

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145989	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Parker Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  516 West Frech Street Streator, IL 61364	

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 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>34201</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who required thickened liquids had access to fluids at night for two of four residents (R1, R2) reviewed for hydration on the sample list of 9.</p> <p>Findings Include:</p> <p>R1's May 2024 Physician Orders documents an order for Honey thick liquids.</p> <p>R2's May 2024 Physician Orders document an order for nectar thick liquids.</p> <p>On 5/2/24 at 5:32 am, V5, CNA (Certified Nursing Assistant), stated R1 and R2 both require thickened liquids. V5 stated the nurses ran out of thickener, therefore, neither R1 or R2 were able to have liquids during the night. V5 explained the thickener is kept in the kitchen and the kitchen is locked up at night, so if the nurse doesn't have thickener, then R1 and R2 don't get liquids. V5 stated R1 usually drinks all night long.</p> <p>On 5/2/24 at 5:45 am, R1 was lying in bed awake without any drinks available. There was 1 empty cup on R1's overbed table. At this time, V4, Agency RN (Registered Nurse), confirmed V4 does not have access to thickener in order to give R1 and R2 fluids, and explained V4 ran out of it at the beginning of V4's shift, which was on 5/1/24 at 6:00 pm.</p> <p>On 5/2/24 at 5:58 am, V3, RN, stated V3 does not have any thickener on V3's medication cart either. V3 stated V3 is unsure how long the medication cart has been without thickener, because the container was empty upon V3 coming into work at 6 pm on 5/1/24.</p> <p>On 5/2/24 at 6:35 am, R2 was lying in bed without any drinks available.</p> <p>On 5/2/24 at 8:25 am, V10, Cook, confirmed the kitchen provides nursing staff with the thickener required for R1 and R2's liquids. V10 stated the nurses will tell the kitchen when they are out, and the kitchen replaces it. V10 also stated the nursing staff does not have access to the kitchen or to obtain required thickener at night when kitchen staff aren't present.</p> <p>On 5/2/24 at 11:35 am, V2, DON (Director of Nursing), stated residents should be offered fresh drinks at the beginning of the shift and throughout the shift as needed. V2 also stated the facility needed to ensure nursing staff had access to thickener for those residents who require it.</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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