

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145938	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Parkshore Estates Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 South Kenwood Chicago, IL 60637	

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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>32338</p> <p>Based on observation, interview, and record review, the facility failed to provide the diet prescribed by the physician to residents in the form to meet the needs of the residents. This failure affects two residents (R3, R4) and has the potential to affect seven additional residents (R8, R9, R10, R11, R12, R13, R14) that have orders for a pureed diet at the facility.</p> <p>Findings include:</p> <p>On 8/19/24 at 12:05pm during meal observation at lunch time in the dining room on the third floor, the following were observed:</p> <p>R4 was observed with a whole banana on his plate with mashed potatoes, pureed ham/turkey, and a cup of juice. R4 drank the juice and ate less than 50 percent of the food, leaving the banana on the tray. There was no pureed banana on the trays of R4 and the other residents (R8, R11, and R14) who are supposed to be on pureed diet on the third floor. The surveyor asked V8 (Dietary Aide that was serving the food) about how many residents are on puree diet for the third floor; V8 responded 4 residents. The surveyor asked V6 (LPN/Licensed Practical Nurse) if R4 (supposed to be on pureed diet) was expected to be served a whole banana. V6 said no and V6 removed the banana from R4's tray. V6 later brought yogurt for R4.</p> <p>On 8/19/24 at 12:11pm, R3's tray was observed with mashed potatoes, pureed ham/turkey, and a cup of juice, without pureed banana as indicated in the Menu Spreadsheet. V10 (CNA/Certified Nurse Assistant) who was trying to assist R3 with feeding stated that was all the food R3 had on the tray.</p> <p>The Facility's Menu Spreadsheet shows that pureed diet for lunch for the day should be - Pureed Turkey and Swiss cheese sandwich, pureed seasoned fries, pureed banana, and beverage.</p> <p>Both R3's and R4's tray tickets show that they are supposed to be on a pureed diet.</p> <p>R3's Physician Order Sheet (POS) dated 8/2/24 states that R3 is on general diet pureed texture with thin liquids. R3 has diagnoses which include but are not limited to Dementia and Dysphagia (Difficulty Swallowing). R3's Care plan dated 6/8/24 states: Prepare/serve nutritional diet as ordered.</p> <p>R4's POS dated 8/9/24 states that R4 is on general diet pureed texture with thin liquids.</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
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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R4's Care plan dated 8/19/24 states: Prepare/serve nutritional diet as ordered. Prescribed diet is: Pureed Thin Liquids consistency. R4 has diagnoses which include but are not limited to Dementia, Protein Calorie Malnutrition, and Dysphagia(Difficulty Swallowing).</p> <p>On 8/20/24 at 3:02pm, V11(Dietary Manager) was interviewed about why there was no pureed banana served to residents on pureed diet as indicated in the Diet Menu Spreadsheet. V11 stated We use a food processor to make the banana into puree for all the residents on pureed diet. Whole banana should not be given to a resident on puree diet. The CNAs need to be in-serviced to always check what they put on the tray. If he (R4) ate the banana, he could choke on it.</p> <p>The facility provided an undated list of residents who have orders for a pureed diet which includes R3, R4, R8-R14.</p> <p>Facility's policy titled Menu and Nutritional Adequacy dated April 2018 states: Facility will provide each resident a diet ordered by the physician that reflects the facility's standardized diets.</p> <p>Facility's policy titled Pureed Foods Preparation dated April 2018 states: To reduce the risk of aspiration, pureed foods will be served as ordered.</p> <p>Facility's policy titled Physician Orders states: It is the policy of the facility to follow the orders of the physician.</p>