

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145938	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER PARKSHORE ESTATES NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 6125 SOUTH KENWOOD CHICAGO, IL 60637	
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)		
F 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain the community shower rooms and residents' closet doors in good repair for the safety of the residents. This affects all 149 residents on the third, fourth, and fifth floors of the facility. Findings include: On 8/3/20 V1 (Administrator) presented the facility's Front Desk Floor Census document which shows that the resident census on the third floor was 51, fourth floor was 52, while fifth floor was 46. On 8/3/20 between 10:50am and 11:45am during the initial facility tour of the facility with V3 (Nursing Supervisor) the following environmental conditions were observed: The community shower rooms on the third, fourth, and fifth floors were observed with peeling paint on the walls, and wet wash cloths and towels on the floor. The shower faucet in the bathroom on the fourth floor shower room was in disrepair and the shower knob was on the floor. The ceiling tiles in the fifth floor shower room had some blackish patches which R1 referred to as mold. There were closet doors in Rooms 508, 510, 519, and 524 that were off the hinges and some were completely removed and put on the side of the closet. In addition, the wall behind the toilet seat in room [ROOM NUMBER] was leaking drops of water. R1 stated that she had reported the issues with the bathroom and the closet doors to staff several times and nothing was done. At this time, V6 (Licensed Practical Nurse/LPN) was asked for the process of informing the Maintenance Department when there are repairs to do. V6 brought out the Work Order Binder and stated that maintenance staff is supposed to come and get the information from the work order binder. The topmost form in the binder dated 6/29/20 was randomly pulled out. This form shows that Rooms 519's and 524's closet doors were reported to be off the hinges since 6/29/20 (over four weeks ago). With the assistance of V3, these two rooms were inspected and it was observed that the closet doors were still not fixed. On 8/3/20 at 11:35am, V4 (Maintenance Director) was interviewed regarding these issues and V4 stated that maintenance staff usually go round the building to see the work order forms that were completed for each floor. V4 later presented the Maintenance Assistant's Job Description. This document states, under Roles and Responsibilities: Maintains and repairs, according to established procedures, all electrical and plumbing systems, heating or cooling units, bathroom fixtures, windows, mirrors, floor and floor coverings, moldings, ceilings, stair and hallway rails, furniture, dietary and laundry equipment, roofs, outside walls, resident and staff rooms furnishings and other facility furnishing, fixtures, and equipment. The facility did not follow this guideline.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.