

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 03/20/2025
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 - Few</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>45644</p> <p>Based on observation, interview, and record review the facility failed to provide a resident the physician ordered diabetic diet. This failure affected one resident (R2) out of 9 residents reviewed for therapeutic diets.</p> <p>Findings include:</p> <p>R2's admission diagnoses include but not limited to diabetes, asthma, pancreatitis, hypertension, thrombocytosis, and benign neoplasm of bronchus and lung.</p> <p>R2's (3/6/25) Brief Interview of Mental status (BIMS) score is 15. R2 is cognitively intact.</p> <p>On 3/17/25 at 10:50 am, stated, I am not getting a diabetic diet.</p> <p>On 3/17/25 at 11:52 am, Lunch observed in the first-floor dining room, R2's lunch tray observed with cabbage, corn beef, roll, large sugar cookie with green frosting and sugar sprinkles on the top and a slice of lemon meringue pie and yellow color drink. R2's lunch ticket documents Diet- CCHO (Controlled Carbohydrate Diet) LCS (Low Calorie Sweetener). Texture Regular, Liquid-thin Double protein at Breakfast and Lunch.</p> <p>R2's order summary report for active orders as of 3/17/25 documents in part, low concentrated sweets diet, Regular texture thin liquids consistency.</p> <p>On 3/17/24 at 12:20 pm, V11 (Dietary Director) stated that on special occasions and holidays everyone gets the same thing for lunch. Surveyor asked V11 if there should be an order from the doctor for altering therapeutic diets on special occasions? V11 did not answer the surveyor's question and stated it's in our policy that resident can get the same foods as the other residents on special occasions and holidays. Surveyor inquired to V11 if the cookie served for lunch, is a diabetic cookie? V11 stated that diabetics can get sugar cookies.</p> <p>On 3/17/25 at 2:29 pm, V1 (Administrator) stated, Lesson learned, we should have notified the doctor for residents on special diets regarding meals on special occasions. We will call the doctor now and get an order.</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 - Few</p>	<p>On 3/18/25 at 1:00 pm, V2 (Director of Nursing) stated that staff is expected to follow the physicians order regarding diets. There should be an order from the doctor for residents to eat outside of their special diet on special occasions and holidays.</p> <p>On 3/19/25 at 12:45 pm, V28 (Dietitian) stated an order should be in for a resident on a therapeutic diet for holiday foods that's not in the ordered diet.</p> <p>R2's care plan dated 12/4/24 documents in part, R2 is presently within her ideal body weight (IBW) range. Resident has the following medical/mental health condition/behaviors which may compromise his/her nutritional status in the future: dm (diabetes mellitus) . Interventions: prepare/serve R2's nutritional diet as order. Prescribed diet is NCS (No Concentrated Sugars) . Care plan dated 12/18/24 R2 is at potential for complications of metabolic functioning as evidence by hyper/hypoglycemia due to DMII (Diabetes Mellitus Type 2). Interventions: Diet as ordered.</p> <p>Facility policy titled Meal of the Month undated documented in part, Purpose: To provide residents with input into at least one meal each month and for them to eat this meal without restrictions. Procedure: 4. Residents without physician approval shall follow their normal diet restrictions.</p> <p>Facility's job description titled Certified Nursing Assistant undated, documents in part, Role Responsibilities-Food Service: 2. Serves food trays and assist with feed as indicated.</p> <p>Facility's job description titled Dietary Aide undated, documents in part, Role Responsibilities- Job Knowledge/ Duties: 3. Assist in checking diet trays before distribution. 4. Assists in serving meals as necessary .9. Serves food in dining room as instructed. 12. Makes only authorized food substitutions.</p> <p>Facility's job description titled Dietary Manager Role Responsibilities- Job Knowledge/ Duties: 3. Assist in developing preliminary and comprehensive assessments of the dietary needs of each resident. 4. Assist in the developing a written dietary plan of care (preliminary and comprehensive) that identifies the dietary problems/needs of the resident and the goals to be accomplished for each dietary problem/need identified.</p>		