

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/21/2016
FORM APPROVED
OMB NO. 0938-0391

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 03/17/2016
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) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 241 SS=E	<p>Annual Licensure and Certification Survey Complaint Investigation:1681212/IL83837-No Deficiencies</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide care and services in a dignified manner for three of three residents (R5,R7,R20) in a sample of 30 reviewed for dignity, and one supplemental resident (R54) .</p> <p>Findings include:</p> <p>R7 is a 74 year old male admitted to the facility with the following diagnosis; diabetes mellitus, sepsis, dementia and several others. During initial tour on 3/14/16 at 10:50am R7 is sitting in the wheelchair in the hall without shoes on, and no leg rest on the wheel chair. E20 CNA(Certified Nursing Assistant) pushed the wheel chair that R7 is sitting in from R7's room to the dining room with R7's feet dragging on the floor without shoes being in use.</p> <p>On 3/15/16 at 2:46pm E2 DON (Director of Nursing) states, "The chair should have leg rest, and at no time should R7 be pushed with R7's</p>	F 241			3/22/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

04/15/2016

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.

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F 241	<p>Continued From page 1</p> <p>feet on the floor. E20 should have put leg rest on the chair. The only time the residents feet are to be on the floor in the wheel chair is if they are propelling themselves."</p> <p>Continued observation during initial tour on 3/14/16 at 10:51am is with R20 walking from the shower without shoes, no gown or robe, and just under shorts openly exposed to residents, visitors, and staff in the hall. R20 states, "No I never get assistance or help with my shower, or shoes to wear from the shower." E18 (Restorative Director) states, "No (R20) shouldn't be exposed in the hall, and I'm going to find someone to help (R20)."</p> <p>On 3/15/16 at 11:53am R7 was sitting in the hall near R7's room still with white socks on without shoes. At this time R7 states, "I have shoes, they are a size too small, and tight, I don't have anymore."</p> <p>At 10:20am on 3/16/16 E8 (Social Service Director) states, "If R7 need some shoes, I try to get them, we have some for R7. We get lots of donations, but I didn't know R7 needed shoes. R7 had just got shoes when I first started here. R7 had diabetic shoes with the black strap. It's the CNA's (Certified Nursing Assistant) and Nurses that inform E8 of what the residents need. I'm going to take care of getting R7 shoes now that I know."</p> <p>On 3/16/16 at 11:19am, R7 is sitting in the wheelchair at the nursing station still without shoes on, white socks in use. At this time R7 repeat, "I got shoes that's too small, and I thought</p>	F 241			

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F 241	<p>Continued From page 2</p> <p>someone was coming to measure my feet to get me some more."</p> <p>At 2:30pm on 3/16/16, E8 return to the conference room and at this time States, "I got R7 shoes, he has a pair of Nikes. He's happy to have Nikes, and they look pretty nice on him."</p> <p>On 3/17/16 at 10:35am E1 (Administrator) states, "I started the inservice with staff on identifying and reporting the residents need of clothing's, and footwear." Copy of inservice presented. E1 also present copy of documentation of R7 being scheduled to be seen by Diabetic shoe care.</p> <p>Facility ADL (Activities of Daily Living Policy) dated 7/15/2010 indicate that the CNA's are responsible of maintaining residents personal care, dressing, and maintenance of residents belonging.</p> <p>On 3/15/16 at 12:20pm, lunch observation was made in the 2nd floor dining room. E19 CNA (Certified Nursing Assistant) was observed sitting at the table in between two residents (R5 and R54). Both residents require assistance with meals. E19 went back and forth between the two residents during the meal. E19 placed the food from one resident onto the utensil, and then while that resident was chewing, E19 would then assist the other resident. There was no hand hygiene noted in between feeding the two residents.</p> <p>E1 (Administrator) presented the facility's policy</p>	F 241			

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F 241	Continued From page 3 on Meal Service (8/11). The policy does not address staff feeding residents in a dignified manner. However on 3/17/16 at 10:35am, E1 stated that the staff should not go in between residents while assisting with feeding. They should feed one resident at a time.	F 241			
F 246 SS=E	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that call lights were accessible for two residents (R15, R16) of 18 residents reviewed for accommodation of needs in a sample of 30 and three residents (R48, R49, R50) from the supplemental sample. Findings include: On 3/14/16 at 10:10am, R48 was laying in bed with the call light on the floor to the right of the bed. R48 could not reach the call light. R48's Minimum Data Set (MDS) dated 2/5/16 documents, in part: Section G: Functional Status - B. Transfer: Self Performance coded as a 3 - Extensive Assistance and Support coded as a 3 - Two+ persons physical assist.	F 246		3/22/16	

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F 246	<p>Continued From page 4</p> <p>On 3/14/16 at 10:27am, R15 was in bed and unable to locate the call light. R15 indicated that she needs assistance to get out of bed. When R15 was asked to locate the call light, she stated, "I can't find the call light. Can you?" R15's call light was on the floor to the right of the bed. R15 can not get out of bed independently to retrieve the call light.</p> <p>R15's Minimum Data Set (MDS) dated 2/5/16 documents, in part: Section G: Functional Status - B. Transfer: Self Performance coded as a 3 - Extensive Assistance and Support coded as a 3 - Two+ persons physical assist</p> <p>R15's MDS dated 2/10/16 documents, in part: Section G: Functional Status - B. Transfer: Self Performance coded as a 3 - Extensive Assistance and Support coded as a 3 - Two+ persons physical assist.</p> <p>On 3/14/16 at 10:41am, R16 was sitting at the side of the bed with oxygen intact. R16 indicated that he uses oxygen most of the time. R16 stated, "I'm trying to call the nurse but I can't find the call button." R16's call light was laying on the floor underneath his bed. With an unsteady gait, R16 walked to the call light switch which was closer to his roommate's bed. R16 pulled the call light switch at 10:44am. E11 (Dietary Aid) was sitting at the 3rd floor nurse's station and did not answer the call light. At 10:47am, E16 (Maintenance) and E17 (LPN-Licensed Practical Nurse) were at the nurse's station while R16's call light was engaged. R16's call light was not answered. At 10:49am, R16 removed his oxygen and walked to the nurse's station to get assistance.</p> <p>On 3/17/16 at 11:00am, E17 stated, "All staff should be answering call lights. Call lights should be within reach of the resident, even if they're</p>	F 246			

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F 246	<p>Continued From page 5</p> <p>alert."</p> <p>R16's MDS dated 1/6/16 documents, in part: Section G: Functional Status - E. Locomotion on unit: Self Performance coded as a 2 - Limited Assistance and Support coded as a 2 - One person physical assist. The portion of the MDS, Balance During Transitions and Walking - B. Walking. codes R16 as a 2. A 2 indicates that R16 is not steady and only able to stabilize with staff assistance.</p> <p>On 3/14/16 at 10:55am, R49's call light was on the floor. R49's MDS dated 1/27/16 documents, in part: Section G: Functional Status - B. Transfer: Self Performance coded as a 3 - Extensive Assistance and Support coded as a 2 - One person physical assist. R49 can not get out of bed independently to retrieve the call light.</p> <p>On 3/14/16 at 10:55am, R50's call light was behind a curtain and on the roommate's side of the room. R50's MDS dated 12/21/15 documents, in part: Section G: Functional Status - B. Transfer: Self Performance coded as a 2 - Limited Assistance and Support coded as a 2 - One person physical assist. R50 can not get out of bed independently to retrieve the call light.</p> <p>A policy dated 7/11 and titled, "Policy and Procedure Call Lights" documents, in part: PURPOSE: 1. To respond promptly to resident's call for assistance. PROCEDURE: 1. All facility personnel must be aware of the call light at all times. 2. Answer all call lights promptly whether or not the staff person is assigned to the resident.</p>	F 246			

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F 246	Continued From page 6 5. When providing care to residents, position the call light conveniently for the resident's use. Tell the resident where the call light is and show him/her how to use the call light and provide reminders to use the call light as needed. 10. Be sure call lights are placed within reach at all times, never on the floor or bedside stand.	F 246			
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide and maintain sanitary residents' personal belongings and care items through improper storage and failed to provide cleanliness of residents' rooms. This deficiency has the potential to affect four (R2, R8, R9 and R11) of eight residents in the sample of 30 reviewed for housekeeping and maintenance services and 12 residents (R31, R32, R33, R34, R35, R36, R37, R38, R39, R40, R41 and R46) from the supplemental sample. Findings include: On 03/14/2016 at 10:10 AM during the initial tour with E4 (Minimum Data Set-MDS Coordinator), the following were observed: R9 's personal belongings such as clothes were placed into three big plastic bags stacked up on top of one another stored on the floor.	F 253		3/22/16	

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F 253	<p>Continued From page 7</p> <p>R31 ' s personal belongings placed in a big plastic bag on the floor.</p> <p>R32 ' s clothes and pants in a plastic bag stored on floor. R32 ' s blanket was also observed stored on floor.</p> <p>On top of one of the bedside dressers adjacent to R33 ' s bed, a piece of dirty boot and a dirty, crumpled gown were placed.</p> <p>On the window sill near R34 ' s bed, an empty water pitcher; two pieces of unopened condom packs; a bottle of 7.5 fluid ounces (fl.oz.) skin and hair cleanser; an unopened 0.75 fl. oz. toothpaste tube; a clean pair of socks; an opened 0.5 ounces (oz.) deodorant; and a piece of rolled bandage were placed, all unlabeled. On top of radiator cover near R34 ' s (Peaks) bed, a bottle of opened 12.5 fl.oz. lotion and a folded polo shirt were placed.</p> <p>A coat, blankets, belt, and a blouse were placed in a scattered manner on the chair adjacent to R2 ' s bed. A hat and three pairs of socks were stored on the floor. A pair of sneakers was observed hanging on one of the drawers of R2 ' s dresser.</p> <p>Room of R35 and R36 has a strong smell of urine-like odor. The floor was observed sticky.</p> <p>R8 ' s dirty clothes placed in a net laundry hamper were stored on the floor.</p> <p>Room of R37, R38, R39 and R40 has a strong smell of urine-like odor.</p> <p>R41 ' s personal belongings and clothes were placed in a plastic bag stored under bed.</p> <p>E4 was asked regarding storage of residents ' personal belongings and stated that " personal belongings such as clothes are stored in drawers, closets and storage bins that could be placed at the basement. "</p>	F 253			

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F 253	<p>Continued From page 8</p> <p>On 03/15/2016 at 11:03 AM, bathroom of R32, R33 and R34 had a crumpled towel placed on top of light fixture; a wet hand towel was hanging by the sink; and a crumpled towel placed on top of paper towel dispenser. On the sink countertop near faucet: two bottles of 2.75 fl. oz. toothpaste tube, two bottles of 7.5 fl. oz. of skin cleanser were observed placed, unlabeled. Inside R11 's and R46 's bathroom, two dirty gowns were hanging in the towel rail.</p> <p>On 03/16/2016 at 12:10 PM, E1 (Administrator) was asked regarding storage of residents ' personal belongings and items. E1 stated, " residents ' personal belongings should not be stored on the floor, window sill, radiator cover, and on the chair if placed in a scattered manner. Certified Nurse Assistants are responsible for putting the dirty gowns and towels to the laundry. The housekeeping department is the one responsible for cleaning residents ' rooms on a daily basis and when needed. "</p> <p>E1 also mentioned that residents ' personal care items are not labeled.</p> <p>E5(Maintenance/Housekeeping Director) stated in an interview on 03/16/2016 at 2:10 PM that housekeeping is the one responsible for cleaning residents ' rooms everyday and when needed.</p> <p>Facility 's policy and procedure on Resident Personal Clothing and Belongings Handling dated 11/08/11 documented in part, under procedure that upon admission, the C.N.A. (Certified Nurse Assistant) places the resident 's belongings in the closets and drawers. The policy also stated in part under washing resident clothing - that C.N.A. will bag the clothes in a blue bag before placing</p>	F 253			

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F 253 F 309 SS=D	<p>Continued From page 9 the clothes in the soiled utility room.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow prescribed orders for one of three residents (R47), reviewed for quality of care, from the supplemental sample.</p> <p>Findings include:</p> <p>R47 was admitted to the facility on 2/11/16 with a diagnosis of Essential Hypertension (High Blood Pressure) according to the Medication Review Report.</p> <p>On 3/15/16 at 8:59am, E9 was observed administering medications to R47. R47 was scheduled to receive two medications prescribed for hypertension. Surveyor inquired to E9 about R47's current blood pressure. E9 stated, R47's blood pressure was not taken today because it is only ordered once a week.</p> <p>Review of R47's Medication Review Report (3/15/16), indicates an order to check blood pressure and heart rate twice a day (Order</p>	F 253 F 309		3/22/16	

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F 309	<p>Continued From page 10 initiated 2/13/16).</p> <p>On 3/15/16 at 10:45am, E9 stated, "After you left, I looked at R47's orders and then called Z1 (Nurse Practitioner) to get an order clarification about checking the blood pressure. The order says twice a day, but it does not have indicate what time". On 3/17/16 at 1:50pm, E2 DON (Director of Nursing) stated the standard time for BID (twice a day) is 9:00am and 5:00pm.</p> <p>Review of R47's Medication Review Report indicates a new order (initiated on 3/15/16) to check blood pressure daily and record two times a day.</p> <p>During interview on 3/15/16 at 11:45am, E2 DON (Director of Nursing) stated, the night nurses do the chart audits (review orders). They do the audits once a month towards the end of the month. Me and E3 ADON (Assistant Director of Nursing) do the chart audits on admissions and re-admissions. Also pharmacy reviews all orders, even non-medication orders.</p> <p>E2 presented documentation of R47's vital signs. R47's Clinical Weights and Vitals documents two blood pressures taken on 2/12/16 and 3/14/16.</p> <p>R47s care plan indicates resident is at risk for elevated blood pressure related to hypertension.</p> <p>On 3/16/16 at 1:55pm, Z1 stated during phone interview, I ordered blood pressures to be taken on R47 because when I come into the facility, R47's blood pressures have been running high. I wanted the nurses to check them more frequently..</p>	F 309			

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F 309	Continued From page 11 Review of the facility's policy on Verbal/Admission/Readmission Orders (dated 7/15) does not address the procedure on nursing staff implementing or carrying out prescribed orders. However on 3/17/16 at 1:50pm, E2 stated nurses should implement orders immediately upon receiving them.	F 309			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that residents were free from hazards by not securing a disposable lighter for one of five residents (R45), reviewed for accidents and supervision, from the supplemental sample. Findings include: On 3/14/16 at 10:52am during initial tour, a disposable lighter was observed on R45's bed stand. R45 stated, I keep the lighter here just in case other residents need it when they go smoke. E7 LPN (Licensed Practical Nurse), stated on	F 323		3/22/16	

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F 323	<p>Continued From page 12</p> <p>3/14/16 at 11:04am, R45 sometimes has a lighter. We have had to confiscate it before. E7 entered R45's room and observed resident with possession of the lighter.</p> <p>Review of R45's Social Service notes (dated 11/4/15-3/16/16), does not include documentation (prior to 3/14/16), regarding R45 possessing smoking materials in the room.</p> <p>On 3/14/16 at 11:00am, E13 (Activities Director) stated, the psych tech (Psychiatric Technician) keeps cigarettes and lighters. The residents don't keep the cigarettes or lighters at all.</p> <p>During interview on 3/16/16 at 10:20am, E8 (Psychiatric Social Rehabilitation Director) stated, residents have to turn in cigarettes and lighters at the front desk. We do searches as needed on the 4th and 5th floor. These floors are searched especially because the residents on these floors have psych diagnoses. The residents are not to have lighters in their possession because they may pass it on to someone that doesn't know how to properly use a lighter and will then put the whole building at risk.</p> <p>On 3/16/16 at 12:00pm, E8 stated, R45 smoked about two weeks ago. R45's Smoking Risk Review was reviewed in the computer with E8 and surveyor. R45's last documented Smoking Risk Review was done on 10/6/15 and documented that R45 does not smoke. During review, E8 stated, R45 should have had an updated Smoking Risk Review. Another one should have been done. We also do the Smoke Risk Screens quarterly.</p> <p>E8 presented R45's care plans for review. There</p>	F 323			

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F 323	Continued From page 13 is no care plan addressing R45 smoking (prior to 3/14/16). Review of the facility's Smoking Safety Policy (Resident Behavior Contract), indicates I (resident) will immediately turn over smoking materials (i.e., cigarettes, tobacco, rolling papers, lighters, and matches to a staff person. The facility's Smoking Behavior Contract (11/11) indicates residents will be assessed for safe smoking behavior within 72 hours of admission, quarterly, annually, change of condition, and after any unsafe smoking behavior.	F 323			
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to monitor and maintain respiratory equipment for one of eight residents (R20) in a total sample of 30 reviewed for respiratory services, and three residents (R51, R52, R53) from the supplemental sample.	F 328		3/22/16	

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F 328	Continued From page 14 Findings include: During initial tour on 3/14/16 at 10:50am a oxygen nasal cannula near R20's bed is on the floor connected to a humidity bottle dated 3/14/16. R52 is sleeping in bed with increased clutter all around, a large oxygen concentrator sitting near the head of read and another piece of respiratory equipment connected to humidity on bedside table with a television, no dated or bags in use to protect equipment at this time. Continued observations during this tour is with R51's nasal cannula openly exposed on top of the oxygen cylinder, and the face mask openly exposed on the bedside nightstand without any dates being used at this time. E18 states, "I guess is should be put away if not being used, I'll let them know." Observation on 3/14/16 at 10:15am is with R53's nasal cannula being uncontained hanging around the oxygen concentrator with a date on 2/29/16 on the tubing. Facility policy and procedure for Oxygen Administration dated 3/16/16 indicate that Oxygen tubing and humidity bottles will be changed on a weekly basis, and that oxygen tubing is to be covered when not in use. No monitoring records provided with an assigned change date or tracking of respiratory equipment in the facility.	F 328			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and	F 371		3/22/16	

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F 371	<p>Continued From page 15</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to consistently label and date foods, Failed to ensure that correct concentration of sanitizer in the three compartment sink and two red sanitizer buckets, Failed to consistently and fully monitor food temperatures, Failed to maintain kitchen equipment in sanitary condition, Failed to ensure garbage is stored away from clean cooking pans, Failed to ensure that the dishwashing machine final rinse temperature meets the recommended temperature for the final rinse cycle. These failures have the potential to cause food borne illness for all 198 residents receiving oral diets in the facility.</p> <p>Findings include: On 3/14/16 at 10:00am during the initial tour accompanied by E10 Dietary Supervisor, observed an undated one gallon container of salad dressing on the cook prep table, with dried salad dressing dripped all around the outside of the container. E10 was asked should the salad dressing labeled with an open date and E10 was asked should all food items be labeled with a date and should food drips be cleaned from container surfaces. E10 stated all foods should be dated and instructed E11 Dietary aide to clean the salad dressing container. Continuing the initial tour observed an approximately 30 gallon soiled garbage receptacle stored next to a metal</p>	F 371			

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F 371	Continued From page 16 storage rack holding metal cooking pans. E10 was asked if the cooking pans were clean. E10 stated " yes " . E10 was asked should the garbage receptacle be stored next to the clean cooking pans. E10 stated, " that ' s where it ' s always been kept, there is no place else to keep it. " Observed E10 sanitizer testing of the three compartment sink. The testing strip indicated zero quaternary sanitizer was detected in the three compartment sink. E10 was asked what should the sanitizer concentration be in the three compartment sink. E10 stated, " it should be at least 200 ppm (parts per million) of quaternary sanitizer solution. " Continuing the initial tour of the kitchen with E10, observed an approximately eight gallon insulated beverage dispenser. The beverage dispenser was cracked, side bowing, the top was unable to seal tightly around the opening and the foam insulation on the top was exposed. The beverage dispenser was half full of an orange liquid that E10 stated was juice left over from breakfast. E120 also stated the kitchen staff was about to wash the beverage dispenser. Observed a food serving ladle on the floor in a corner near the walk-in freezer. The ladle was soiled with blackish debris. E10 was asked why the ladle was laying on the floor. E10 did not respond. Continuing the initial tour of the kitchen observed testing of a red sanitation bucket under a food prep table where E11 dietary aide was wiping the surface of the table. Observed testing of the red sanitizer bucket. The testing strip indicated a result of zero sanitizer on red sanitizer bucket. E11 was asked what she was using to wipe the food prep table. E11 stated " soap " . E10 asked E11 what should be in the red sanitizer bucket. E11 stated sanitizer. Observed a red sanitizer bucket under the cook ' s prep table. E10 was asked what should be used to wipe	F 371			

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F 371	Continued From page 17 surfaces in the kitchen. E10 stated quaternary solution. E10 tested the red sanitizer bucket the sanitizer quaternary testing strip indicated zero quaternary solution was detected in the red sanitizer bucket. Observed residual water and small food particles in the bottom of the puree food blender. E10 was asked should the puree food blender be completely dried before stored. E10 stated, " Yes ". Observed operation of the Dishmachine. Temperature gauges for the final rinse cycle indicated a water temperature of 172. E10 ran a temperature strip through the wash cycle. The temperature strip indicated 160 degrees Fahrenheit. E10 was asked how do you know if the Dishmachine is reaching the temperature needed for sanitation of the dishes. E10 stated, " If the strip turns black it ' s okay. " On 3/15/16 at 11:30am had another observation of an approximately 30 gallon soiled garbage receptacle stored next to a metal storage rack holding metal cooking pans. E10 was asked if the garbage receptacle would be relocated away from the clean cooking pans. E10 stated, " My consultant told me it can go there because it has a lid and there is no other place to keep it. " Observed tray line temperature log sheets pre-filled with milk temperatures. E10 instructed E11 to redo the temperature log sheet and enter the temperatures during the lunch service. While observing the lunch service on the third floor, Observed staff dispensing drinks for resident from an approximately eight gallon insulated beverage dispenser that was cracked, side bowing, the top was unable to seal tightly around the opening and the foam insulation on the top was exposed. E11 did not take food temperatures for meal substitutes or milk until prompted by surveyor. At 12:26 pm the milk temperature was 48 degrees Fahrenheit. Hamburger patties for	F 371			

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F 371	<p>Continued From page 18</p> <p>meal substitution had temperature reading of 130 degrees Fahrenheit. Hot dogs for meal substitution had temperature reading of 122 degrees Fahrenheit. E11 was continuing to serve hamburgers and hot dogs until prompted by surveyor. E11 was asked what she should do when food temperatures were less than the temperature required by the facility food temperature policy. E11 stated, " I am supposed to send it back to the kitchen to warm up. A review of the undated facility policy titled " Cold Food Storage " indicates in part, " Cold food will be stored at a maximum 41 degrees Fahrenheit. Foods will be kept in clean, undamaged wrappers or packages. "</p> <p>A review of the undated facility policy titled " Garbage Disposal " indicates in part, " Use garbage cans that ...have tight fitting lids. " " Clean the garbage cans weekly or as needed, this includes lids, inside and outside of the can. " A review of the undated facility policy titled, " Dishwashing " indicates in part, " Wash Temp 160 degrees Fahrenheit, final rinse temp 180 degrees Fahrenheit. "</p> <p>A review of the undated facility policy titled " Sanitizing Solutions " indicates in part, " Towels used to sanitize work surfaces will be held in the sanitation buckets when not in use. Quaternary ammonium solution remains at 200 ppm ... " A review of the undated facility policy titled, " Food Temperature " indicates in part, " hot foods will be held at minimum of 135 degrees Fahrenheit ...cold foods will be held at a maximum of 41 degrees Fahrenheit. A food temperature log will be kept for each meal and each food item ...Any foods that do not meet the above criteria for hot and cold will be quickly brought to the appropriate temperature before food is served. "</p>	F 371			

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F 411 SS=D	<p>483.55(a) ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS</p> <p>The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to obtain or facilitate routine or 24 hour emergency dental services for one of five residents resident (R12) in the sample of 30, reviewed for dental services. Findings include: On 3/14/16 at 2:55pm during an interview with R12, R12 complained of having tooth pain for the last two months. R12 stated told the nurses on the fifth floor but was unable to recall which nurse R12 told. R12 stated, has trouble staying asleep at night and needs to take pain med's for tooth pain. Observed R12 to have a foul mouth odor and blackened areas on visible teeth during the interview. Also during the interview with R12, R12 stated, " I really need that dentist, see look ". At this point in the interview R12 stated " See look " , R12, opened his mouth widely to reveal blackened teeth, edentulous gums and increased</p>	F 411		3/22/16	

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F 411	Continued From page 20 foul mouth odor. On 3/15/16 at 3:00 pm, during an interview with E2 DON (Direction of Nursing), E2 was asked, how are residents assessed for dental issues. E2 stated, " Residents receive a dental screening at admission and the dentist determines when they will be seen on routine basis. " E2 was asked if R12 was scheduled for any dental services. E2 stated R12 is alert and oriented times five and is able to tell staff if he is having dental problems. E2 did not respond to question. On 3/16/16 at 12:55pm during an interview with E7 LPN (Licensed Practical Nurse), E7 was asked, do residents have an annual screening for dental care. E7 stated, " Only if they are on the list. " E7 was asked was R12 referred for dental care in the last two months. E7 stated, " R12 usually makes his own appointments. " E7 was asked do nurses complete an oral care assessment for residents. E7 did not respond to the question. During an interview with E8 (Psychiatric Rehabilitation Services Director), E8 was asked what is the social service role in assisting residents to get dentists appointments. E8 stated, " The nurse or resident requests dental, audiology, podiatry or vision services and we call, to make appointments. We have contacts in the community for routine and emergency dental services. The facility policy dated 6/16/12, titled " Dental Services " , indicates in part, " The licensed nurse will notify social services of the needed appointment. Social services make the first available appointment for the resident with the dentist. The social service informs the nurse of the appointment. Intermittent dental concerns that are identified will be assessed by the nurse and will be referred to the primary care physician for further evaluation.	F 411			

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F 411	Continued From page 21 A review of R12 's Interdisciplinary Plans of Care with reviews due dated from 6/29/15 to 5/9/16 indicate in part: " Requires assist with grooming/ hygiene as evidenced by the following limitations and potential contributing diagnosis; chronic disease process and generalized weakness. " "	F 411			
F 465 SS=F	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to (a) maintain a clean, safe and orderly environment and; (b) ensure equipment used by residents were maintained and in good repair to one (R20) of one resident reviewed for environment in the sample of 30 and three (R42, R43 and R44) in the supplemental sample. This deficiency also has the potential to affect all the other residents residing in the second, third, fourth and fifth floors of the facility. Findings include: On 03/15/2016 at 10:30 AM during the environmental tour with E1 (Administrator) and E5 (Maintenance Director), the following were observed:	F 465		3/22/16	

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F 465	<p>Continued From page 22</p> <p>Second floor: The handrail near the tub room (situated at the south side of the facility) was observed loose and screws were not in placed.</p> <p>Third floor: The area where fire hydrant hose is located had no glass cover exposing pipes, tubes and knobs. In the bathroom of R20 and R44, the wall adjacent to the toilet bowl is peeling off. E5 stated that the wall needs to be plastered and painted. A broken wall inside the ice room was observed covered unsecured with a piece of dry wall leaving small gaps on all corners. The ice room also has missing baseboards. E5 stated the wall will be repaired and baseboards will be placed.</p> <p>Fourth floor: The hot water faucet in the tub room cannot be turned on. E5 stated the faucet needs repair. A bumpy wall below the painting at the dayroom is peeling off. E5 stated the wall needs to be plastered, smoothened and painted.</p> <p>Fifth floor: Circuit breaker box situated on the side of the nurses' station was unlocked. No lock was observed. E5 stated that the circuit breaker should be locked. On the sink countertop inside clean utility room - a gallon of pine oil cleaner; pants and white shirt; an opened bottle of eight fluid ounces (fl. oz.) of conditioning bath cleanser; a bottle of four fl. oz. hand sanitizer; and loose gloves were all placed. E5 stated no cleaning and personal items should be stored in the clean utility room. Inside the bathroom of R42 and R43 - a ceiling panel on top of sink was halfway open and about to fall off; the wall surrounding tissue holder box</p>	F 465			

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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 03/17/2016
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) COMPLETION DATE	
F 465	Continued From page 23 is peeling off. E5 stated that the ceiling needs to be repaired and the wall needs to be plastered, smoothened and painted. Facility's work order requests dated September, 2015 to March, 2016 were reviewed. No work order requests documented addressing the environmental issues on the second, third, fourth and fifth floors in the facility.	F 465			