

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050880		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/01/2026	
NAME OF PROVIDER OR SUPPLIER PARKER NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 516 WEST FRECH STREET , STREATOR, Illinois, 61364			
(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	
S0000	Initial Comments Annual Licensure and Certification	S0000					
S9999	Final Observations Statement of Licensure Violations (1 of 2) 300.615e) 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This requirement was not met as evidence by: Based on interview and record review the facility failed to ensure resident's Illinois State Police (ISP) background checks were done within 24 hours of admission and failed to check the Illinois sex offender website for 4 of 10 residents (R41, R67, R70 & R71) reviewed for identified offenders in the sample of 17. The findings include: 1. R41's face sheet shows, she was admitted to the facility on 2/28/26.						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050880		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/01/2026	
NAME OF PROVIDER OR SUPPLIER PARKER NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 516 WEST FRECH STREET , STREATOR, Illinois, 61364			
(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
S9999	Continued from page 1 R41's ISP back ground check was done on 3/4/26 (4 days later). R41's Illinois sex offender check shows, she was checked for the murderer and violent offender against youth check and not the Illinois sex offender registry. 2. R67's face sheet shows, he was admitted to the facility on 3/9/26. R67's ISP back ground check was done on 3/13/26 (4 days later). 3. R70's face sheet shows, she was admitted to the facility on 1/30/26. R70's Illinois sex offender check shows, she was checked for the murderer and violent offender against youth check and not the Illinois sex offender registry. 4. R71's face sheet shows, she was admitted to the facility on 2/23/26. R71's Illinois sex offender check shows, she was checked for the murderer and violent offender against youth check and not the Illinois sex offender registry. The facility's identified offender procedure/protocol policy (no date) shows, "A. You must screen every prospective admission/new admission on free internet sites and you must submit the UCIA background check through the Illinois State Police and check websites... B. Within 24 hours of admission the following screenings must be completed as well has the CHIRP (ISP background check) background check. IL (Illinois) state police-sex offender registry...." (C) Statement of Licensure Violations (2 of 2) 300.610a) 300.1210a) 300.1210b) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be			S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050880		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/01/2026	
NAME OF PROVIDER OR SUPPLIER PARKER NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 516 WEST FRECH STREET , STREATOR, Illinois, 61364			
(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
S9999	Continued from page 2 formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. This requirement was not met as evidence by: Based on observation, interview and record review the facility failed to ensure that a resident received a diet as ordered, including failure to implement and communicate an ordered diet alternative. This resulted in a significant, unplanned weight loss of 11.1% for 1 of 4 residents (R13) reviewed for significant weight loss in the sample of 17. The findings include: R13's Face Sheet printed on 3/31/26 shows R13 was initially admitted to the facility on 2/13/26 with diagnoses that include polyneuropathy (damage to nerves in body), major depressive disorder, bipolar			S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050880		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/01/2026	
NAME OF PROVIDER OR SUPPLIER PARKER NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 516 WEST FRECH STREET , STREATOR, Illinois, 61364			
(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
S9999	Continued from page 3 disorder, and personal history of transient ischemic attack and cerebral infarction (type of stroke) without residual deficits. The Face Sheet also shows that R13 was readmitted to the facility, following a hospitalization, on 3/11/26 with diagnosis of cerebral infarction. The Face Sheet does not show a diagnosis related to difficulty swallowing. R13's Order Summary Report dated 3/31/26 shows that R13's Dietary order as general diet, pureed texture, thin liquids with allowance for mechanical soft texture upon request. On 3/30/26 at 11:37 AM, during plating of lunch meals, R13's ticket showed double portion/protein, but double portion of protein was not provided. On 3/30/26 at 12:24 PM, R13 was in the dining area and was provided a plate with pureed turkey tetrazzini, dinner roll, blended veggies, cinnamon roll cake, and instant mashed potatoes. R13 only ate the mashed potatoes and stated her dislike of pureed foods and therefore did not eat most meals. R13 stated multiple requests to staff for different foods due to not eating pureed, and that mashed potatoes are provided. On 4/1/26 at 9:26 AM, R13 stated that she was unaware her dietary order showed she can receive a mechanical soft for meals upon request. R13 stated that she has requested an alternate diet to pureed multiple times but is still served pureed. 4/1/26 9:29 AM, V19 (Certified Nursing Assistant-CNA) stated that R13 has a diet order of pureed foods and was aware that R13 was not eating pureed foods but was not aware that R13 could request mechanical soft foods. V19 stated R13 typically consumes only 25% of all meals. On 4/1/26 at 10:06 AM PM, V4 (Dietary Manager) stated that R13's diet order was pureed with no other alternatives. V4 then reviewed R13's medical record and confirmed that R13's diet order was pureed with an allowance for a mechanical soft diet upon request. V4 stated she was aware that R13 does not like pureed and does request different food. On 4/1/26 at 12:37 PM, V20 (Dietician) stated that R13's current diet order was for pureed with the stipulation for allowance of mechanical soft upon request. V20 stated she did not agree with the order due to safety concerns, however, confirmed that she documented R13's diet order for pureed with allowance of mechanical soft in her Dietary Progress			S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050880		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/01/2026	
NAME OF PROVIDER OR SUPPLIER PARKER NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 516 WEST FRECH STREET , STREATOR, Illinois, 61364			
(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	
S9999	Continued from page 4 Note. V20 confirmed that R13 has weight loss, has a upcoming video swallow evaluation, and has interventions in place that include: 'med pass' supplement (high calorie/high protein) supplement, pureed textured food that R13 will eat can be provided such as the mashed potatoes and double portions, although the double portions are not effective as the resident is not eating pureed food. On 4/1/26 at 12:31 PM, R13 was sitting up in wheelchair outside of dining room. R13 stated she was so happy due to being served "real food" today; a taco and "it was so good, I ate all of it!" On 4/1/26 at 1:08 PM, V4 (Dietary Manager) stated that R13 was served a mechanical soft diet for lunch today due to the social worker's request. V4 was informed that R13 consumed 100% of the meal. R13's Weights and Vitals Summary dated 4/1/26 shows the following weights which represent a 15.8lb (pound), 11.1% unplanned weight loss over approximately six weeks, meeting criteria for significant weight loss: -2/13/26: 141.8lbs -2/20/26: 138lbs -3/4/26: 134.2lbs -3/26/26: 125lbs -3/30/26: 126lbs R13's Nutrition Risk Review dated 3/11/26, printed on 4/1/26, shows that R13 had a weight loss of 5% or more in the last month or loss of 10% more in the last six months and was not on a prescribed weight loss regimen, pureed food intake, has the ability to express ideas and wants and can make decisions regarding tasks of daily life independently, and has no signs or symptoms of possible swallowing disorder. R13's Dietary Progress Note dated 3/28/26, printed on 4/1/26, shows that V4 (Dietary Manager) documented that R13's nutrition is at risk, her diet order is general puree with thin liquids, that R13 may request a mechanical soft diet and a plan to continue diet and supplements as ordered. R13's Care Plan Report printed 4/1/26 does not include a focus area or interventions related to nutrition or weight loss.	S9999					

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050880		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/01/2026	
NAME OF PROVIDER OR SUPPLIER PARKER NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 516 WEST FRECH STREET , STREATOR, Illinois, 61364			
(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
S9999	Continued from page 5 The facility's Physician Orders-Following Physician Orders (undated) policy shows that it is the policy of the facility to follow the orders of the physician, and the facility will have orders to provide essential care to the resident. (B)			S9999			