

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 06/26/2025
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents remained free from abuse. This failure affects two residents (R1, R2) reviewed for abuse. This failure lead to physical assault by R2, which resulted in R1 sustaining a laceration to the head.</p> <p>Findings include:</p> <p>R1 is a [AGE] year old with diagnosis including but not limited to: Transient Ischemic Attack (TIA), Cerebral Infarction without Residual Deficits, Osteoarthritis, Weakness, Chronic Obstructive Pulmonary Disease, Atherosclerotic Heart Disease, Schizophrenia, and bipolar disorder.</p> <p>R1's BIMS (Brief Interview of Mental Status) dated 4/18/2025 documents a score of 12, which indicates moderately impaired.</p> <p>R1's Abuse Care Plan documents, R1 will remain safe, will be treated with respect, dignity and reside in the facility free of mistreatment.</p> <p>R2 is a [AGE] year-old with a diagnosis including but not limited to: Type 2 Diabetes Mellitus without Complications, Unspecified Convulsions, Other Hypertrophic Cardiomyopathy, Essential Hypertension, Acquired Absence of Other Left Toe(S), Acquired Absence of Other Right Toe (S), Anemia Unspecified, Personal History of Other (Healed) Physical Injury and Trauma.</p> <p>R2's BIMS (Brief Interview of Mental Status) dated 6/16/2025 documents a score of 15, which indicates cognitively intact.</p> <p>During investigation on 6/25/2025 at 2:46 pm, R1 stated It was all on camera, he (R2) slammed me on the floor and made me hit my forehead. It really hurt, look at my head. I have stitches. R1 pulled his hair back from his forehead and stitches were noted to R1's right forehead.</p> <p>On 6/25/2025 at 11:57 am, V7 (NP/ Nurse Practitioner) stated the following, the expectation of resident safety during an altercation is de-escalation and separating the residents involved so that neither resident is able to physically harm the other. If a resident falls and hits their head during a physical altercation, the resident can sustain a skull fracture or intracranial hemorrhage. A head injury can lead to a resident's demise or a decline in the resident's health.</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
---	-------	-----------

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 06/26/2025
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/25/2025 at 1:53 pm, V4 (DON/ Director of Nursing) stated the following, If there is a physical altercation between two residents, the expectation is that the residents are immediately separated to ensure the residents are safe in the environment. The aggressive resident is removed from the area and the residents are sent out to the hospital for an evaluation if needed. If a resident hits their head or if a resident sustains an injury, they are sent to the hospital for a further evaluation to make sure the resident didn't sustain a skull fracture or brain bleed. A head injury can lead to a resident's decline in resident's health.</p> <p>On 6/25/2025 at 3:19 pm, R2 stated the following, R1 was yelling and walking towards me, making threats and using profanity. R1 got close to me, so I grabbed his walker and shoved him. He fell and hit his head and begin to bleed. I didn't mean to shove him (R1) that hard.</p> <p>Initial Facility Report of Incident dated 6/17/2025 documents the following: it is alleged that R2 made contact with R1; R1 and R2 were immediately separated; MD (Medical Doctor) and Family notified; Police Report (#JJ298430); R2 placed on 1:1 supervision and sent out for psych evaluation; and R1 was sent to the Hospital.</p> <p>R1's Progress note dated 6/17/2025 at 22:11 documents in part, allegedly co-peer made contact with the resident(R1), residents (R1 and R2) were immediately separated, first aid rendered to open area noted to the right side of R1's head, and R1 was sent to the hospital for an evaluation.</p> <p>Chicago Police Report dated 6/17/2025 at 1900, RD Number JJ98430 documents, Simple Battery; Name of Victim/Complainant; R1 .</p> <p>Facility document titled, Statement, dated 6/17/2025 documents: R1's statement of the incident; I was trying to pass him (R2), and he bumped me, and my head hit the desk.</p> <p>V8 LPN's (Licensed Practical Nurse) statement of incident dated 6/17/2025 documents: the resident (R1) was walking out his room going toward the nursing station. R2 said something to R1 and R1 walked toward R2. V9 (CNA/Certified Nursing Assistant) got in the middle and pulled R1 to the side. After V9 (CNA) turned around, R2 got out of his wheelchair and pushed R1.</p> <p>V9's (CNA) statement of incident dated 6/17/2025 documents, V8 (LPN) stated that R1 and R2 were in a verbal interaction, and I (V9) tried to separate them but suddenly R2 pushed R1 away from him.</p> <p>R1's Hospital admission Record dated 6/17/2025 at 8:42 pm, documents: forehead laceration; needs wound check in 2 days and suture removal in 7 days.</p> <p>Facilities Policy titled, Abuse Prevention Program documents, It is the policy of this facility to prohibit and prevent resident abuse, neglect, exploitation, mistreatment, and misappropriation of resident property and a crime against a resident in the facility.</p>		