

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  09/26/2024
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34131</p> <p>Based on observation, interview, and record review, the facility failed to give showers to three (R1, R2, and R3) of three residents reviewed for activities of daily living in a sample of three.</p> <p>Findings include:</p> <p>Facility Nursing and Rehabilitation Master Shower Schedule, updated 8/13/24, documents R1 gets a shower on Wednesday and Saturday 2-10 PM; R2 gets a shower on Tuesday and Friday 6-2 PM; R3 get a shower on Thursday and Sunday 2-10 PM.</p> <p>Facility Certified Nursing Assistant (CNA) job description, dated April 1, 2023, documents Essential Job Functions are to assist residents with daily bathing functions, and hair and nail hygiene needs.</p> <p>1. R1's medical record documents she is moderately impaired for cognition.</p> <p>R1's grievance, dated 6/24/24, documents (R1) reported staff were not giving her a shower and response or resolution was staff educated, and resolved on 6/24/24.</p> <p>R1's current care plan documents I usually require extensive assistance and one person support for bathing and dressing.</p> <p>R1's online and paper medical record has no shower documented from 9/1 to 9/6; 9/8 to 9/13; and 9/15 to 9/21/24.</p> <p>On 9/25/24 at 11:20 AM, R1 was alert and oriented, in a manual wheelchair, and stated she needs help with her showers for her feet and back. R1 stated she can bear weight and stand pivot for transfers and has not had a shower for about two weeks. I want my showers twice a week like I am supposed to get.</p> <p>2. R2's medical record documents he is cognitively intact and was admitted to the facility on [DATE].</p> <p>R2's current care plan documents I usually require supervision and set- up support for bathing and dressing.</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:  145989	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2024
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's online and paper medical record has no shower documented from 8/27 to 9/18; and 9/21 to 9/24/24.</p> <p>On 9/25/24 at 10:50 AM, R2 was alert and oriented, in a manual wheelchair, dressed, left orthotic shoe on, and R2's hair looked wet and was standing straight up in the air. R2 denied a shower, wetting hair, or putting any hair product in his hair. At that same time, R2 stated he had only had two showers since August (2024) when he admitted to the nursing home, unsure when his showers are supposed to be, and states he can do his own shower but needs towels, washcloths, and shampoo/soap set up. I need a shower and want one before my doctor appointment coming up.</p> <p>3. R3's medical record documents she is cognitively intact.</p> <p>R3's grievance, dated 6/13/24, documents (R3) reported they were not giving her a shower and was referred to V3 prior Administrator with no response or resolution documented on the grievance, and dated 6/13/24 resolved.</p> <p>R3's current care plan documents I require total assistance and one staff for bathing and dressing.</p> <p>R3's 9/14/24 nursing note documents R3 is a mechanical lift and total assist with activities of daily living.</p> <p>R3's online and paper medical record has no shower documented from 9/8 to 9/14/24.</p> <p>On 9/25/24 at 11:12 AM, R3 was alert and oriented, in a manual wheelchair, dressed, and stated she had a concern with showers in June where she is supposed to get showers twice a week. I am to get showers twice a week.</p> <p>On 9/25/24 at 11:20 AM, V7 CNA was filling out a shower sheet and put in the shower book. V7 said the residents get a shower twice a week.</p> <p>On 9/25/24 at 11:40 AM, V6 CNA stated I have residents sign the shower sheet that they refused their shower and then I give the shower sheet to the nurse. (R2) is independent with his shower where he is set up with towels and wash cloths, call light, and the shower bench seat for his showers. I have never had (R2) refuse cares, and everyone gets a (paper) shower sheet filled out and we document in our charting system. Residents are to get showers twice a week as they are on the shower schedule.</p> <p>On 9/25/24 at 1:32 PM, V4 LPN stated I have not heard of R1 or R3 refusing showers. If residents refuse showers, then we re-approach.</p> <p>On 9/25/24 at 2 PM, V2 DON/Director of Nursing stated They (CNAs) do showers, fill out a (paper) shower sheet, hand it in to the nurse, and then the sheets are turned into me.</p> <p>On 9/25/24 at 2:30 PM, V1 Administrator stated We have been working with the staff on charting because if it is not documented it is not done. We have educated and started discipline for this. At that time, V1 verified she had no further documentation to provide for R1-R3's showers, noted R1-R3 were not getting showers weekly/regularly, and would be talking to staff.</p> <p>On 9/25/24 at 2:45 PM, V9 CNA stated I work day shift and (R2) has had a shower twice this month.</p>		