

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

PRINTED: 08/06/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/31/2014
NAME OF PROVIDER OR SUPPLIER PARK HOUSE NURSING & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 SOUTH LAWNSDALE CHICAGO, IL 60623		
(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 Park House Nursing & Rehab Complaint Survey #1483318/71137 - F469	F 000			
F 469 SS=D	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that an effective pest control service rendered. This involves one of three residents (R2) in the sample. This failure has the potential effect all 102 residents in the facility. Findings include: On 7/31/14 at 12:55pm, surveyor observed a small gray mouse running along the baseboard in the facility hallway. On 7/31/14 at 4:15pm, E5 (Maintenance Director) stated that he caught a mouse yesterday. On 7/31/14 at 1:00pm, R2 stated that last week, there was a rat that ran by her feet. E2 (DON-Director of Nurse) on 7/31/14 at 4:45pm stated that residents just told him today about problems with mice and rats. E2 stated that he was aware of a rat problem when the weather became nice.	F 469			

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.

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F 469	Continued From page 1 On 7/31/14 at 2:05pm, E3 (Food Service Director) stated that two days ago someone reported rat droppings in the ice machine. E3 stated that the ice machine was cleaned yesterday. The facility's Pest Control Policy undated reads "The building and grounds shall be kept free of any possible infestations of insects and rodents by eliminating sites of breeding and harborage inside and outside the building."	F 469		