STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001374	A. BUILDING: _____ B. WING _____	C 01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER NURSING & REHAB CENTER	516 WEST FRECH STREET STREATOR, IL 61364

(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 Investigations 23210261/IL167607 and 23210269/IL167616	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)4)A) 300.1230 e) 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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001374	A. BUILDING: _____ B. WING _____	C 01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER NURSING & REHAB CENTER	516 WEST FRECH STREET STREATOR, IL 61364

(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	Continued From page 1	S9999		

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:

4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:

A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.

Section 300.1230 Direct Care Staffing

e) The facility shall schedule nursing personnel so that the nursing needs of all residents are met.

These requirements are not met as evidenced by:

Based on interview and record review, the facility failed to have sufficient nursing staff on 12/8/23. This failure resulted in cares not being provided timely, and R3 becoming tearful to staff, crying, and stating she "feels like a burden."

Findings include:

"Facility Assessment Tool," dated 12/1/23, documents, "General Staffing plan to ensure that we have sufficient staff to meet the needs of the residents at any given time. CNAs (Certified Nursing Assistant) day shift 4-7, and One restorative aide."

Facility "Resident Rights" pamphlet, undated, documents, "The facility must care for you in a manner and environment that promotes your quality of life."

Facility staffing sheets provided by V1,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001374	A. BUILDING: _____ B. WING _____	C 01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER NURSING & REHAB CENTER	516 WEST FRECH STREET STREATOR, IL 61364

(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	Continued From page 2	S9999		

Administrator, documents on 12/8/23 day shift, the following nursing staff were present: V22 nursing from 9:41am-3:52pm; V23 nursing from 5:58am-6:25am; V14 CNA from 5:57am-2:28pm; V24 nursing from 5:58am-6:25am; V15 nursing from 5:57am-6:25am; V26 5:50am-10:00am;

On 12/28/23 at 10:45am, R2 was alert and oriented, clean and in bed, and stated, "There is not enough staff working here; they use agency staff, and the staff is ok here, but not enough."

R2's electronic medical record documents R2 is dependant on staff for cares.

On 12/28/23 at 10:55am, R3 was in bed in her room, alert and oriented and stated, "I am a quadriplegic and require two persons and they don't have enough staff; sometimes I get dressed; call lights can be on for over an hour; I have been here 1.5 years; the staff here is ok but I have stopped asking for things because there is not enough of them and I feel like a burden (at that same time R3 became tearful and crying); I soaked the bed and linens on 12/8/23 because I was not changed; I wear a brief but I soak through it on 12/8/23 head to toe." At the same time resident was interviewed she was tearful and stated that it "didn't matter any more."

R3's electronic medical record documents R3 is quadriplegic and dependant on staff for cares.

On 12/28/23 at 12:00pm, R1 was in bed, alert and oriented and stated, "On 12/8/23 there were only two nurse aides (V4 and V14) in the whole facility, where one was on the locked unit per policy. (V4) was not certified until just recently; I can have my call light on for 15-20 minutes up to 1.5 hours, depending on who is working; I can't

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001374	A. BUILDING: _____ B. WING _____	C 01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER NURSING & REHAB CENTER	516 WEST FRECH STREET STREATOR, IL 61364

(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	Continued From page 3	S9999		

get out of bed without two people."

R1's electronic medical record documents R1 is quadriplegic and dependant on staff for cares.

On 12/28/23 at 12:40pm, V10, HR (human resources)/BOM (Business Office Manager) stated, "I was doing the CNA/nursing schedule. We have 5-6 CNAs on day shift with restorative and transport who is a CNA. We have been using agency since August or September for Nurses and CNAs. Our CNAs work 8 hour shifts from 6-2 with 5-6 CNAs, 2-10 with 5-6 CNAs, and 10-6am with 3-4 CNAs. We go by the state guidelines."

On 12/28/23 at 1:30pm, V2, DON/Director of Nursing, stated, "I do the nurse staffing and we had COVID-19 on 12/8/23 in the facility. We try to have five CNAs on first shift, and I did not work 12/8/23 on the floor."

On 12/29/23 at 2:00pm, V4, Housekeeping/CNA, stated, "I worked on 12/8/23 from 6am-4pm, me and (V14) were the only CNAs. (V1) did not come in because of something with her child. C-hall is a secured unit and supposed to have a CNA down there at all times. There was no CNA on C-hall on 12/8/23, because we had no staff. (V1) did come in on 12/8/23 from 12-1pm and collected lunch trays, but did not perform any cares. On C-hall (V11) Activity Director, (V8) Housekeeping, and (V3) SSW/Social Service Worker were down C-Hall monitoring residents on 12/8/23. (V14) worked on 12/8/23 until 2pm and I worked until 4pm. I am a new CNA; just finished schooling." V4's "Health Care Worker Registry" provided by V1, Administrator, documents V4 completed CNA/Certified Nurse Aid training on 12/7/23, and Competency Evaluation (certified) was completed on 12/12/23.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001374	A. BUILDING: _____ B. WING _____	C 01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER NURSING & REHAB CENTER	516 WEST FRECH STREET STREATOR, IL 61364

(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	Continued From page 4	S9999		

On 1/2/24 at 10:45am, V8, Housekeeping, stated, "I am not a CNA, I work in housekeeping. On December 8th, they needed help taking care of the residents on C hall. Me, (V11), and (V3)were on C-Hall answering call lights and monitoring residents. (V1) was not here on 12/8/23."

On 1/2/24 at 9:00am, V14, Transport/CNA, stated, "I worked 12/8/23 until 2:45pm, (V4) and I providing cares for the residents for the whole building. The two nurses were here. We changed and fed residents, and the nurses passed trays. On 12/8/23, we couldn't get residents out of bed, dressed, perform incontinent cares, do every two hour checks on residents, and answer call lights in a timely manner with just two of us. On 12/8/23, (R3) was incontinent head to toe when we went to change her, and she was tearful, crying, and stated she "feels like a burden."

On 1/2/24 at 11:30am, V18, Ombudsman, stated, "There are staff shortages all the time, and staffing has been bad since June 2023."

On 1/2/24 at 11:55am, V12, R3's daughter/POA (Power Of Attorney), stated, "On 12/8/23, when I was on C-wing visiting mom, there were no CNA's on the wing. (V8) Housekeeping was there and answered moms call light, but what good was she when she can't do personal cares. Mom is not getting what she needs if there is no staff."

On 1/2/24 at 1:00pm, R3 was alert and oriented and verified on 12/8/23, V11, Activity Director, V4, nurse aid, and V8, Housekeeping, were the only staff on C-hall, with no certified nurse aides because no certified nurse aides were available.

On 1/4/24 at 9:00am, V1, Administrator, stated,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001374	A. BUILDING: _____ B. WING _____	C 01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER NURSING & REHAB CENTER	516 WEST FRECH STREET STREATOR, IL 61364

(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	Continued From page 5 "We use shift key and clipboard agency, and December 8th we only had two of our own CNA's." On 1/5/24 at 10:36am, V1, Administrator, stated "On 12/8/23, (V4) and (V14) were CNA's on the flo.r, I had management and department heads helping out as well, my son had an appointment that day, and HR/Human Resources, who is not here anymore, is a CNA and helped out; her primary duty that day was HR. " (B)	S9999		