

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 12/26/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</p> <p>Based on observation, interviews and record review, the facility failed to ensure that a foot rest was placed on the wheelchair of one resident (R8), who had a diagnosis of left- sided weakness. This failure resulted in R8's left foot dragging on the floor, causing R2 to fall out of his wheelchair while being propelled by an employee.</p> <p>Findings include:</p> <p>R8 is [AGE] year old with diagnosis including but not limited to: Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, cerebral infarction, diplopia, insomnia and essential hypertension. R8 has a BIMS (Brief Interview of Mental Status) score of 13, which indicates R8 is cognitively intact.</p> <p>On 12/23/2024, during investigation at 11:42 AM, R8 was observed sitting in his wheelchair on the third floor.</p> <p>At that time, R8 was slowly being pushed by V11 (CNA/ Certified Nurse Assistant).</p> <p>Surveyor noted R8's left foot on the floor, right before his foot was dragged underneath the wheel chair.</p> <p>R8 fell forward, out of his wheelchair.</p> <p>At the time of R8's fall, there were no foot rests visible on R8's wheelchair.</p> <p>On 12/23/2024, at 11:42 AM, V11 (CNA) said that R8's foot got stuck underneath the wheelchair while she (R11) was pushing him. Surveyor inquired about R8's foot rest.</p> <p>On 12/23/2024, at 11:45 AM, V4 (LPN/ Licensed Practical Nurse) said that R8 had just come back from the hospital and had not yet been assessed for a foot rest.</p> <p>Surveyor inquired about the purpose of the leg rests.</p> <p>At that time, V4 said that the purpose of the leg rest was to support R8's leg and to prevent falls.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/26/24, at 3:00 PM, V2 (DON/ Director of Nursing) said, If a resident has left sided weakness, I do expect for the resident to have a leg rest. It is a possibility for R8's leg to drag if he has left- sided weakness.</p> <p>Surveyor inquired about the proper way to push a resident in a wheelchair.</p> <p>At that time, V2 (DON) said, when a resident is being pushed in their wheelchair, the nurse or CNA should make sure that their limbs are aligned properly and off of the ground while being pushed.</p> <p>R8s Care plan dated 11/02/2022, documents, Atrophy (Lower left leg); R8 usually requires extensive assistance and one person support for locomotion on unit.</p> <p>R8s Care plan dated 11/01/2022, documents, R8 is at risk for falls as evidenced by muscle wasting and atrophy in lower extremities.</p> <p>R8's MDS (Minimal Data Set) section GG/ Functional Abilities dated 12/07/2024 documents, R8 utilizes a wheelchair and requires substantial/ maximal assistance.</p> <p>Facility policy titled Wheelchair Usage documents, therapy will be responsible to ensure the appropriate fit and additional appliance application to the chair.</p>