| DEPART<br>CENTER   | PRINTED: 07/12/2012<br>FORM APPROVED<br>OMB NO. 0938-0391  |   |  |     |   |                               |                            |
|--|--|---|--|-----|---|-------------------------------|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING |     |   | (X3) DATE SURVEY<br>COMPLETED |                            |
| 145938   |  | B. WI   | NG                                     |     | - 02/10/2012  |                               |                            |
| NAME OF PROVIDER OR SUPPLIER PARKSHORE ESTATES NURSING & REHAB |  |   |  |     | TREET ADDRESS, CITY, STATE, ZIP CODE<br>6125 SOUTH KENWOOD<br>CHICAGO, IL 60637                         |                               |                            |
| (X4) ID<br>PREFIX<br>TAG                                       | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES<br>' MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREF<br>TAG                      | IX  | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPF<br>DEFICIENCY) | ULD BE                        | (X5)<br>COMPLETION<br>DATE |
| F 309  | When E9 began rei<br>began verbalizing, '<br>lord have mercy!" T<br>the time E9 was rei<br>applied saline to a s<br>and then cleansed<br>motion. When E9 b<br>wound, R2's verbal<br>she cried out, "oh J<br>Please have mercy<br>verbalizations got n<br>pulling her foot bac<br>foot. R2 also exhibi<br>soaked a stack of 4<br>applied this to the v<br>pulling back her foo<br>very loud. Again, R2<br>have mercy, please<br>exhibited facial grin<br>new dressing was a<br>During the entire dr<br>nor E19 stopped th<br>needed additional p<br>offer to call her phy<br>additional pain meo<br>stopped the proced<br>wanted them to sto<br>This information wa<br>during the daily stat<br>2/9/12. During this f | In the dressing change.<br>In the dressing change.<br>In the solid dressing, R2<br>In the solied dressing. E9<br>In the intensity of her<br>In the intensity of her<br>In the intensity of her<br>In the louder and she tried<br>In the solied grimacing. E9 then<br>In the solied dressing of<br>In the | F :                                    | 309 |   |                               |                            |
|  |  |   |  |     | •   |                               |                            |

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|  |  | AND HUMAN SERVICES<br>& MEDICAID SERVICES  |  |     |   | FORM                          | 07/12/2012<br>APPROVED<br>0938-0391 |
|--|--|--|--|-----|---|-------------------------------|-------------------------------------|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | . ,  | (X2) MULTIPLE CONSTRUCTION A. BUILDING |     |   | (X3) DATE SURVEY<br>COMPLETED |                                     |
| 145938   |  | B. WI  | NG                                     |     | 02/10/2012  |                               |                                     |
| NAME OF PROVIDER OR SUPPLIER   |  |  |  |     | REET ADDRESS, CITY, STATE, ZIP CODE   |                               |                                     |
| PARKSHORE ESTATES NURSING & REHAB  |  |  |  |     | 125 SOUTH KENWOOD<br>CHICAGO, IL 60637  |                               |                                     |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREF<br>TAG                      |     | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | JLD BE                        | (X5)<br>COMPLETION<br>DATE          |
| F9999  | Continued From pa<br>Licensure Violation<br>300.1210b)3)   | -  | F9                                     | 999 |   |                               |                                     |
|  | 300.3240a)<br>Section 300.1210 G<br>Nursing and Persor<br>b) The facility shall<br>and services to atta<br>practicable physica<br>well-being of the re-<br>each resident's com<br>plan. Adequate and<br>care and personal of<br>resident to meet the<br>care needs of the re-<br>shall include, at a m<br>procedures:<br>3) Objective observer<br>resident's condition<br>emotional changes<br>determining care re-<br>further medical eva<br>made by nursing star<br>resident's medical re-<br>sagent of a facility star<br>resident. | provide the necessary care<br>in or maintain the highest<br>I, mental, and psychological<br>sident, in accordance with<br>prehensive resident care<br>I properly supervised nursing<br>care shall be provided to each<br>total nursing and personal<br>esident. Restorative measures<br>inimum, the following<br>rations of changes in a<br>, including mental and<br>, as a means for analyzing and<br>equired and the need for<br>luation and treatment shall be<br>aff and recorded in the<br>record. |  |     |   |                               |                                     |
|  | by:<br>Based on observati<br>review, the facility fa<br>control during dress   | on, interview and record<br>ailed to ensure adequate pain<br>sing change for 1 resident (R2)<br>bserved during wound care,   |  |     |   |                               |                                     |

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| DEPART<br>CENTE                   | PRINTED: 07/12/2012<br>FORM APPROVED<br>OMB NO. 0938-0391   |   |                   |  |   |                               |                            |  |
|-----------------------------------|---|---|-------------------|--|---|-------------------------------|----------------------------|--|
|                                   |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | ` '               | (X2) MULTIPLE CONSTRUCTION A. BUILDING |   | (X3) DATE SURVEY<br>COMPLETED |                            |  |
|                                   |   | 145938  | B. WI             | NG _                                   |   | 02/10/2012                    |                            |  |
| NAME OF P                         | PROVIDER OR SUPPLIER  |   |                   |  | TREET ADDRESS, CITY, STATE, ZIP CODE  |                               |                            |  |
| PARKSHORE ESTATES NURSING & REHAB |   |   |                   |  | 6125 SOUTH KENWOOD<br>CHICAGO, IL 60637   |                               |                            |  |
| (X4) ID<br>PREFIX<br>TAG          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |   | ID<br>PREF<br>TAG | -IX                                    | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPF<br>DEFICIENCY) | ULD BE                        | (X5)<br>COMPLETION<br>DATE |  |
| F9999                             | out of a sample of 2<br>resulted in R2 expe-<br>care.<br>Findings include:<br>R2's medical record<br>debridement of her<br>POS (physician ord<br>current treatment of<br>wound is to cleanse<br>and paint it with Bel<br>a 4 x 4 and Kerlex v<br>On 2/8/12 at 11:30 a<br>stated that she just<br>R2 for pain prior to<br>unsure of what med<br>of MAR (medication<br>from 2/8/12 reflects<br>at 11:30 am.<br>During wound care<br>performed by E9 wi<br>exhibited pain throu<br>When E9 began ref<br>began verbalizing,"<br>lord have mercy!" T<br>the time E9 was ref<br>applied saline to a s<br>and then cleansed the<br>motion. When E9 b<br>wound, R2's verbali<br>she cried out, "oh J<br>Please have mercy | d reflects that R2 had a wound<br>left heel ulcer on 2/2/12. R2's<br>ler sheet) reflects that the<br>rder (2/8/12) for R2's left heel<br>e left heel with normal saline<br>tadine solution and cover with | F9:               | 999                                    |   |                               |                            |  |
|                                   |   | k, but E19 was holding R2's<br>ited facial grimacing. E9 then   |                   |  |   |                               |                            |  |

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| DEPAR <sup>-</sup><br>CENTE | PRINTED: 07/12/2012<br>FORM APPROVED<br>OMB NO. 0938-0391  |   |                   |  |   |                               |                            |
|-----------------------------|--|---|-------------------|--|---|-------------------------------|----------------------------|
|                             |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | ` '               | (X2) MULTIPLE CONSTRUCTION A. BUILDING |   | (X3) DATE SURVEY<br>COMPLETED |                            |
| 145938                      |  | B. WI   | NG _              |  | 02/10/2012  |                               |                            |
| NAME OF F                   | ROVIDER OR SUPPLIER  |   |                   |  | REET ADDRESS, CITY, STATE, ZIP CODE   |                               |                            |
| PARKSH                      | ORE ESTATES NURS   | SING & REHAB  |                   |  | 6125 SOUTH KENWOOD<br>CHICAGO, IL 60637   |                               |                            |
| (X4) ID<br>PREFIX<br>TAG    | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREF<br>TAG |  | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPF<br>DEFICIENCY) | ULD BE                        | (X5)<br>COMPLETION<br>DATE |
| F9999                       | applied this to the w<br>pulling back her for<br>very loud. Again, R<br>have mercy, please<br>exhibited facial grin<br>new dressing was a<br>During the entire dr<br>nor E19 stopped th<br>needed additional p<br>offer to call her phy<br>additional pain mer<br>stopped the proced<br>wanted them to sto<br>This information wa<br>during the daily stat<br>2/9/12. During this in<br>were other methods | A x 4s with Betadine and<br>wound, and again, R2 tried<br>ot, and her verbalizations got<br>2 cried out, "Oh, lord, please<br>a have mercy!" R2 again<br>nacing. This continued until the<br>applied.<br>Tessing change, neither E9<br>e procedure to ask if R2<br>pain medication, nor did they<br>sician to get an order for<br>dication. Neither E9 nor E19<br>lure nor asked R2 if she<br>p to give her a break.<br>as presented to E2 (DON)<br>tus meeting at 3:45pm on<br>meeting, E2 agreed that there<br>s besides directly washing the<br>ccomplish a wound cleanse, | F9                | 9999                                   |   |                               |                            |

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