

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 01/31/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>40061</p> <p>Based on observation, interview, and record review the facility failed to accommodate and follow a resident's preference to get up out of bed (R65) and a resident's preference (R194) for a shower for two residents (R65 & R194) of two residents reviewed for accommodation of needs and preferences on the total sample of 35.</p> <p>Findings include:</p> <p>F65's Admission Record documents in part medical diagnoses including but not limited to end stage renal disease, weakness, and obesity.</p> <p>R65's Order Details document in part that R65 may use a geriatric chair daily as tolerated related to poor trunk control (ordered 7/22/2024).</p> <p>R65's comprehensive care plan documents in part that R65 is at risk for falls and requires ADL (Activities of Daily Living) assist for transfers and mobility related tasks (last revised 11/22/24). Interventions include for staff to respond promptly to all requests for assistance (initiated 07/12/22). Care plan also documents in part that R65 has a self-care deficit and require assistance with ADLs to maintain the highest possible level of functioning (last revised 11/22/24). R65 usually requires extensive assistance and two-person support for transfers (initiated 09/10/22). Intervention also includes to provide assistance with all ADLs as required per my dependence needs including transferring (initiated 09/10/22).</p> <p>On 01/28/25 at 11:46 AM, R65 was alert and oriented to person, place, and time. R65 was lying in bed. R65 stated staff only get R65 out of bed when it is shower time but R65 wants to be up out of bed every day. R65 stated that staff are not even offering to get R65 up every day. R65 stated facility should at least offer it but they don't even do that.</p> <p>On 01/28/25 at 1:18 PM, R65 stated facility didn't even offer to get R65 up for lunch. R65 reiterated that R65 wants to get up every day. R65 pulled the call light at 1:20 PM. At 1:21 PM, V21 (Staffing Coordinator) answered R65's call light. R65 requested for the CNAs (Certified Nurse Aides) to get R65 out of bed. V21 stated R65 had to wait until after the scheduled activities were done. V21 returned to the room at 1:23 PM. R65 stated I want to get up. V21 stared at R65 and stated are you sure you want to get up? Are you sure you want to get up today? You sure? R65 stated [R65] wanted to get up every day.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/28/25 at 02:36 PM, R65 remained in bed. R65 stated the CNA told R65 to wait until the next shift.</p> <p>On 01/29/25 at 09:38 AM, R65 stated the facility did not get R65 out of bed yesterday. Facility did not get R65 up into a geri-chair until this morning. R65 stated feeling better while sitting up in the geri-chair and feeling like mood and appetite is better while sitting up. R65 stated I feel like I can do more now.</p> <p>On 01/30/25 at 10:36 AM, V3 (Assistant Director of Nursing) stated staff should try to get R65 up every day. If R65 says [R65] wants to get up, staff should get R65 up. V3 stated there is no reason to ignore R65's request or preference.</p> <p>R194's Admission Record documents in part diagnoses including but not limited to chronic systolic heart failure, dementia, weakness, obesity, muscle wasting and atrophy to left and right thigh, abnormalities of gait and mobility, and lack of coordination.</p> <p>R194's care plan documents in part that R194 has a self-care deficit with impaired dressing and grooming abilities and requires assistance with ADLs to maintain the highest possible level of functioning (last revised 06/25/24). R194 usually requires extensive assistance and one-person support for bathing and dressing (initiated 05/06/24).</p> <p>On 01/28/25 at 01:05 PM, V22 approached V6 (Nurse) at the nurses' station. V22 asked for staff to give R194 a shower because R194 was complaining of being itchy. V6 stated R194 is not due for a shower but usually gets one weekly on Thursdays.</p> <p>On 01/28/25 at 02:28 PM, R194 was lying in bed. R194 was very hard of hearing and surveyor communicated via text on laptop. R194 was oriented to person, city, and year. R194 stated [R194] wanted a shower and staff hasn't done it. R192 (R194's roommate) stated R194 has been asking for a shower since the morning but the CNAs haven't done it.</p> <p>On 01/29/25 at 09:16 AM, R194 was alert and oriented to person, city, and year. R194 stated staff didn't give [R194] a shower yesterday. R194 stated doesn't know why they won't give [R194] a shower since R194 needs one. R194 complained of itching and wanted a shower. R194 stated asking multiple staff but they haven't given R194 a shower. R194 stated the last shower was sometime last week.</p> <p>On 01/29/25 at 09:35 AM, V6 (Nurse) stated R194 did not get a shower yesterday. V6 stated the CNA gave R194 a bed bath instead.</p> <p>On 01/30/25 at 10:40 AM, V3 (Assistant Director of Nursing) stated at a minimum, residents get two showers a week. V3 stated that residents can also get a shower as needed. If a resident requests for a shower, they should get it. V3 stated staff should have given R194 a shower and not a bed bath.</p> <p>Facility's undated Activities of Daily Living (Routine Care) policy documents in part: Residents are given routine daily care and HS care by a C.N.A. or a Nurse to promote hygiene, provide comfort and provide a homelike environment. ADL care is provided throughout the day, evening, and night as care planned and/or as needed. ADL care is coordinated between the resident and the care givers with emphasis on resident preference as much as possible.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility's undated Resident Rights policy document in part: The facility must care of you in a manner and environment that enhances or promotes your quality of life. The facility will treat you with dignity and respect in full recognition of your individuality. You may choose your won activities, schedules and health care and any other aspect significant to and affecting your life within the facility. You have the right to receive services with reasonable accommodations to individual needs and interests. You have the right to make choices about aspects of your life in the facility that are important to you.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39779</p> <p>Based on observation, interview, and record review the facility failed to notify the physician when a residents blood pressure was not within the ordered parameters for (R177), failed to follow their policy for positioning a resident when obtaining a blood pressure for (R138) and failed to place a dressing on R65's permacath. This failure affected 3 residents (R177, R138 and R65) reviewed for quality of care on the sample of 35.</p> <p>Finding Include:</p> <p>1. R177 has diagnosis not limited to End Stage Renal Disease, Essential (Primary) Hypertension, Hypertensive Urgency, Chronic Obstructive Pulmonary Disease, Encephalopathy, Schizophrenia, Suicidal Ideations, and dependence on Renal Dialysis.</p> <p>On 01/28/25 at 12:34 PM V6 (Licensed Practical Nurse) entered R177's room and applied the wrist blood pressure monitor to her right wrist obtaining a blood pressure reading of 99/56 pulse 68. V6 exited R177 room and stated, I am going to hold the Hydralazine. V6 did not notify the physician as ordered for the systolic blood pressure <100 (99) and the diastolic blood pressure <60 (56).</p> <p>R177's Physician Order document BP (Blood Pressure) and Pulse Q (every) shift. Notify MD (Medical Doctor)/NP (Nurse Practitioner) if Systolic <100 or Diastolic <60. Refer to BP Medication Parameters. every shift for Monitoring BP -Start Date- 01/03/25 2300.</p> <p>Care Plan document in part: Focus: R177 has a diagnosis of Hypertension and Hypertensive Urgency. Interventions: Medications as ordered per Medical Doctor. See MAR (Medication Administration Record/POS (Physician Order Summary) and check for blood pressure parameters.</p> <p>2. R138 has diagnosis not limited to Anemia, Gastro-Esophageal Reflux Disease, Essential (Primary) Hypertension, Hyperlipidemia, Type 2 Diabetes Mellitus and Weakness.</p> <p>R138 has a history of Elevated D-dimer, he will continue to be at risk for Cardiac distress. [NAME] is at risk for elevated blood pressure R/T HTN. Monitor blood pressure prior to administering if indicated.</p> <p>On 01/29/25 at 09:03 AM V6 (Licensed Practical Nurse) prepared R138 medication while standing at the medication cart near the nurse station. R138 was observed standing by the nurse station, V6 placed the blood pressure monitor on R138 wrist and obtained a reading of 151/93.</p> <p>On 01/29/25 at 09:26 AM Surveyor asked V6 (Licensed Practical Nurse) the reason for taking R138 blood pressure while he was standing at the nurse station. V6 responded, it does not say in a sitting or standing position to rule out orthostatic hypotension.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/30/25 at 10:15 AM V3 (Assistant Director of Nursing) stated Normally we have parameter for the blood pressure. If the blood pressure is not in the parameters, we will call the medical doctor and see if they want us to hold the medication. The proper position when taking a blood pressure is to have the resident sitting with the arm at heart level. The purpose is to make sure we are getting an accurate Blood Pressure reading.</p> <p>Policy:</p> <p>Titled Physician Orders undated document in part: it is the policy of the facility to follow the orders of the physician. The facility will have orders to provide essential care to the resident, consistent with the residence mental and physical status upon admission.</p> <p>Titled Blood Pressure Measurement undated document in part: Procedure Purpose: To obtain a measurement up of the amount of pressure blood exerts against the wall of an artery. To assess change in condition. To assess effectiveness of medication. Procedure details: 2. Position resident and recumbent (lying) or sitting position with arm relaxed on a flat surface at cardiac level.</p> <p>40061</p> <p>3. R65's Admission Record documents in part a diagnosis of end stage renal disease and personal history of malignant neoplasm of the kidney. R65 is on hospice.</p> <p>On 01/28/25 at 11:46 AM, R65 was alert and oriented to person, place, and time. R65 was lying in bed. Hospital gown was laying low revealing a permanent double lumen catheter (permacath) to R65's left upper chest. There was no dressing to the site. R65 stated R65 does not get dialysis. R65 stated they don't do nothing with this (referring to permacath). R65 stated I had a bandage there that got so filthy, so I tore it off. These nurses don't touch this. R65 did not recall when R65 removed the bandage but stated it was a while ago. Surveyor returned to R65's room multiple times including at 1:13 PM and 2:36 PM. Permacath remained open to air and without a dressing.</p> <p>On 01/29/25 at 10:37 AM, R65's permacath remained without a dressing. R65 laughed and stated, staff don't do nothing for me with it.</p> <p>On 01/29/25 at 10:40 AM, V5 (Nurse) stated R65 refused dialysis and is now on hospice. V5 stated nurses don't use R65's permacath. V5 stated I think the dressing is changed by the wound nurse or nurse if the wound nurse is not available. V5 was not sure how often the nurses changed the permacath. V5 stated I think daily.</p> <p>On 01/29/25 at 02:50 PM, V20 (Wound Nurse Coordinator) stated staff are not using R65's left upper chest permacath. V20 was not sure when it was last used since R65 refused dialysis. V20 stated R65's permacath is supposed to have a dressing to keep it from getting any germs or getting it infected.</p> <p>Discontinued orders document in part an order to remove R65's subclavian catheter on 07/05/24. Facility discontinued the order on 07/24/24. Orders dated 07/24/24 document in part to monitor right chest permacath for redness, bleeding, and discharge every shift and to change the right chest permacath dressing one time a day every Monday, Wednesday, and Friday. The facility discontinued the permacath dressing order on 01/28/25 when facility changed it to weekly dressing change every Friday.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R65's progress note dated 07/24/24 3:31 PM documents in part that a hospice nurse inquired about when R65's permacath will be removed. V30 (Nurse) called R65's doctor and received instruction to have the doctor that inserted R65's permacath to remove it. No further progress note related to facility attempting to coordinate the removal of R65's permacath prior to the time of the survey.</p> <p>On 01/30/25 at 10:38 AM, V3 (Assistant Director of Nursing) stated staff do not use R65's left upper chest permacath. V3 stated staff are to observe it to make sure it's clean and covered to prevent possible infection. V3 stated it is a port and it's an entry point so infection can get in there. V3 was not sure what the plan was for R65's permacath. During a follow-up interview at 11:27 AM, V3 stated there was no ongoing plan until recently (time of the survey) to have it removed.</p> <p>Facility's Catheter Insertion and Care policy (last revised 07/16) documents in part: Central venous catheter dressings will be changed specific intervals, or when needed, to prevent catheter-related infections that are associated with contaminated, loosened, soiled, or wet dressings. Dressings must stay clean, dry, and intact. Policy did not include reassessment of need or removal of central venous catheters.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>39779</p> <p>Based on observation, interview, and record review the failed to ensure a low air loss mattress was on the correct setting for one (R157) resident with a history of alterations in skin integrity in a sample of 35.</p> <p>Finding Include:</p> <p>R157 has diagnosis not limited to Type 2 Diabetes Mellitus, Anemia, Peripheral Vascular Disease, Primary Osteoarthritis, Thrombocytosis, Spinal Stenosis, Lumbar Region with Neurogenic Claudication, Hyperlipidemia, Abnormal Weight Loss, Depression and Contracture other Specified Joint. R157's MDS (Minimum Data Set) BIMS (Brief Interview for Mental Status) score is 12 indicating moderate cognitive impairment.</p> <p>Care plan document in part: R157 has a self-care deficit: Impaired Bed Mobility and would benefit from participation in a Bed Mobility Restorative Nursing Program as evidenced by the following risk factors and potential contributing Diagnosis: Spinal Stenosis with neurogenic claudication, Intervertebral disc degeneration lumbar region, Muscle weakness, Reduced mobility, schizoaffective disorder. Focus: R157 has an alteration in skin integrity and is at risk for additional and/or worsening of skin integrity issues related to: Sacrum (resolved 12/27/24) Left buttock (resolved 01/09/25) Left Heel (resolved) 08/29/24 Left Foot (resolved 08/08/24). R157 is at increased risk for alteration in skin integrity related to: Incontinence of bowel, Impaired Mobility Status, Diabetes, Comorbidities. Interventions: Pressure reducing/relieving mattress and W/C (wheelchair) cushion as needed.</p> <p>Weekly Wound Evaluation document in part: Identified; 11/21/24 Sacrum Stage II (healed 12/27/24). Weekly Wound Evaluation document in part: Identified; 01/28/24 Left Buttock Stage II (healed 01/09/25). Weekly Wound Evaluation document in part: Identified; 11/25/24 Left Heel Stage III (healed 12/19/24).</p> <p>Braden Scale for Predicting Pressure Sore Risk dated 12/23/24 document in part: Score: 12 Category: High Risk.</p> <p>R157 weights dated 01/15/25 79.6 Lbs. (pounds) 12/18/24 84.0 Lbs., 11/13/24 82.0 Lbs., 10/16/24 85.2 Lbs., 09/18/24 88.0 Lbs., 08/20/24 84.0 Lbs. and 07/31/24 82.8 Lb.</p> <p>On 01/28/25 at 01:16 PM R157 was observed lying in bed contracted in a fetal position on a Low air loss mattress with the setting of 350.</p> <p>On 01/28/25 at 01:17 PM surveyor asked V4 (Registered Nurse) the settings on R157 low air loss mattress. V4 responded, it cycles every 20 minutes, and the pounds go up to 350. It alternates and right now it is set at 350. V4 checked the computer and stated R157 weighs 79.6 pounds. R157 does not have wounds anymore. I think they healed out a couple weeks ago to the sacrum and right heel.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/30/25 at 10:15 AM V3 (Assistant Director of Nursing) stated I have worked here since 11/24. The low air loss mattress goes according to the resident weight, and its alternating pressure button for the alternating pressure of the bed. If R157 low air loss mattress is set at 350 and R157 weigh 79.6 pounds the low air loss mattress would be too firm. There is a potential it can cause the skin to break down as well. Wound care checks the low air loss mattress settings. R157 has a history of wounds. R157 wounds are currently healed but there is a potential they can open back up because of the wrong low air loss mattress setting.</p> <p>In-Service dated 12/29/25 document in part: Topic: Air mattress. Air mattresses must be set on correct setting for weight.</p> <p>Policy:</p> <p>Titled Guidelines for low Air Loss Mattress Use dated 07/18/23 document in part: Purpose: To provide the features of a support system for the resident that provides a flow of air to assist in managing the heat and humidity (microclimate) of the skin. Low air loss mattresses will be utilized for residents with Stage III and Stage IV pressure ulcers and multiple Stage II pressure ulcers as indicated. Procedure: 4. The setting will be per manufacturer's recommendations. The weight of the resident is the major consideration for the settings.</p> <p>Titled Guidelines for Preventive Skin Care dated 05/20/23 document in part: It is the intent of the facility to provide residents with preventive skin care through careful washing, rinsing, and drying of their skin, to keep them clean, comfortable, well groomed, and free from pressure sores. All residents will be provided a pressure reducing mattress. Procedure: 5. Air mattress/gel mattress may be used for those residents identified as being high risk for potential skin breakdown.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>39779</p> <p>Based on observation, interview, and record review the facility failed to ensure anti-contracture devices were applied as ordered and ensure the care plan was updated to reflect the correct area of splint application for one (R72) of four residents reviewed for limited range of motion in a sample of 35.</p> <p>Findings Include:</p> <p>R72 has diagnosis not limited to Psychosis, Epilepsy, Hemiplegia, Unspecified Affecting Right Dominant Side, Weakness, Cerebral Infarction, History of Falling, Personal History of Transient Ischemic Attack (Tia), Schizophrenia, Bipolar Disorder, Obesity, and Injury of Head. R72's MDS (Minimum Data Set) BIMS (Brief Interview for Mental Status) score is 12 indicating moderate cognitive impairment.</p> <p>Care Plan document in part: Focus: R72 is at risk for complications related to Cerebral Vascular Accident (Stroke) Hemiplegia affecting Right Dominant side. Focus: R72 is at risk for complications related to Monoarthritis. Intervention: Use supportive devices such as splints as recommended by therapy. Focus: I would benefit from a splint/brace due to mono arthritis to left wrist. Goal: Apply my Splint to left wrist, on in the a.m. after ADL (Activities of Daily Living) care and off in the PM, as ordered to help maintain my current ROM (Range of Motion) status and prevent any further deterioration. Apply splint after a.m. care for 4-6 as tolerated. Apply splint as ordered. I will be evaluated by the Restorative Nursing Department for placement into a Splint/Brace Restorative Nursing Program upon Admission, Quarterly and with a Significant Change in Status. May remove during ADL care self-performance. Staff will observe my splint/brace site for any skin irritation with routine daily care and as needed. The Restorative Aides and/or Unit Aide will document my program minutes within the Point of Care Module as indicated per the schedule.</p> <p>Order Summary Report dated 01/30/25 document in part: May wear splint to right hand, may remove for care.</p> <p>On 01/28/25 01:32 PM R72 was observed lying in bed with right hand contracted and no splint in use. R72 stated they stole my splint about 4 months ago. I need a sling. I can slightly move my arm.</p> <p>On 01/28/25 at 01:40 PM V4 (Registered Nurse) was notified that R72 does not have a splint in use.</p> <p>On 01/30/25 at 10:15 AM V3 (Assistant Director of Nursing) stated R72 has the splint on now. They put it on 01/29/25 to the right hand. It is supposed to be on the right hand not the left. Restorative updates the care plan. If the splint is not worn as ordered there is a potential to become more contracted and more weakness to the right hand. I did an education to make sure splints are in place.</p> <p>On 01/30/25 at 11:26 AM V23 (Restorative Nurse Consultant) stated we are looking for a restorative nurse. The purpose of the splint is to prevent further contracture. The splint should be applied as ordered. I recognized the care plan was incorrect, so I am going to clarify and fix it. The splint is entered in the care plan once the recommendation is made. It is entered in right away.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In-Service dated 01/29/25 document in part: Topic Splint Guidelines. Summary: Splint guidelines are to be followed per protocol.</p> <p>Policy:</p> <p>Titled Range of Motion (ROM) and Splint Policy and Procedures dated 02/20/15 document in part: The Restorative Nurse and/or Nurse Designee will complete a ROM risk assessment for all residents that are admitted to the facility to determine if they have any ROM deficits and/or are at risk for development of a reduction in their current ROM status. Residents that have been assessed to have a reduction in their ROM will be places in appropriate ROM programing to increase ROM and/or to prevent further decrease in their ROM status. The Restorative Nurse and/or Nurse Designee will consult with the Skilled Therapy Department for residents that may benefit from a split application. Procedure for ROM: 1. The Restorative Nurse and/or Nurse Designee will complete the ROM/Loss of Function Movement risk assessment upon admission, quarterly, annually and upon determination of a significant change in status. 4. The Restorative Nurse and/or Nurse Designee will develop a ROM care plan to identify the problem, goals, and approaches to be utilized by the staff and resident. Procedure for Splints: 1. All residents will have a ROM/Loss of Function Movement Assessment completed with the admission process and then Quarterly, Annually and with a significant change in status. 2. Any resident that has a decrease in ROM and/or Loss of Functional Movement will be places into a ROM Restorative Program. 3. Once the resident has been evaluated by the Skilled Therapist and the facility has recommendations for the splint; the Restorative Nurse and the Skilled Therapist will select an appropriate splint and order per the current vendor. 5. The Restorative Nurse will write the order for the splint on the POS (Physician Order Sheet). 7. Once the splint arrives, the Restorative Department will update the care plan, will initiate the daily splint application tracking lo in Point of Care. Splints will be applied according to the Facility Splint schedule and will be designated for application on an AM or PM shift schedule and will be designated on the plan of care.</p> <p>Titled Baseline Care Plan Assessment/Comprehensive Care Plans revised 03/23/21 document in part: The Comprehensive Care Plan will further expand on the resident's risk, goals and interventions using the Person Centered plan of care approach for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, physical functioning, mental and psychosocial needs. As the resident remains in the nursing home, additional changes will be made to the comprehensive care plan based on the assessed needs of the resident. 9. The comprehensive care plans will be reviewed and updated every quarter at a minimum.</p> <p>Titled IDT (Interdisciplinary Team) Care Planning Policy and Procedure (Person-Centered Plan of Care) revised 06/20 document in part: Each resident will have a comprehensive assessment completed that will assist in the development of an individual (Person-Centered) plan of care that will include goals and interventions aimed to improve or maintain the residents highest level of function, prevent decline, decrease risk of complications of medical conditions and decrease risk of injury. 7. Residents care plans will be reviewed and updated as needed with readmissions, quarterly reassessments, annually and with changes in condition.</p>		

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NAME OF PROVIDER OR SUPPLIER Parkshore Estates Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 South Kenwood Chicago, IL 60637	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39779</p> <p>Based on observation, interview, and record review the facility failed to ensure expired dialysis nutritional supplements were not store and administered to two (R177, R183) of three residents reviewed for nutrition in a sample of 35.</p> <p>Findings Include:</p> <p>On [DATE] at 01:05 PM the second-floor medication room was reviewed with V5 (Registered Nurse). An opened box containing twenty 8-ounce cartons of Nova Source Renal 19% was observed on the counter with a use by date of [DATE]. V5 stated we use the Nova Source for dialysis residents, and this is the only box. There are 3 or 4 dialysis residents on the floor.</p> <p>On [DATE] at 01:15 PM surveyor asked V4 (Registered Nurse) are there any dialysis residents on the floor. V4 responded, R114, R177 and R183 are dialysis residents. Surveyor asked do they receive the Nova Source Renal 19%. V4 responded; they receive it every day unless they refuse. R177 and R183 received it but R114 did not want hers. Surveyor asked V4 to enter the medication room to observe the box of Nova Source Renal 19% on the counter. V4 looked at the use by date and stated, we should have discarded them and sent them back to central supply.</p> <p>R177 End Stage Renal Disease, Essential (Primary) Hypertension, Hypertensive Urgency, Chronic Obstructive Pulmonary Disease, Encephalopathy, Patient's Noncompliance with other Medical Treatment and Regimen, Epilepsy, Viral Hepatitis C, Hepatic Failure, Schizophrenia, Suicidal Ideations and Dependence on Renal Dialysis.</p> <p>Care Plan document in part: Focus: R177 nutritional status is compromised secondary to diagnosis of end stage renal disease with Hemodialysis, Chronic Obstructive Pulmonary Disease and Hepatic Failure. Interventions: Provide dietary supplements as ordered.</p> <p>On [DATE] at 01:37 PM an expired carton of dialysis nutritional supplement was observed at R177's bedside. Surveyor asked R177 has she drank the supplement. R177 responded, yes, I drank it.</p> <p>R177's Physician Order document in part: Nepro one time a day.</p> <p>Medication Administration Record indicate R177 received Nepro [DATE].</p> <p>R183 has diagnosis not limited to Disorders of Plasma-Protein Metabolism, Chronic Diastolic (Congestive) Heart Failure, Non-St Elevation (Nstemi) Myocardial Infarction, End Stage Renal Disease, Dependence on Renal Dialysis, Anemia in Chronic Kidney Disease, Mild Protein-Calorie Malnutrition, Essential (Primary) Hypertension, Muscle Wasting and Atrophy, Muscle Wasting and Atrophy.</p> <p>R183 Physician Orders document in part: Nepro two times a day.</p> <p>Care Plan document in part: Focus: R183 at risk for weight loss. Interventions: Provide dietary supplements as ordered. Nepro twice a day,</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Medication Administration Record indicate R183 received Nepro [DATE].</p> <p>On [DATE] at 10:15 AM V3 (Assistant Director of Nursing) stated Before giving Nepro, check the order to make sure it is the correct order and check the supplement to make sure it is not expired. We are doing an education. V4 (Licensed Practical Nurse) did tell me about the supplement, and I educated the staff to make sure they check the expiration dates. If an expired supplement is given there is a potential the resident can have side effects, emesis.</p> <p>In-Service dated [DATE] document in part: Topic: Medications Storage. Summary: Medications that are stored must not be expired and expiration date must be checked prior to administering.</p> <p>Policy:</p> <p>Titled Medication Storage in the Facility undated document in part: Medications and biologicals are stored safely, securely, and properly following the manufacturer or supplier recommendations.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44103</p> <p>Based on interview and record review, the facility failed to evaluate for the appropriateness of antipsychotic medication and ensure that as needed orders for anti-psychotic medications are limited to 14 days for one (R170) of six residents reviewed for unnecessary medications on the total sample of 35.</p> <p>Findings Include:</p> <p>R170's clinical records show an initial admitted [DATE] with included diagnoses but not limited to Schizoaffective Disorder Bipolar type, Generalized Anxiety Disorder, and Major Depressive Disorder. R170's Minimum Data Set, dated dated [DATE] shows R170 has moderately impaired cognition.</p> <p>R170's physician orders with active orders as of 1/29/25 read in part: Haloperidol Lactate Injection Solution inject 5 mg intramuscularly every 6 hours as needed for agitation and Haloperidol 5 mg 1 tablet every 6 hours as needed (PRN) for agitation (ordered 12/27/24).</p> <p>R170's January Medication Administration Record (MAR) documented behavior monitoring revealed R170 did not exhibit any negative behaviors since 1/1/25 to 1/28/25.</p> <p>R170's progress notes dated 1/9/25 at 10:44 AM documented by V29 (R170's Nurse Practitioner) and progress notes dated 1/17/25 at 3:41 PM documented by V28 (R170's Physician) do not document the rationale and appropriateness for R170's antipsychotic PRN order to be extended beyond 14 days nor indicate the duration for the PRN order.</p> <p>On 1/30/25 at 10:34 AM, interviewed V8 (Psychotropic Registered Nurse) and stated, to address a resident's behavior, a non-pharmacological approach is initiated first before ordering psychotropic medication. V8 stated that psychotropic medications are ordered by the psychiatry physician or nurse practitioner and that they should be assessing the resident first before ordering any psychotropic medications. They need to assess the resident for appropriateness of the medication. V8 stated that any PRN psychotropic medication should be discontinued after 14 days if it's not being used and if resident is not exhibiting anymore behaviors. V8 stated that if extension beyond the 14 days is needed, the psychiatric physician or nurse practitioner should assess the resident first and document in the resident's chart the reason for extending the PRN psychotropic medication.</p> <p>The facility's Psychotropic Drugs Usage policy and procedure dated 11/17 documented in part: Psychotropic drug use is based upon the comprehensive assessment of the resident. Psychotropic medications are given as necessary to treat a specific condition that is diagnosed and documented. Residents who receive PRN psychotropic medications will be evaluated and if the medication is extended longer than 14 days, the rationale for continuation will be documented in the resident's medical record. Drugs ordered as needed (PRN) will be reevaluated within 14 days to determine if the drug could be discontinued or should be continued: a. The rationale for the continued need for the drug is documented in the medical record, b. In the even that the drug is an antipsychotic, the prescribing practitioner will assess the resident for continued need.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45110</p> <p>Based on observation, interview and record review the facility failed to label and date stored food, failed to cover and label open food, failed to prepare food in a clean area, and failed to store, date and label prepared foods properly. These failures have the potential to cause food borne illness to all residents receiving food prepared for the nursing skilled facility.</p> <p>Findings Include,</p> <p>On 1/28/25 at 9:11 AM, during initial kitchen tour with V10 [Dietary Cook], the following items were found in walk-in refrigerator:</p> <p>Open uncovered to environment chopped lettuce, no open nor expiration date.</p> <p>Pack of open turkey slices open and uncovered to environment, no open nor expiration date.</p> <p>V10 stated, The food is to be covered dated, with a label including an expiration date once the package is opened, and prepared food needs to be stored at the appropriate temperature to prevent cross contamination and possible food borne illness.</p> <p>On 1/28/25 at 9:33 AM, V11 [Dietary Manager], V10 and surveyor observed the following:</p> <p>Two garbage cans that was not in use was filled with garbage without lids in the food preparation area.</p> <p>Mop bucket with mop in dark, blackish water was in the dishwashing area and was not in use.</p> <p>Two food preparation tables with food items open being prepared had a garbage bag tied to the preparation tables open with garbage in the bag.</p> <p>Food preparation table noted a personal cell phone next to open food being prepared.</p> <p>On 1/28/25 at 10:05 AM, V11 [Dietary Manager] stated, All garbage cans should always have a lid on. Once the garbage is full of garbage, the staff need to take out the garbage. Garbage cans not covered could potentially cause cross contamination. The mop buckets when not in use should be emptied and cleaned out. The mop bucket filled with dirty black water should not have been left sitting in the kitchen, it could potentially cause contamination. The food preparation tables should never have garbage filled bags tied to the preparation table while food is being prepared, it could cause cross contamination and food borne illness. Dietary staff personal items like cell phones should not be on the food preparation area, could potentially cause cross contamination and food born illness.</p> <p>Policy documents in part:</p> <p>Food Safety and Sanitation dated 4/2022</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Food must be used before their expiration dates. Stocks not used by the expiration dates will be discarded.</p> <p>Dating and Labeling</p> <p>Prepared foods will be stored, dated and labeled in the refrigerator held at 41 degrees Fahrenheit for seven days.</p> <p>All items not in their original containers must be labeled. Food labels should include the common name of the food.</p> <p>Cleaning Equipment and Storage</p> <p>The mop bucket and press will be rinsed and cleaned after each use.</p> <p>Employee Health and Personal Hygiene</p> <p>Person items including purses and coats must be placed in a designated area away from food preparation.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>45110</p> <p>Based on observation, interview, and record review the facility failed to dispose of kitchen garbage properly in a contained dumpsters and failed to keep the dumpster area clean free of debris, the garbage area was not maintained in a sanitary condition to prevent harborage and feeding of pest. These failures could affect all residents that reside in the facility.</p> <p>Findings include,</p> <p>On 1/28/25 at 9:39 AM, During the initial kitchen tour, observed the outside dumpster area where kitchen garbage is disposed noted the large dumpsters uncovered with lids. All around the dumpsters were food garbage packages, papers, Styrofoam plates, food bones, cigarettes butts, and foul odors. Also observed squirrels, running around eating at the debris.</p> <p>On 1/28/25 at 10:15 AM, V11 [Dietary Manager] stated, I do not know why there is not any lids to cover the dumpsters. When any of the dietary or housekeeping staff takes out the garbage the lids are to be closed. Dietary and housekeeping staff are responsible to clean the area around the dumpsters. If not, this could potentially cause rodents in to hang around the door and come in.</p> <p>On 1/29/25 at 8:28 AM, V17 [House Keeping] stated, The garbage and the dumpster area are a shared responsibility between housekeeping staff and kitchen staff. There is no cleaning schedule or logbook kept regarding a cleaning schedule. With the lid to the dumpsters being left open, it causes squirrels, raccoons, rodents to tear open the bags and causes a big mess all around the dumpsters.</p> <p>Policy: Documents in part</p> <p>-Dispose of Garbage and Refuse</p> <p>Keep dumpster and surrounding area clean and free of debris. If the dumpster becomes full contact the garbage service for removal.</p> <p>Empty garbage cans when they become full.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39779</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure a resident (R387) with surgical wound and peripherally inserted central catheter (PICC) line was placed on an Enhanced Barrier Precaution (EBP) and failed to disinfect blood equipment between use for three residents (R225, R226 & R138) for four of nine residents reviewed for infection control.</p> <p>Findings Include:</p> <p>1. On 1/29/25 at 08:32 AM V6 (Licensed Practical Nurse) returned to the medication cart after exiting R225's room with signage posted indicating Enhanced Barrier Precautions. V6 placed the wrist blood pressure monitor on top of the medication cart after taking R225 blood pressure without disinfecting it.</p> <p>On 01/29/25 at 08:44 AM V6 (Licensed Practical Nurse) entered R226's room with signage posted indicating Enhanced Barrier Precautions. V6 placed the blood pressure monitor on R226 left wrist and obtained a blood pressure reading of 115/83. V6 administered R226 medication then exited the room placing the blood pressure monitor on top of the medication cart without disinfecting it.</p> <p>On 01/29/25 at 09:03 AM R138 was standing by the nurse station, V6 (Licensed Practical Nurse) placed the blood pressure monitor on R138 wrist and obtained a reading of 151/93. V6 removed the blood pressure monitor then placed it on top of the medication cart without disinfecting it.</p> <p>On 01/29/25 at 09:26 AM Surveyor asked V6 the procedure for cleaning reusable medical equipment. V6 responded, the blood pressure monitor should be cleaned between each resident for infection control. To prevent the transfer of infectious diseases we sanitize it with the disinfecting wipes between each resident.</p> <p>On 01/30/25 at 10:15 AM V3 (Assistant Director of Nursing) stated blood pressure monitors should be cleaned between residents with disinfecting wipe for Infection control to make sure we are not transferring germs. I did an education.</p> <p>In-Service dated 12/29/25 document in part: Topic: Cleaning of blood pressure cuff. Summary: Blood pressure cuff must be sanitized in between residents.</p> <p>In-Service dated 12/29/25 document in part: Topic: Enhanced Barrier Precautions. Summary: Enhanced Barrier Precautions guidelines should be followed.</p> <p>Policy:</p> <p>Titled Guidelines for Cleaning DME (Durable Medical Equipment) dated 11/28/22 document in part: It is the policy of the facility to ensure DME (Durable Medical Equipment) is clean and in good repair.</p> <p>Titled Blood Pressure Measurement undated document in part: Procedure Details: 2. Disinfect cuff and stethoscope before entering room. 14. Disinfect cuff and stethoscope upon exiting room.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>44103</p> <p>2. On 1/28/25 at 12:39 PM, R387 was sitting on a wheelchair in the 4th floor dining room alert and able to verbalize needs. R387 was noted with right foot wound dressing and a peripherally inserted central catheter (PICC) line on [R387's] right upper arm. R387 stated that [R387] was admitted in the facility more than a week ago for right foot wound infection and has been receiving intravenous (IV) antibiotic.</p> <p>On 1/28/25 at 12:49 PM, Surveyor observed R387's room and door with no posted EBP signage and no isolation cart set up.</p> <p>On 1/29/25 at 3:05 PM, interviewed V16 (Infection Preventionist/Licensed Practical Nurse) and stated that residents with open wounds like surgical and ulcers, gastrostomy tubes, urinary catheters, any kind of IV lines, and dialysis lines should be placed on EBP. V16 stated that the purpose of the EBP is for prevention of transmitting any diseases to residents with open areas. The staff should be wearing gloves and gown during care. V16 stated that the resident on EBP should have an EBP signage posted on the door and an isolation cart should be set up outside the door. V16 stated that the purpose of the signage is to make people aware that someone in the room is on EBP and that they should wear proper protective personal equipment (PPE). V16 stated that if there is no signage, visitors and staff would not know if a resident is on EBP or not. V16 stated EBP should be in the resident's physician orders and care planned. V16 stated that [V16] just found out today that R387 is on isolation.</p> <p>R387's clinical records show R387 was admitted in the facility on 1/17/25 with included diagnoses but not limited to Sepsis and Type 2 Diabetes Mellitus. R387's Minimum Data Set, dated dated dated [DATE] shows R387 is cognitively intact.</p> <p>R387's progress notes dated 1/18/25 at 8:46 AM documented in part: R387 was admitted in the facility from acute hospital with diagnoses of Osteomyelitis, Hypertension, and Hyperlipidemia. R387's head to toe assessment was completed. PICC line noted to right arm. An open wound noted to right leg. R387's physician orders read in part: IV access/infusion site dressing change (ordered on 1/18/25). R387's physician orders read in part: Enhanced Barrier Precautions for IV (ordered on 1/28/25). R387's care plan reads in part: R387 has a PICC line on right arm and is at risk for infection (date initiated 1/20/25). R387 is on enhanced barrier precautions for wounds or skin opening requiring a dressing (date initiated on 1/29/25).</p> <p>The facility's INFECTION CONTROL/ISOLATION GUIDELINES dated 02/23 documented in part: To prevent unprotected exposure of residents, visitors and staff potentially infectious microorganisms or diseases and to decrease the spread of in-house or community acquired infections. Enhanced Barrier Precautions used for the following: 1. Wounds - regardless of MDRO status; 2. Indwelling medical devices regardless of MDRO [Multidrug-Resistant Organism] status (Examples: Central line/PICC line, urinary catheter, feeding tube, tracheostomy etc.). Enhance Barrier Precautions are use when specific, high contact resident care activities are performed (Examples: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, and wound care etc.). Post Enhanced Barrier Precautions sign (CDC) on the door (indication not to enter without checking at Nurses' station for instruction/education).</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40061</p> <p>Based on interview and record review, the facility failed to provide pneumonia vaccinations in a timely manner for (R21, R24, R54, R73, R486), offer the influenza vaccine to (R24), and obtain written consent prior to administering an influenza vaccine to (R486). These failures affected five out of five residents reviewed for immunizations on the total sample of 35.</p> <p>Findings include:</p> <p>On 1/29/25 at 10:48 AM, V16 (Infection Preventionist - Nurse) provided surveyor with a stack of pneumonia vaccine consents. There were multiple consents from 12/16/24 including those from R21, R24, R54, R73, and R486. V16 stated these residents did not receive their pneumonia vaccines yet. V16 stated V27 (Director of Nursing) was helping set up a pneumonia clinic in December but it did not follow-through when V27 took an early leave. V16 stated facility was also in the process of obtaining pneumonia consents from all eligible residents at the time but did not complete the whole building. V16 stated [V16] still has not evaluated the residents on the second floor for eligibility.</p> <p>Reviewed R21, R24, R54, R73, and R486's Pneumococcal Vaccine Consents and the corresponding orders to administer the vaccines. Residents consented to receive the pneumococcal polysaccharide vaccine 23 (PPSV23) on 12/16/24.</p> <p>On 01/30/25 at 09:45 AM, V16 stated R486 discharged from the facility prior to receiving the PPSV23. R486's Admission Record documents in part a discharge date of [DATE].</p> <p>On 01/30/25 at 10:45 AM, V3 (Assistant Director of Nursing) stated if a resident wants the pneumonia vaccine, the facility must obtain consent and administer it. V3 stated if there are not enough residents to hold a vaccine clinic, the facility can call the pharmacy, have it delivered to the facility, and nursing staff can administer it.</p> <p>On 01/30/25 at 12:02 PM, surveyor went over the influenza vaccine consents with V16. V16 provided a copy of R24's Influenza (Flu) Vaccine Consent dated 03/15/24. R24 refused the vaccine at this date. V16 stated could not find a recent consent for this flu season. V16 stated the facility had a flu vaccine clinic in November 2024 but does not know if the facility offered the influenza vaccine to R24. Surveyor also reviewed R486's Vaccination Consent Form dated 09/11/24. Form documents in part that the facility's contracted flu vaccine company administered the flu vaccine to R486 on 9/11/24 (this corresponds to R486's electronic medical record under immunizations). R486's signature was not on the consent form. The Signature of patient to receive vaccine (or parent, guardian, or authorized representative) line is blank. V16 stated the consent was not signed and V16 could not find another consent form for the flu vaccine administered on 9/11/24.</p> <p>Facility's 6/10/23 Guidelines for Pneumococcal Vaccination documents in part: It is the intent of the facility to minimize the risk of residents acquiring, transmitting and/or experiencing complications from Pneumococcal pneumonia. This policy will assure that each resident and/or their representative/(POA) [Power of Attorney] is informed about the benefits and risks of immunization related to Pneumococcal pneumonia and that each resident has the opportunity to receive the vaccine unless medically contraindicated or refused or the resident has already been immunized with the vaccine.</p> <p>(continued on next page)</p>		

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 01/31/2025
NAME OF PROVIDER OR SUPPLIER Parkshore Estates Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 South Kenwood Chicago, IL 60637	

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility's 6/19/23 Guidelines for Influenza Vaccine documents in part: It is the intent of this facility to minimize the risk of residents acquiring, transmitting or experiencing complications from influenza. This policy will ensure that each resident and/or their representative/(POA) is informed about the benefits and risks of immunization related to influenza immunization and has the opportunity to receive it, unless medically contraindicated, or refused-or the resident has already been immunized with the vaccine for the Flu season for the current year. The resident's (facility) medical record will contain documentation as to the information/education provided to the resident and/or their representative/(POA) regarding the risks and benefits of the immunization as well as the administration or refusal of the vaccine, or the medical contraindication to the vaccine. Prior to Administration of the Influenza Vaccine: 1) Verify that the consent was given by the resident and/or their Representative/(POA) for the vaccine to be administered to the resident. 2) Verify that the resident and/or their Representative/(POA) has documented education as to the risks and the benefits of the Influenza vaccine.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>40061</p> <p>Based on observation, interview, and record review, the facility failed to provide an effective pest control program. This has the potential to affect all the residents that reside in the facility.</p> <p>Findings include:</p> <p>On 01/28/25 at 12:20 PM, R158 stated facility is infested with cockroaches and has mice running around. R158 stated asking family members to bring bug spray when they visit to spray R158's room. There was a sticky trap near R158's closet. There were two small bugs on it and multiple small, linear, black droppings on it. R158 stated the trap was recently put down.</p> <p>On 1/28/25 at 12:33 PM, R195 stated there was a mouse in the bedroom a couple of days ago. R195 stated the facility sprays for roaches so there isn't as much as before but R195 continues to see them occasionally.</p> <p>On 01/28/25 at 1:00 PM, R43 stated facility has mice and roaches. R43 saw them in previous room.</p> <p>On 1/28/25 at 1:09 PM, R67 stated sees bugs a lot and mice occasionally. R67 reported seeing them in the halls and on other floors too. R67 has also spotted them in the dining room. There's a sticky trap near R67's dresser near the top of the bed. There were five small, brown, and black bugs on it.</p> <p>On 01/28/25 at 1:19 PM, R65 stated seeing multiple roaches in the room. R65 stated killing a bunch of them but roaches still come from the walls. At 1:21 PM, observed a small, black, flying insect at R65's bedside.</p> <p>The second floor's Pest Control Sighting Log documents in part, roaches and mice in R114 and R183's bathroom on 01/28/25. It also documents in part, roaches in R72 and R227's bathroom on 01/28/25.</p> <p>On 01/29/25 at 09:24 AM, surveyor reviewed the third floor's Pest Control Logs at the nurses' station. On 12/03/24, there was a report of roaches in what is now R95's room. On 12/21/24, there was a report of mice and roaches in what is now R119 and R122's room. Requested a copy of this log but did not receive it at the end of the survey.</p> <p>The fourth floor's Pest Control Sighting Log documents in part mice sighting in what is now R387 and R388's room on 12/08/24 and 12/20/24. There were also mice sighting in what is now R24 and R110's room.</p> <p>The fifth floor's Pest Control Sighting Log documents in part roaches at the nurses' station on 01/27/25. It also documents in part mice in what is now R16 and R20's room on 01/20/25.</p> <p>Facility did not provide a copy of the sixth's floor Pest Control Sighting Log.</p> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 01/30/25 at 9:57 AM, V17 (Housekeeping) stated residents complained about pests and rodents a couple of months ago. V17 also saw roaches a couple of times on the third floor around November 2024. V17 also saw a trapped mouse near the heating and ventilation unit in one of the rooms on the third floor.</p> <p>On 01/30/25 at 10:42 AM V3, (Assistant Director of Nursing) stated staff recently notified V3 that a resident on the third floor complained about roaches in their bedroom. V3 could not recall which resident. V3 stated pest control company comes to facility weekly. V3 stated pest and rodent problem is not as bad as before but is an ongoing problem for the facility.</p> <p>Facility's undated Pest Control Policy documents in part to Keep facility free of insects and rodents.</p>