Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.				
		IL6005003	B. WING		01/3	1/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
PARKSH	PARKSHORE ESTATES NURSING & REHAB 6125 SOUTH KENWOOD CHICAGO, IL 60637						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Annual Health Surv	/ey					
S9999	Final Observations		S9999				
	Statement of Licens	sure Violations					
	ONE OF TWO						
	300.3210v)						
	Section 300.3210	General					
	v) All Cook County facilities with Colbert Class Members shall provide educational materials and information to all newly admitted Colbert Class Members within one to three days of admission, informing them of their rights and services under the Colbert Consent Decree, as prescribed by the Colbert Lead Defendant Agency. All Cook County facilities shall provide verification that the educational materials and information were given to the Colbert Class Members, as requested by a Colbert Defendant Agency.						
	This requirement w by:	as NOT MET as evidenced					
	failed to provide ver materials and inform Colbert Class Mem of admission. This	and record review, the facility rification that the educational mation were given to the abers within one to three days failure has the potential to caid-eligible residents residing					
	Findings Include:						

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

02/19/25 **Electronically Signed**

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TITLE

(X6) DATE

PRINTED: 03/06/2025 FORM APPROVED

Illinois Department of Public Health

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		IL6005003	B. WING		01/3	1/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
PARKSH	ORE ESTATES NURS	SING & REHAB	TH KENWO , IL 60637	OD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	On 1/28/25 at 1:51 Director) stated that that manages the Cand that a represer comes to the facility they want to enter to [V14] does not known in the facility becaus cheduling system. Not provide any editinformation about the when they get admoutside company doutside company d	PM, V14 (Social Service at there is an outside company Colbert Program for the facility attative from that company by to screen residents to see if the program. V14 stated that we when this company comes see they have their own a V14 stated the facility does a cation materials or the Colbert program to resident atted to the facility because the coes that when they meet with stated that if a resident are to be a member, the facility side company to see the obers and revealed there are only residing in the facility. The us dated 1/28/25 shows 239 wate pay residents.	S9999			
	Statement of Licen	(C) sure Violations				
	TWO OF TWO					
	300.615e)					
		etermination of Need Juest for Resident Criminal Ormation				
	Section 2-201.5(a) facility shall, within	to the screening required by of the Act and this Section, a 24 hours after admission of a criminal history background				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6005003	B. WING		01/3	1/2025	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PARKSH	IORE ESTATES NURS	ING & REHAR	TH KENWO , IL 60637	OD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
\$9999	check pursuant to the Information Act for seeking admission background check pursuant to the Hos Background checks resident's name, daidentifiers as requir Police. (Section 2-This requirement where I have a seed on interview failed to request the Response Process admission for 5 (Radial of 10 residents of 10 resident	the Uniform Conviction all persons 18 or older to the facility, unless a was initiated by a hospital spital Licensing Act. Is shall be based on the ate of birth, and other red by the Department of State 201.5(b) of the Act) are not met as evidenced by: and record review the facility of Criminal History Information (CHIRP) within 24 hours of 388, R190, R220, R219, R224) reviewed for Identified cal records and background wed and revealed the following: I on 1/22/2025 and Criminal Response Process (CHIRP) 1/28/2025. I on 10/29/2024 and CHIRP 1/1/2024. I on 8/15/2024 and CHIRP was 1/2024. I on 8/4/2024 and CHIRP was 1/2024.	S9999				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
71101 1211	OF CONTROL OF THE CON	BENTI IO NI ION NOMBEN.	A. BUILDING:			LLTLD	
		IL6005003	B. WING		01/3	1/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PARKSH	PARKSHORE ESTATES NURSING & REHAB 6125 SOUTH KENWOOD CHICAGO, IL 60637						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
S9999	On 1/29/25 at 10:10 (Admissions Director CHIRP within the 2-dadmission. V15 states on weekends but weekends and Saturda stated that if there i	O AM, interviewed V15 or) stated [V15] requests the 4hours of resident's ted [V15] is not in the facility vill still request the CHIRP for y residents' admissions. V15 is a "HIT" on the CHIRP, it is I Services and fingerprinting	S9999				

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