

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  03/19/2026
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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure residents' medical records contained documentation to support new diagnoses of schizophrenia. This applies to 2 of 4 residents (R1, R3) reviewed for behavior documentation. The findings include: 1. R3's Face Sheet showed she is a [AGE] year-old female who was admitted to the facility 12/09/2024 with diagnoses that include bipolar disorder and alcohol abuse. The Face Sheet showed a diagnosis of generalized anxiety disorder was added to R3's diagnosis list on 10/7/2025, and a new diagnosis of paranoid schizophrenia was also added on 2/17/2026. R3's March 2026 Medication Administration Record (MAR) showed a 12/9/2024 order for 300 mg (milligrams) of quetiapine (an anti-psychotic medication) to be given at bedtime for bi-polar disorder. The order was discontinued on 2/17/2026. The same MAR showed the same medication at the same dosage was to be given at the same time, but for a diagnosis of paranoid schizophrenia, starting 2/17/2026. On March 12, 2026 at 11:45 AM, R3 was in her room lying in her bed showing no signs of abnormal behavior. R3 was fairly groomed and had good hygiene. R3 described the medications she was taking. R3 said V5 (Psychiatric Nurse Practitioner) wanted to take her off quetiapine and clonazepam and mentioned something about those drugs being banned. R3 said V5 told her they changed the rules about the drug and unless she had a diagnosis of paranoid schizophrenia, she wouldn't be able to take it anymore. V5's 2/17/2026 Psychiatric follow-up note showed a Chief Complaint of I think people are out to get me and that's why you always want to take my medication away. The note showed R3 was being seen for medication management. R3's note showed she was well-groomed and appropriate and calm, had a clear and normal rate, tone and volume of speech, her thought process was linear, her associations were intact, and her mood was upset. R3's current care plan initiated 12/11/2024 shows she has a history of substance abuse and has potential complications of mood or behavioral disturbance. The care plan showed R3 requires psychotropic medication, including antipsychotics and anti-anxiety medications, to help manage and alleviate depression, mood swings, anxiety, and neurosis. Interventions include recording and documenting on a behavior tracking form if behavioral symptoms are observed. On March 17, 2026 at 11:16 AM, V2 (Director of Nursing/Registered Nurse) said residents receiving psychotropic medications or with diagnoses of dementia or other behavioral health disorders receive behavior monitoring. V2 stated all behavior monitoring should be documented in the resident's medical records, which include a progress note, a behavior template available in the medication administration records, and therapy and psychiatric reports. R3's monthly Medication Administration Records (MAR) from December 2024 to March 2026 (15 months) all showed a 12/09/2024 order for behavior monitoring. R3's MARs showed no observations of behavioral symptoms of being withdrawn or depressed, false beliefs, hallucinations, paranoia, delusions, or mood changes during the previous 15 months. The MAR asked for this information daily for each shift. On March 19, 2026 at 11:46 AM V28 (Psychiatric Physician) said they assess patients at every visit for what diagnosis they have, and use the DSM-V (Diagnostic and Statistical Manual of Mental Disorders-V) criteria. V28 stated the individual needs to have at least two of five core symptoms of delusions, hallucinations, disorganized thoughts/behaviors, and paranoia, and for a prolonged period of time. V28 stated there can't be just (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
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>one delusion once in your life; it has to be a longer pattern, and therefore it's really hard to make the diagnosis. V28 said you want to make sure that if you're observing symptoms for schizophrenia it's recorded, especially when the symptom was happening. V28 said not everyone has all of the symptoms of schizophrenia all of the time, as some symptoms are present at different times. V28 said individuals with dementia can have disorganized behavior, delusions, paranoia too. On March 16, 2026 at 11:48 AM, V6 (Licensed Practical Nurse) said the only behaviors she has observed for R3 were anxiousness and excitability. On March 16, 2026 at 12:10 PM, V13 (Certified Nursing Assistant) said she has worked for the facility for 2 years, she has not observed R3 with hallucinations, paranoia, or delusions. On March 16, 2026 at 12:43 PM, V15 (Social Services Director) said she has never observed R3 having delusions, paranoia, or hallucinations. V15 stated that on 02/17/2026, R3 came to the social services office because she was upset because she believed her medication would be taken away and she didn't want it discontinued. R3 was concerned that if she was taken off her medications she may get kicked out because of behaviors. 2. R1's Face Sheet showed she is a [AGE] year-old female who was admitted to the facility 07/26/2025 with diagnoses including history of unspecified dementia with behavioral disturbance, bipolar disorder, delusional disorders, recurrent major depressive disorder, generalized anxiety disorder, and shared psychotic disorder. R1's Face Sheet showed a new diagnosis of paranoid schizophrenia was added to her diagnosis list on 2/11/2026. R1's current care plan initiated 08/05/2025 and last reviewed 01/08/2026 shows she is receiving psychotropic medication to help manage and alleviate bipolar, dementia, delusional disorder, recurrent depression, and anxiety, with interventions including to record and document on behavior tracking form. R1's March 2026 Physician Order Sheet (POS) includes a 7/28/2025 order for behavior tracking, including to monitor for behaviors of depression, being withdrawn, false beliefs, hallucinations, paranoia, delusions, and mood changes. R1's Medication Administration Records (MAR) from September 2025 to March 2026 showed no behavioral symptoms of being withdrawn, false beliefs, hallucinations, paranoia, or delusions daily across all shifts. On March 16, 2026 at 1:17 PM, V15 (Social Services Director) and V16 (Social Services Assistant) said they have not observed R1 with any delusions, hallucinations, or paranoia. V16 said R1 worries about her health regarding dementia and this is why she writes everything down. V15 added she has only seen R1 experience anxiety.</p>		