

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/30/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PARKSHORE ESTATES NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SOUTH KENWOOD CHICAGO, IL 60637
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 2289985/IL154378	S 000		
S9999	Final Observations Statement of Licensure Violation 300.610a) 300.1210b) 300.1210d)6) 300.3240f) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARKSHORE ESTATES NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SOUTH KENWOOD CHICAGO, IL 60637
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to prevent R2 from being physically abused by R3, who has a documented history of aggressive behaviors. This failure resulted in R2 sustaining facial and body scratches during a physical assault by R3.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARKSHORE ESTATES NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SOUTH KENWOOD CHICAGO, IL 60637
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>On 12/27/22 at 11:18 AM, R2 stated, "A few weeks ago, I was sitting on the side of my bed when R3 walked over to me and opened her jacket with no clothes on. R3 and I started fighting. While we were fighting R3 started scratching up my face, neck, arms, and hands. R3 hit me and we started fighting until V6 (Social Worker) came into the room and broke us up from fighting. Next thing I knew R3 was moved out the room and never came back into the room. My scratches were burning and bleeding a little bit, and no one came to clean up my scratches or put any cream on them. I used paper towels out the bathroom to stop the bleeding. When R3 scratched my face, neck, arms and hands it made me feel sad and embarrassed. I didn't do anything to provoke R3. I was so happy once the scratches healed and went away. V6 saw the scratches and my roommate (R4) did too. I feel safe here in the facility, and R3 moved to another place to live. I have not had any more problems. The next day the lady from {Behavior Transition Facility} came and took me to the DMV (Department of Motor Vehicles) for an identification card. V5 (Behavior Transition Facility Coordinator) saw my scratches and asked me what happened. I told her that R3 and I got into a fight, and she (R3) scratched me up. I told her (V6/Social Worker) everything."</p> <p>R2's Face sheet, medical diagnosis, and physician order sheets (no treatment order for scratches noted) were reviewed. Minimum Data Set (MDS) Brief Interview Mental Status score of 15 indicates R2 is cognitively intact. R2's care plans, medication administration record, treatment administration record, and progress notes dated 11/14/22-11/30/22 were reviewed.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARKSHORE ESTATES NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SOUTH KENWOOD CHICAGO, IL 60637
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>Also reviewed the facilities Illinois Department of Public Health (IDPH) reportable incident the initial and final.</p> <p>On 12/27/22 at 11:53 AM, V5 (Behavior Transition Facility Coordinator) stated, "I came and picked up R2 the next day after the incident (11/15/22) to take her (R2) to the Department of Motor Vehicles for an identification card. I notice scratches on her face. R2 reported that her roommate (R3) came over to her (R2) bed where she (R2) was sitting and R3 had undressed while standing in front of her (R2). R3 would not move per R2's requested. Once R2 got up, then they started fighting. R2 showed me the scratches on her neck, which was covered up with a turtleneck shirt. R2 reported to me that R3 had scratched up her face, neck, arms, and hands. R2 also stated V6 (Social Worker) knew about the incident, because V6 was the one who broke the fight up."</p> <p>On 12/27/22 at 11:29 AM, R4 stated, "I remember when R2 and R3 was fighting here in the room, I was in here. R3 came over to R2, they started arguing, then they started fighting. I went out into the hallway to find someone to stop the fight. The social worker (V6) came in and broke up the fight. R3 was terrible scratching up R2's face, like she (R3) did. I'm happy they move her out of the room immediately. I have not been abused by any resident or staff member here at the facility. I feel safe being here in this facility."</p> <p>On 12/28/22 at 5:19 PM, V9 (Licensed Practical Nurse/LPN) stated, "I've been working here at the facility for 3 months, and I received abuse training during orientation. Some types of abuse are physical, mental, verbal, theft, and involuntary seclusion. I worked on 11/14/22 with R2 and R3 during day shift. I was notified by V3 (Director of</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARKSHORE ESTATES NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SOUTH KENWOOD CHICAGO, IL 60637
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>Nursing) that while I was on break, R2 and R3 had an altercation in their room. I assessed R2 and did not see any injuries or scratches on the resident at all. V3 took care of the documentation, because I was out to lunch at the time of the incident."</p> <p>On 12/28/22 at 2:55 PM, V8 (LPN) stated, "I have been working here at this facility for a year. However, I have been a nurse for over 10 years. I worked on 11/14/22 second shift on 3pm- 11PM. There was no altercation on my shift. I received in report that the altercation occurred on the first shift, and everything was taking care of. I really do not remember what happened. I passed medication to R2 that evening and she (R2) told me that altercation happened between her and R3. R2 reported that R3 was fighting her (R2). I usually document change of conditions, hospitalizations, admissions, wounds, and scratches. The scratches would be considered abuse. I worked with R2 the next day as well 12/15/22, but I did not see any scratches on R2's face, neck, arms, or hands. R2 always keep her mask and hood on. I had abuse training less than a month ago. Some types abuse physical, verbal, misappropriation of funds, sexual, emotional, and involuntary seclusion."</p> <p>On 12/29/22 at 10:15 AM, V2 (Director of Nursing/DON) stated, "On 11/14/22, I was notified by staff that incident occurred and R2 wanted to see me. R2 reported to me that her roommate (R3) was making a lot of noise and she (R2) was trying to rest. So R2 got up to leave the room to get help from staff, when R3 stood in the doorway. R3 would not move and R2 then moved her out the way gently. R2 was calm during the conversation. I did not see any scratches or any signs of distress with her. R2 did not tell me her</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARKSHORE ESTATES NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SOUTH KENWOOD CHICAGO, IL 60637
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>face was scratched, and R2's mask was on her face. Then I went into the room to see R3, and she seem to be agitated. R3 reported that R2 was trying to make her be quiet, and said that this was her room as well, and she wanted to leave the facility and did not like being here. I placed R3 on 1:1 due to her being agitated. Due to R2 made contact by moving R3 out the way, I notified V1 (Administrator) and social services. R3 was moved out the room per her request. At a later date, per R3 request, R3 was moved to another facility. R2 and R3 has never had any previous physical altercations in the past."</p> <p>On 12/29/22 at 1:03 PM, V1 stated, "I have been here for two years. On 11/14/22 I was made aware of the incident between R2 and R3. I conducted the investigation, interviewed staff and residents that might have knowledge of the incident and determined that no abuse occurred. It was determined that R3 was acting out in the doorway to her bedroom. R2 and peer wanted to exit the room to seek staff in the hallway to help redirect R3. R2 gently moved R3 out of the way while walking out of the room. Staff immediately intervened and separated both residents. R2 voiced feeling safe within the facility. R3 expressed desire to discharge to another facility and no longer resides in the facility. Point of contacts and physicians of both residents made aware and expressed satisfaction. This incident abuse was not substantiated, because there was no physical harm intentionally made and no injuries was observed. To the best of my knowledge R2 and R3 have not had any physical altercations in the past. The new hire staff are provided abuse training during orientation. All staff receive abuse training annually and as needed."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARKSHORE ESTATES NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SOUTH KENWOOD CHICAGO, IL 60637
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>R3's medical record document in part: Face sheet indicates R3 was admitted on 7/4/22. Admitting diagnosis: Absence Epileptic Syndrome, Type I Diabetes, hypercholesterolemia, hypotension, schizophrenia, extrapyramidal, bipolar disorder, major depressive disorder, schizoaffective disorder, insomnia, dysphagia, acute respiratory failure, muscle wasting, and abnormal gait. MDS Brief Interview Mental Status score is 9, indicating R3 is cognitively mildly impaired. Medication administration record, treatment administration record, and progress notes were reviewed. R3's Abuse Screening Indicator read in part: R3 has a psychiatric history and/or present mental health diagnosis, including, psychotic symptoms and possible misinterpretation of events and the intentions of others. Present signs and symptoms of depression mood distress include low self-esteem, isolation and withdrawn behavior. Complaints of chronic pain, illness, fatigue and persistent anger, fear and anxiety. History of dysfunctional behavior such as provoking, aggressive, manipulative, derogatory, disrespectful, abhorrent, insensitive, attention-seeking and otherwise abrasive inappropriate behavior, including roaming, wandering into peer's rooms and personal space.</p> <p>R3's Care plan dated 7/15/22 documents R3 is an adult living with chronic health conditions, psychiatric illness, behaviors, challenges, and co-morbidities that includes bipolar disorder, schizophrenia, and major depressive disorder. 11/21/22 care plan documents R3 has non-complaint behavior. 10/4/22 care plan documents R3 has medication refusal behavior. 11/17/22 care plan documents R3 will demonstrate an improvement or reduction in distressing behavioral symptoms in response to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2022	
NAME OF PROVIDER OR SUPPLIER PARKSHORE ESTATES NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SOUTH KENWOOD CHICAGO, IL 60637		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 7</p> <p>behavior management; R3 encouraged to attend conflict resolutions, symptom management, and anger management. R3 has the tendency not to report potential disagreements. R3's behavioral symptoms possibly related to a diagnosis of chronic mental illness.</p> <p>IDPH initial reportable dated 11/14/22 documents R3's statement documents "She (R3) was not disturbing anyone and was dancing to music in the room." R3 stated, "Don't believe what they tell you pumpkin, I know better than that."</p> <p>Progress note dated 11/4/22 staff nurse documented in part: R3 cut the cord on the desk phone with R3 informing staff that she (R3) will continue to act up. Nurse practitioner gave new orders for monthly injection. Staff to continue to monitor and support R3.</p> <p>Progress noted dated 11/4/22 nurse practitioner document in part: R3 is non-compliant with meds, agitation and aggression noted with delusional thinking.</p> <p>On 12/29/22 at 11:29 AM V6 stated, "I am familiar with R2 and R3. I was both of their social worker during 11/14/22. I heard R4 in the hallway saying she needed staff help. I came out my office, one of the nurses was in the room. R3 was already out of the room and R2 was sitting on her bed. I told R2 to come with me. R2 reported she (R2) was tired of R3 being on her side of the room and R3 was stealing and taking items from her. R2 confronted R3 about going through her personal items. Then they started fighting, staff pulled them apart prior to me getting to the room. R3 got moved out the room to the fifth floor. I did not notice any scratches on R2's face, neck, arms, or hands. Once R2 was calm and R3 was moved</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARKSHORE ESTATES NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SOUTH KENWOOD CHICAGO, IL 60637
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 8</p> <p>out the room, then R2 was able to return back to her room. R2 and R3 have not had any past physical altercation. R3 does have a history of aggressive, and non-compliant behaviors. I received abuse training around a month ago, some types of abuse are physical, verbal, mental and financial. I reported the situation to the administrator immediately."</p> <p>R1 and R4 both reported no concerns with abuse. Both stated they feel safe in the facility. R1 and R4's face sheet, medical diagnosis, physician order sheets were reviewed. MDS Brief Interview Mental Status score, care plans, medication administration record, treatment administration record, and progress notes were reviewed.</p> <p>Facility's Abuse Prevention Program dated 1/2019 documents in part: It is the policy of this facility to prohibit and prevent resident abuse, neglect, exploitation, mistreatment, and misappropriation of resident property</p> <p>(B)</p>	S9999		