchair to his bed with mechanical lift by herself on 1/15/26 when he sustained a skin tear. V4 said R1 has always had extreme anxiety with patient care and he freaks out when he is transferred with mechanical lift. V4 said, I am thinking maybe when I transferred him, from him freaking out and shaking, he might have bumped his leg on the bed at that point. V4 said she was taught there should be two staff when transferring a resident with a mechanical lift, but she did it by herself because she thought R1 was so light and easy to do. V4 said there should always be two staff for safety precautions when transferring a resident with a mechanical lift; one staff member is supposed to control the remote, and the other staff member focuses on the resident and positioning their body during transfer. The Facility Reported Incident Final Report done by V2 (DON/Director of Nursing) dated 1/23/26 states, [R1] has very fragile skin. On 1/15/26, [V4] was transferring [R1] from his wheelchair to his bed and [V4] discovered [R1] inadvertently acquired a skin tear. [R1] was sent to the ER (Emergency Room) for further evaluation and treatment per physician's orders. Facility nurse called for an update and was notified the skin tear required sutures. R1's ER Physician Report dated 1/15/26 states, R1 has an 8 cm left leg laceration. wound closure was performed with 11 sutures after local anesthesia. On 2/11/26 between 1:30 PM-3:40 PM, V2 (DON), V3 (ADON/Assistant Director of Nursing), V9 (Restorative/Quality Assurance Nurse), V5 and V6 (LPNs/Licensed Practical Nurse), and V7 and V8 (CNAs) said when transferring with mechanical lifts, two staff are required to ensure resident's safety. V9 (Restorative Nurse) said one staff member works the lift remote, and the other staff member is there to support the resident and prevent them from bumping into anything. V8 (CNA) said many of the residents have fragile skin and one staff cannot do the mechanical lift transfer by themselves because there are too many risks of resident injury. On 2/11/26 at 4:02 PM, V10 (Mechanical Lift Customer Service Representative) said two caregivers are required to safely operate a mechanical lift for patient transfers; one person operates the lift and the second person guides the patient. R1's Face Sheet shows he has the following diagnoses: muscle wasting and atrophy, abnormalities of gait and mobility, lack of coordination, chronic heart failure, peripheral vascular disease, osteoarthritis, end stage renal disease, and a history of falling. R1's MDS (Minimum Data Set) dated 1/6/26 shows he is completely dependent on the assistance of 2 or more helpers to transfer to/from chair/bed. R1's Nursing Progress Note dated 1/15/26 at 2:23 PM states, The CNA was transferring the resident from the wheelchair to the bed. In the process, the resident hit the lower leg on the bed and had an open laceration that measures about 7cm long. the NP (Nurse Practitioner) ordered the resident to be sent out for evaluation. R1's Restorative Assessment documented on 1/5/26</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145221
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F 0689  Level of Harm - Actual harm  Residents Affected - Few	shows he is fully dependent on staff for chair/bed-to chair transfer and he uses mechanical lift. The facility's undated policy titled, Limited Lifting Resident Handling Policy states, Purpose: To protect the safety and well-being of the staff and residents, and to promote quality care, this facility will use mechanical lifting devices for the lifting and movement of residents. Responsibility: Licensed Nurse, CNA, Restorative, Therapy Policy: 1. Mechanical lifting devices shall be used for any resident needing a two person assist.		