Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6005003 C B. WING 06/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SOUTH KENWOOD PARKSHORE ESTATES NURSING & REHAB CHICAGO, IL 60637 (X4)ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S000 Initial Comments S 000 Facility Reported Incident (FRI) Investigation FRI of 06/08/22/IL148247 Final Observations S9999 S9999 Statement of Licensure Violations: 300.1210b) 3001210c)3 300.1210d)6) Section 300.1210 General Requirements for Nursing and Personal Care 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. Restorative measures shall include, at a minimum, the following procedures: Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be Attachment A made by nursing staff and recorded in the Statement of Licensure Violations

nois Department of Public Health BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

ANDPLA	NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION		APPRO\
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDIN	(X3) DATE SURVEY COMPLETED		
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	resident's medical r	ecord	00000			
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	d) Pursuant to	subsection (a), general nclude, at a minimum, the	1			
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	seven-day-a-week t	Dasis:		***		
	6) All necessar	Trender Monte Land	= .	55 a	E 8	
	wassure that the re	y precautions shall be taken sidents' environment remains	1	92		
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1	and assistance to pr	eceives adequate supervision		III ★☆ (l'	1	
	**************************************	event accidents.				
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30 J	by:	/ere not met as evidenced				
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	Based on intention o	malana and an all and an an a	ĺ	8 7 - 1 - W	1.0	
1 4	alled to educate resid	nd record review, the facility dents on how to resolve			12	
0	isputes among each	Other without coucing have				
1 10	o another resident. T eviewed for freedom	DIS affected 1 (Da)				
!		AV S				19
0	n 06/08/22 R3 hit his	s roommate, R2 in the face				
10	ning a verbal alfelca	3000 Which resulted in Do				
he	ustaining a left cheek ematoma and left pe	riorbital (around the left eye	1			
ar	ea) soft tissue swelli	ing on 06/08/22.	ā			
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Fil	ndings include:	10	3.43			
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Th	ne 06/08/22 Facility F	Reported Incident states R2				ı
an	u K3 were involved i	in a physical altercation.				
. 1.1	R2's 04/14/22 BIMS	(Brief Interview for Mental				21
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l min	paired).		E9			

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED IL6005003 B. WING С 06/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PARKSHORE ESTATES NURSING & REHAB 6125 SOUTH KENWOOD CHICAGO, IL 60637 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 2 S9999 R2's diagnoses include schizophrenia, bipolar disorder, cognitive communication deficit, psychotic disorder with hallucinations, and violent behavior. On 06/27/22 at 11:25 am, surveyor asked R2 about the 06/08/22 incident. R2 stated, "R3 calls himself a preacher. R3 is impersonating a minister. I asked him, Are you ordained? R3 got mad, so R3 hit me with his fist in the left eye. I got six stitches". R2's nursing progress note dated 06/08/22, documents, in part, "(R2) reported receiving physical aggression during verbal altercation with roommate evident by facial swelling and laceration upon assessment of the face. Site cleaned with gauze and normal saline, (R2) kept safe." R2's 06/08/22 ED (Emergency Department) history and physical documented, "will washout and apply (topical skin adhesive) and (skin closure strips) to R2's left cheek laceration". R2's 06/09/22 CT (Computerized Tomography) scan includes a small right frontal scalp hematoma and left periorbital soft tissue swelling. 2. R3's 04/22/22 BIMS determined a score of 13 (cognitively intact). R3's diagnoses include schizoaffective disorder, psychosis, and unspecified mood (affective) disorder. On 06/28/22 at 12:49 pm, the surveyor asked R3 about the 06/08/22 incident. R3 stated, I was speaking with R8 who also shared the room. I was saying something to R8 about biblical issues. I'm not sure why R2 grabbed me. It appeared

RWX711

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED IL6005003 C B. WING 06/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PARKSHORE ESTATES NURSING & REHAB **6125 SOUTH KENWOOD** CHICAGO, IL 60637 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 maybe he (R2) didn't want to hear what I was saying. I did hit R2. I'm so very sorry. My Lord, last thing I want to do is strike an individual. 3. R8's 04/01/22 BIMS determined a score of 13. On 06/28/22 at 1:02 pm, R8 (roommate) affirmed that he witnessed the 06/08/22 incident involving R2 and R3. R8 stated, R3 had clothes in a bag on the floor that R2 kept running over with a wheelchair. R3 asked R2 nicely to stop running over the clothes and R2 was just cursing at R3. R2 lunged out of the wheelchair and grabbed (R3) by the hands. R3 reacted by punching R2. R8 believes R2 provoked R3. R8 added, there's only so much a person can take. R8 described R2 as 'real foul" and stated that R2 curses out staff as well On 6/27/22 at 10:39 AM V1 (administrator) was interviewed. V1 confirmed he was the abuse coordinator at the time of incident involving R2 & R3. They (R2 & R3) were roommates. R2 was talking, responding to internal stimuli. R3 was talking to him (R2). They had a verbal disagreement which led to a physical altercation before staff could intervene. When R3 made the first contact, immediately they were separated. We followed protocol, I was notified, notified the physician, point of contact, notified the police. Per Doctor's order, R3 was sent to hospital. No injury but I believe R2 had a skin alteration on his nose. Both were sent to hospital. R3 was sent for psych evaluation. They have not had this type of altercation in the past. On 06/29/22 at 3:20 pm, surveyor interviewed V23 (Physician) about potential harm after being punched in the face. V23 stated "There's a potential for fracture of the nose or laceration."

nois Department of Public Health

If continuation sheet 5 of 5

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