(X6) DATE

Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014237	B. WING		08/2	2/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PEARL C	OF ELGIN, THE	ELGIN, IL	AL BOULEV 60123	ARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	Survey				
S9999	Final Observations		S9999			
	Statement of Licensure Violations I of II: 300.610a) 300.615e)					
	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 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 300.615 Determination of Need					
	History Record Info e) In addition to the 2-201.5(a) of the Adshall, within 24 hou resident, request a check pursuant to t Information Act for seeking admission background checks pursuant to the Hos Background checks resident's name, da	screening required by Section of and this Section, a facility rs after admission of a criminal history background he Uniform Conviction all persons 18 or older to the facility, unless a was initiated by a hospital				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

09/06/24 **Electronically Signed** 

TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6014237	B. WING		08/2	2/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PEARL C	OF ELGIN, THE	2355 ROY ELGIN, IL	AL BOULEV 60123	ARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	Police. (Section 2-201.5(b) of the Act)					
	This REQUIREMEN	NT is not met as evidenced by:				
	failed to ensure res checks were compl admission for newly applies to 10 of 10 R112, R113, R119,	and record review, the facility ident criminal background eted within 24 to 48 hours of admitted residents. This residents (R19, R73, R107, R120, R218, R219, and criminal background checks				
	The findings include	<b>e</b> :				
	showed R19 was a 24, 2024. The facility did not I that R19's CHIRP (	etronic Medical Record) dmitted to the facility on July have documentation to show Criminal History Information ) was requested within 24 to ion to the facility.				
	facility on July 24, 2 The facility did not I	nave documentation to show was requested within 24 to 48				
	facility on August 2, The facility did not I that R107's CHIRP hours of admission	nave documentation to show was requested within 24 to 48 to the facility.				
	4. R112's EMR sho	wed R112 was admitted to the				

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6014237	B. WING <b>08</b> /		08/2	2/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PEARL OF ELGIN, THE 2355 ROY ELGIN, IL		AL BOULEV	ARD		
PREFIX (EACH DEFICIENCY I	SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
that R112's CHIRP whours of admission to 5. R113's EMR show facility on July 25, 20. The facility did not hat that R113's CHIRP whours of admission to 6. R119's EMR show facility on July 24, 20. The facility did not hat R119's CHIRP whours of admission to 7. R120's EMR show facility on August 14, The facility did not hat that R120's CHIRP whours of admission to 8. R218's EMR show facility on August 20, The facility did not hat R218's CHIRP whours of admission to 9. R219's EMR show facility on August 18, The facility did not hat that R219's CHIRP whours of admission to 10. R220's EMR show facility on August 17. R220's EMR show facility on August 18, The facility did not hat that R219's CHIRP whours of admission to 10. R220's EMR show the facility on August 18, The facility did not hat facility did not hat facility on August 19. R220's EMR show the facility did not hat facility di	ave documentation to show was requested within 24 to 48 to the facility.  ved R113 was admitted to the 024. ave documentation to show was requested within 24 to 48 to the facility.  ved R119 was admitted to the 024. ave documentation to show was requested within 24 to 48 to the facility.  ved R120 was admitted to the 1, 2024. ave documentation to show was requested within 24 to 48 to the facility.  ved R218 was admitted to the 1, 2024. ave documentation to show was requested within 24 to 48 to the facility.  ved R218 was admitted to the 1, 2024. ave documentation to show was requested within 24 to 48 to the facility.  ved R219 was admitted to the 1, 2024. ave documentation to show was requested within 24 to 48 to the facility.  ved R220 was admitted to 1, 2024. ave documentation to show was requested within 24 to 48 to the facility.	S9999	DELIGITACITY  SELENCITY  SELECTION  SELECTIO		

Illinois Department of Public Health

STATE FORM 6899 JG1P11 If continuation sheet 3 of 9

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
,	0. 0020	.52.11.10/11/07/11/07/11/07	A. BUILDING:			
		IL6014237	B. WING		08/2	2/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
PEARL (	OF ELGIN, THE	2355 ROY ELGIN, IL	AL BOULEV 60123	ARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	provided CHIRPS f and R219. CHIRPS On August 20, 2024 CHIRPS for R19, R August 20, 2024. R and pending on Aug	1, at 2:57 PM, V3 (Admissions) or R107, R119, R120, R218, were dated August 20, 2024. 1, at 3:25 PM, V3 provided 73, R112, R113 all dated 220's CHIRP was requested gust 20, 2024. V3 said she had to request a CHIRP for				
	Checks" with a revi showed the genera "provide guidelines all new admissions resident is admitted name based UCIA	"Resident Background sion date of June 20, 2022 I purpose of the policy was to for running backgrounds on"Guidelines: 1. When a I to the facility, an electronic (Uniform Conviction background check must be nours"				
	"C"					
	Statement of Licens 300.650c) 300.650d) 300.661	sure Violations II of II:				
	that requires a Stat contact the Illinois I Professional Regul- individual's license	ersonnel Policies g any individual in a position e license, the facility shall Department of Financial and ation to verify that the is active. A copy of the license ne individual's personnel file.				

Illinois Department of Public Health

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	ENT OF DEFICIENCIES N OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6014237	B. WING	B. WING		2/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PEARL (	OF ELGIN, THE	2355 ROY. ELGIN, IL	AL BOULEV 60123	ARD		
(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) COMPLETE DATE
S9999	Continued From page 4		S9999			
	applicants with the prior to hiring.  Section 300.661 He Check A facility shall comp	Il check the status of all Health Care Worker Registry ealth Care Worker Background bly with the Health Care d Check Act and the Health				
	Care Worker Background Check Code.					
	This REQUIREMENT is not met as evidenced by:					
	A. Based on interview and record review, the facility failed to contact the Illinois Department of Financial and Professional Regulations (IDFPR) to verify that the new nurse hires had active nursing license prior to hiring them. This applies to all 121 residents residing in the facility.					
	The findings include	e:				
	for Medicare and M	Term Care Facility Application ledicaid " dated August 19, showed the census was 121.				
	Resources Director applicant and we lik Once they accept the orientation in the fall have them provide and social security she will check the like the security of the securit					

Illinois Department of Public Health STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
A. BUILDING:	
IL6014237 B. WING	08/22/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
PEARL OF ELGIN, THE 2355 ROYAL BOULEVARD ELGIN, IL 60123	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF COR PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD BE COMPLETE
S9999 Continued From page 5  1.V11 (RN/Registered Nurse) was hired on June 23, 2024, and a copy of V11's nursing license from the IDPFR was reviewed and obtained on July 2, 2024.  2.V12 (LPN/Licensed Practical Nurse) was hired on July 24, 2024, and a copy of V12's nursing license from the IDPFR was reviewed and obtained on July 29, 2024.  3.V13 (RN) was hired on July 25, 2024, and a copy of V13's nursing license from the IDPFR was reviewed and obtained on July 29, 2024.  B. Based on interview and record review, the facility failed to check the Health Care Worker Registry prior to hiring. This applies to all 121 residents residing in the facility.  The findings include:  The facility's "Long-Term Care Facility Application for Medicare and Medicaid" dated August 19, 2024, at 11:00 AM, showed the census was 121.  On August 20, 2024, at 1:55 PM, V4 (Human Resources Director) said after an applicant is offered a job with the facility, they are asked to come in for orientation. At orientation the new hires are asked to provide their driver's license and social security card. They are also asked to sign a consent form for background checks, and this is when V4 said she begins looking up the new hires. V4 said if the Health Care Worker Registry shows "not yet determined," that means that new hire needs to be fingerprinted before they can work. If the new hire gets fingerprinted	

Illinois Department of Public Health

STATE FORM 6899 JG1P11 If continuation sheet 6 of 9

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6014237	B. WING 08		WING 08/2	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PEARL (	OF ELGIN, THE		AL BOULEV	ARD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	shows they were fir work pending result background checks are immediately rer was hired on July 9 Worker Registry we determined" for em said she spoke with he needed to be fin talk with V5 sometin August 16, 2024), a fingerprinted, he was the schedule.	ngerprinted, then they can ts. If we get any hits on the sor fingerprinting, then they moved from the facility. V5, 2024, and the Health Care ebsite showed he was "not yet ployment. V4 was aware and a V5 and made him aware that gerprinted. V4 said she had a me last week (August 12 to and told him if he didn't get as going to be removed from				
	Facility provided new hire employee files for review. The background checks included the Health Care Worker Registry, the Illinois Sex Offender Registry, the Department of Correction's Sex Offender Search Engine, the Department of Correction's Inmate Search Engine, Department of Corrections Wanted Fugitives Search Engine, and the website of the Health and Human Services Office of the inspector General. The files showed:					
	on July 9, 2024. V5 checked on July 10 Worker registry sho yet determined." The form in his file show and the date comple (Administrator) provents on July 17, 18 30, 31, August 1, 4, and 20. On August due to not having be	vided V5's timecards from July 22, 2024. V5 was allowed to 5, 20, 21, 23, 24, 25, 28, 29, 6, 8, 12, 13, 14, 15, 17, 18, 20, 2024, V5 was sent home				

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6014237	B. WING		08/2	2/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PEARL (	OF ELGIN, THE	2355 ROY ELGIN, IL	/AL BOULEV . 60123	ARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
\$9999	Health Care Worke background checks  3.V7 (CNA) was hir Health Care Worke background checks  4.V8 (CNA) was hir Health Care Worke background checks  5.V9 (CNA) was hir Health Care Worke background checks  6.V10 (Activity Aide The Health Care W background checks  C. Based on interv facility failed to conhiring new facility si  The findings include The facility's "Longfor Medicare and M 2024, at 11:00 AM,  On August 20, 2024  Resources Director hired to work at this come in for oriental hires are asked to pand social security sign a consent form	er registry and all other were done on July 16, 2024. The registry and all other were done on July 16, 2024. The registry and all other were done on July 16, 2024. The registry and all other were done on July 23, 2024. The registry and all other were done on July 23, 2024. The registry and all other were done on June 25, 2024. It was hired on May 16, 2024. Torker Registry and all other were done on June 25, 2024. Torker Registry and all other were done on June 25, 2024. The were done on June 25, 2024.	\$9999			

Illinois Department of Public Health

STATE FORM 6899 JG1P11 If continuation sheet 8 of 9

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			SURVEY LETED
		IL6014237	B. WING		08/2	2/2024
	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE /ARD		
PEARL OF ELGIN, THE ELGIN, IL			60123			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDS OF THE APPROVINCE OF	JLD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 8	S9999			
	V5 (CNA), V6 (CNA) (CNA), V10 (Activity and V13 (RN). The checks showed the hire.  V5 was hired July 9 checks were done of V6 was hired July 7 checks were done of V7 was hired on Juli background checks V8 was hired on Juli background checks V9 was hired on Ma background checks V10 was hired on Ma background checks V10 was hired on Julicense was reviewed V12 was hired on Julicense was reviewed V13 was hired on Julicense W15 was hired v15 w15 w15 w15 w15 w15 w15 w15 w15 w15 w	, 2024, and her background on July 16, 2024. ne 11, 2024, and her were done on July 16, 2024. ne 23, 2024, and her were done on July 23, 2024. ay 23, 2024, and her were done on June 25, 2024. lay 16, 2024, and his were done on June 25, 2024. une 23, 2024, and her nursing				

6899

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