TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	IDENTIFICATION NUMBER:	A. BUILDING:				
	IL6014906	B. WING			3/27/2024	
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
F HILLSIDE, THE			GE ROAD		12	
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COM	X5) IPLETE ATE	
Initial Comments		S 000				
Complaint Investiga	ation 2491479/IL170090					
Final Observations		S9999				
Statement of Licens	sure Violations:					
300.610 a) 300.1210 b) 300.1220 b)3) 300.3210 t)						
a) The facility procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal by this committee, o	shall have written policies and ing all services provided by the policies and procedures shall Resident Care Policy ng of at least the idvisory physician or the ommittee, and representatives is services in the facility. The ly with the Act and this Part. is shall be followed in operating I be reviewed at least annually documented by written, signed					
Nursing and Person b) The facility care and services to practicable physica well-being of the re- each resident's com plan. Adequate and care and personal of	hal Care shall provide the necessary o attain or maintain the highes I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each total nursing and personal	t				
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Initial Comments Complaint Investiga Final Observations Statement of Licent 300.610 a) 300.1210 b) 300.1220 b)3) 300.3210 t) Section 300.610 R a) The facility procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and other policies shall comp The written policies the facility and shall by this committee, on and dated minutes Section 300.1210 O Nursing and Person b) The facility care and services to practicable physica well-being of the re each resident's com plan. Adequate and cresident to meet the	IL6014906 STREET AL 4600 NO HILLSIDE,THE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Complaint Investigation 2491479/IL170090 Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 b) 300.3210 t) 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 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highes 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	IL6014906 B. WING	IL6014906 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4400 NORTH FRONTAGE ROAD FILLSIDE, THE SUMMARY STATEMENT OF DEFICIENCIES (EACH ORFICIENCY, WIST DE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments S 000 Complaint Investigation 2491479/IL170090 Final Observations Summary Stratement of Licensure Violations: 300.610 a) 300.1210 b) 300.1220 b) 300.1220 b) 300.1210 b) Section 300.610 Resident Care 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 written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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	A BUILDING: C ILE014906 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE FHILLSIDE,THE 4600 NORTH FRONTAGE ROAD HILLSIDE, IL 60162 D SUMMARY STATEMENT OF DEFICIENCIES D REQULATORY OR LSC DENTIFYING INFORMATION) PROVIDERS PLAN OF CORRECTION REQULATORY OR LSC DENTIFYING INFORMATION) D Printial Comments S 000 Complaint Investigation 2491479/IL170090 Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.120 b) 300.120 b) 300.120 b) 300.120 b) 300.1210 b) Section 300.810 Resident Care Policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility. The policies shall comply with the Act and this Part. The written policies in the facility. The policies shall comply with the Act and this Part. The written policies and procedures to attain or maintain the highest practicable physical, mental, and psychological written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or mai	

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Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: C B. WING IL6014906 03/27/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4600 NORTH FRONTAGE ROAD** PEARL OF HILLSIDE, THE HILLSIDE, IL 60162 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.3210 General The facility shall ensure that residents are t) not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to protect a resident from physically abused by another resident; and failed to have abuse risk assessments, including plans of care and interventions in place for R1 and R2. These failures applied to two (R1, R2) of four residents reviewed for abuse, and resulted in R1 sustaining a right arm fracture after being found being pulled by R2 across room floor. Findings include: Illinois Department of Public Health

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Prescrit Hesolutrory ORLSC DEARTHYNG INFORMATION) Prescrit CROSS-REFERENCE TO THE APPROPRIATE DATE 59999 Continued From page 2 S9999 S999 S9999		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
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PEARLOP HILLSDE, THE HILLSDE, IL 60162 (X4) D PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENVIS) D PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCIP ALLOW SHOULD BE CROSS-REFERENCIP ALLOW SHOULD BE DEFICIENCY) (x0) (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) S9999 Continued From page 2 S9999 S9999 S9999 S9999 (x1) (R1) completing for Unsite the action of 02/13/2024 10:15 (R1) completent Collection Making and R(2) stated that she thought (R1) was in her room." S9999 S9999 (x1) (R1) completent Collection (R2) stated that she thought (R1) was in her room." (x1) (R1) completent Collection (R1) pecision Making are moderately impaired. (x1) (X1) (X1) Collection (X1) (X2) Collection Making are moderately impaired. (x1) (X1) Collection (X1) (X2) Collection (X1) (X2) (X2) Collection (X1) (X2) (X2) (X2) Collection (X2) (X2) (X2)		PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	TATE, ZIP CODE			
Mail Interview Record Deficiency Visits for PRECEDED by Full. PREFX TAG CEACH CORREPTIVE ACTIONS HOULD BE CROSS-REFERENCE TO THE APPROPRIATE COMPLET DEFICIENCY S9999 Continued From page 2 S9999 Facility Reported incident of 02/13/2024 10:15 PM Freds in part, "V20, Certified Nursing Assistant) was walking passed R1's room while completing rounds and saw (R1) on the ground. (R1) complained of pain to the right shoulder and right arm. (R2) was noted in (R1's) room holding onto (R1's) arm. (R2) stated that she thought (R1) was in her room." In R1 is an 88 year old female admitted to the facility on 12/22/2023, with diagnoses including but not limited to Dementia; Unspecified Hearing Loss; Hypothyroidism; and Encounter for Paliative Care. R1's MDS (Minimum Data Set) assessment, dated 12/22/2023 under section C, documented R1 displays problems with Shott and Long Term Memory, and R1's Cognitive Skills for Daily Decision Making are moderately impaired. R1's MDS (Minimum Data Set) assessment, dated 12/22/2023 under section GG, documented R1 completes Rolling left and right and Lying to sitting on side of bed with Partial/moderate assistance. R1's Fall Assessment, dated 01/02/2024, shows R1 is at high risk for falls. R1's Fall Assessment, dated 02/14/2024 was developed and implemented the day after incident of 02/13/2024. R1's Fall Assessment, dated 02/14/2024 was developed and implemented the day after incident of 02/13/2024.	PEARLO	OF HILLSIDE, THE			GE ROAD	ά.		
 Facility Reported Incident of 02/13/2024 10:15 PM reds in part, "(V20, Certified Nursing Assistant) was walking passed R1's room while completing rounds and saw (R1) on the ground. (R1) complained of pain to the right shoulder and right arm. (R2) was noted in (R1's) room holding onto (R1's) arm. (R2) stated that she thought (R1) was in her room." 1. R1 is an 88 year old female admitted to the facility on 12/22/2023, with diagnoses including but not limited to Dementia; Unspecified Hearing Loss; Hypothyroidism; and Encounter for Palliative Care. R1's MDS (Minimum Data Set) assessment, dated 12/22/2023 under section C, documented R1 displays problems with Short and Long Term Memory, and R1's Cognitive Skills for Daily Decision Making are moderately impaired. R1's MDS (Minimum Data Set) assessment, dated 12/22/2023 under section GG, documented R1 completes Rolling left and right and Lying to sitting on side of bed with Partial/moderate assistance. R1's Fall Assessment, dated 01/02/2024, shows R1 is at high risk for falls. R1's Abuse care plan, dated 02/14/2024 was developed and implemented the day after incident of 02/13/2024, and there was no Abuse care plans provided during the course of this survey that were created/implemented in order to address risk of abuse or interventions for R1 prior to incident of 02/13/2024. 	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	ILD BE	COMPLETE	
Progress note, dated 02/13/2024 at 10:15 PM written by V15 (Licensed Practical Nurse), reads,	\$9999	Facility Reported I PM reds in part, "(Assistant) was wa completing rounds (R1) complained o right arm. (R2) wa onto (R1's) arm. (I was in her room." 1. R1 is an 88 yea facility on 12/22/20 but not limited to I Loss; Hypothyroid Palliative Care. R1's MDS (Minimudated 12/22/2023 R1 displays proble Memory, and R1's Decision Making a R1's MDS (Minimudated 12/22/2023 R1 displays proble Memory, and R1's Decision Making a R1's MDS (Minimudated 12/22/2023 R1 completes Rol sitting on side of the assistance. R1's Fall Assessm R1 is at high risk for R1's Abuse care p developed and im incident of 02/13/2 care plans provide survey that were of address risk of ab to incident of 02/13/2	ncident of 02/13/2024 10:15 V20, Certified Nursing Iking passed R1's room while a and saw (R1) on the ground. of pain to the right shoulder and s noted in (R1's) room holding R2) stated that she thought (R1) r old female admitted to the 023, with diagnoses including Dementia; Unspecified Hearing ism; and Encounter for um Data Set) assessment, under section C, documented ems with Short and Long Term 5 Cognitive Skills for Daily are moderately impaired. um Data Set) assessment, under section GG, documented ling left and right and Lying to bed with Partial/moderate nent, dated 01/02/2024, shows for falls. Dan, dated 02/14/2024 was plemented the day after 2024, and there was no Abuse ed during the course of this created/implemented in order to ruse or interventions for R1 prior 3/2024. ted 02/13/2024 at 10:15 PM	S9999				

TATEMEN	epartment of Public T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014906	B. WING			C 27/2024
	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
			TH FRONTA	GE ROAD		
PEARLO	OF HILLSIDE, THE	HILLSIDE	, IL 60162			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
S9999	Continued From p	age 3	S9999			2
	on the floor in the near doorway. (R1 noted to be holdin occurrence. (R1) a injuries, AROM/PF motion/passive ra extremities x4. (R Right Shoulder an oriented x2, with of Forearm. (R1) offer refused. (R1) den contacted EMS (E transfer the reside evaluation. ADON Nursing)/ADMINIS Nursing) made aw attempted to conta time."	this writer, (R1) was observed side lying position in bedroom) accompanied by peer, peer g (R1) left arm at the time of assessed for any apparent ROM (active range of nge of motion) performed on 1) c/o (complained of) pain to d Right Arm. (R1) is alert & confusion. Bruise noted on Left ered PRN pain medication, (R1) tes hitting head. Writer mergency Medical Services) to ent to (local) Hospital for (Assistant Director of STRATOR/ DON (Director of vare of transfer. Writer act (family), no answer at this				
	presents with fall. her head. Physica shoulder tender w Motion). X-Ray rig humeral neck/pro 2. R2 is a 90 year facility on 01/05/2	ated 02/14/2024, reads, "(R1) (R1) on (anticoagulant) and it il exam: Extremities: right rith limited ROM (Range of ght shoulder: Acute impacted ximal humeral fracture." old female admitted to the 024, with diagnoses including Dementia; Adjustment Disorder				
	with Mixed Disturl Conduct; Insomni and Hypertension R1's MDS (Minim dated 01/12/2023 R2 has BIMS (Bri	pance of Emotions and a; Major Depressive Disorder;				

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STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY PLETED
			B. WING		C	
	<u></u>	IL6014906			03/27/2024	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST RTH FRONTAG			
PEARLO	OF HILLSIDE, THE		E, IL 60162			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	age 4	S9999			
	written by V23 (Re reported to this wri was getting out of questioning that "th approached the ot her over with her w	ted 11/22/2023 at 12:13 PM gistered Nurse), reads, "It was iter by the witnesses that (R2) her room and another resident his is my room" - (R2) her resident angry trying to run vheelchair and quickly hit the he top of other resident's				
	presents with shor	ted 01/05/2024, reads, "(R2) t and long term cognitive /) of Dementia with				
	written by V22 (Ad	ted 01/09/2024 at 1:29 PM vanced Practical Nurse), reads t behavioral disturbances at las				
	02/14/2024 was de day after incident of no Wandering and that were created/	nd Behaviors care plan, dated eveloped and implemented the of 02/13/2024, and there was Behavior care plans shown implemented in order to p incident of 02/13/2024.				
	written by V13 (Pri Practical Nurse), r is very agitated at	ted 02/19/2024 at 1:59 PM imary Care Provider Advanced reads, "(Nurse) reports that (R2 night and noted aggressive and difficult to redirect.")			
	reads, "Trazodone	ler sheet, dated 02/19/2024, HCL tablet 50 MG Give 1 bedtime for depression and				
		ted 02/26/2024 at 9:35 AM sychiatric-Mental Health Nurse				

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If continuation sheet 5 of 10

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY PLETED
	IL6014906		B. WING		C 03/27/2024	
	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
			RTH FRONTA			
PEARL	OF HILLSIDE, THE	HILLSID	E, IL 60162			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETI DATE
S9999	Continued From pa	age 5	S9999			1
	that (R2) with aggre	s, "Notified by nurse last weeks essive behaviors noted, order notropic medication)."				
	interview R1. R1 di observed sitting up	:52 PM, Surveyor attempted to d not respond to questions. R1 in the bed with her eyes to look frail and vulnerable.				
	R2 laying on the be According to facility R2's room was liste where surveyor fou	11:15 AM, Surveyor observed ed in a random room. y's census, dated 03/21/2024, ed to be two rooms down from and her. R2 stated, "I don't any resident out of their bed."				
	Registered Nurse) sleeping in an emp	1:19 AM, V11 (Agency stated in summary: R2 is ty room right now. It is not but she resides in another				
	Nursing Assistant) confused. She goe rooms. When R2 w redirect her. I wasn involving R1 and R	1:22 AM, V10 (Certified stated in summary: R2 is s back and forth to different vanders around the unit, we i't here during the incident 2 on 02/13/2024, but I heard f bed. Maybe R2 thought it was				
	Provider Advanced summary: I follow u know of any resider report. On 02/19/20 agitated and aggres 02/19/2024 was do	2:00 PM, V13 (Primary Care Practical Nurse) stated in up medical conditions and only nt behaviors from nurses' 024, I was notified that R2 was ssive. My assessment from ne in connection to the 82 and R1 on 02/13/2023. I just				

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EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:					E SURVEY PLETED	
		A. BUILDING:		С		
	IL6014906	B. WING	NG 0		27/2024	
PROVIDER OR SUPPLIEF	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
OF HILLSIDE, THE			GE ROAD			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SI	HOULD BE	(X5) COMPLET DATE	
Continued From p	age 6	S9999				
sure about circum the same time, psy on new psychotrop extensive psychiat medical condition On 03/25/2024 at (Psychiatric-Menta stated in summary On 02/19/2024, I v agitation and beha psychotropic medi followed up on 02/ no behaviors. R2 v before 02/19/2024	stances of the incident. Around ychiatry saw R2 and started her bic medication. R2 has rric history but none of her would aggravate her behavior. 2:08 PM, V14 al Health Nurse Practitioner) r: I only saw R2 couple of times. vas notified that R2 was having wiors. I prescribed a new cation at the time, and I 26/2024, R2 was calm and had was not followed by psychiatry ; therefore, I don't know if R2					
(Administrator/Abu summary: Since 0 admission, R2 was that occurred on 0 found in R1's room (Licensed Practica found in R1's room arm. Because R1 history of falls, we unwitnessed fall. I interviewed directly residents present incident. The follow interviewable resid denied hearing any the night before. B behaviors during R concluded, R2 was	ise Coordinator) stated in 1/05/2024, the day of R2's is involved in only one incident 2/13/2024. That's when R2 was 1. I got a call from V15 I Nurse/LPN), that R2 was 1. holding and pulling R1's left was found on the floor and has concluded, it was an did the investigation and y involved staff. There were no n the hallway at the time of the ving morning, I spoke to most ents on the unit and they y incident or loud noises form ased on lack of aggressive 82's stay in the facility, it was					
	OF CORRECTION PROVIDER OR SUPPLIER DF HILLSIDE, THE SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From p overheard that R2 sure about circum the same time, psy on new psychotrop extensive psychiat medical condition On 03/25/2024 at 1 (Psychiatric-Menta stated in summary On 02/19/2024, I v agitation and beha psychotropic medi followed up on 02/ no behaviors. R2 v before 02/19/2024 had any behaviors On 03/25/2024 at 3 (Administrator/Abu summary: Since 0 admission, R2 was that occurred on 0 found in R1's room athat occurred on 0 fou	OF CORRECTION IDENTIFICATION NUMBER: IL6014906 PROVIDER OR SUPPLIER STREET AD 4600 NOR HILLSIDE,THE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 overheard that R2 pulled R1 out of bed, but not sure about circumstances of the incident. Around the same time, psychiatry saw R2 and started her on new psychotropic medication. R2 has extensive psychiatric history but none of her medical condition would aggravate her behavior. On 03/25/2024 at 2:08 PM, V14 (Psychiatric-Mental Health Nurse Practitioner) stated in summary: I only saw R2 couple of times. On 02/19/2024, I was notified that R2 was having agitation and behaviors. I prescribed a new psychotropic medication at the time, and I followed up on 02/26/2024, R2 was calm and had no behaviors. R2 was not followed by psychiatry before 02/19/2024; therefore, I don't know if R2 had any behaviors before then. On 03/25/2024 at 3:30 PM, V1 (Administrator/Abuse Coordinator) stated in summary: Since 01/05/2024, the day of R2's admission, R2 was involved in only one incident that occurred on 02/13/2024. That's when R2 was found in R1's room. I got a call from V15 (Licensed Practical Nurse/LPN), that R2 was found in R1's room, holding and pulling R1's left arm. Because R1 was found on the floor and has history of falls, we concluded, it was an unwitnessed fall. I did the investigation and interviewable residents on the unit and they denied hearing any incident or loud noises form the night before. Based on lack of aggressive behaviors during R2's stay in the facility, it was concluded, R2 was trying to help resident get up	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: IL6014906 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST PF HILLSIDE,THE 4600 NORTH FRONTAGE SUMMARY STATEMENT OF DEFICIENCIES ID REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) ID Overheard that R2 pulled R1 out of bed, but not sure about circumstances of the incident. Around the same time, psychiatry saw R2 and started her on new psychotropic medication. R2 has extensive psychiatric history but none of her medical condition would aggravate her behavior. On 03/25/2024 at 2:08 PM, V14 (Psychiatric-Mental Health Nurse Practitioner) stated in summary: I only saw R2 couple of times. On 02/19/2024, I was notified that R2 was having agitation and behaviors. I prescribed a new psychotropic medication at the time, and I followed up on 02/26/2024, R2 was calm and had no behaviors B2 was not followed by psychiatry before 02/19/2024; therefore, I don't know if R2 had any behaviors before then. On 03/25/2024 at 3:30 PM, V1 On 03/25/2024 at 3:30 PM, V1 (Administrator/Abuse Coordinator) stated in summary: Since 01/05/2024, That's when R2 was found in R1's room, holding and pulling R1's left arm. Because R1 was found on the floor and has history of falls, we concluded, it was an unwitnessed fall. I did the investigation and interviewable residents on the unit and they denied hearing any incident or loud noises form the night before. Based on lack of aggressive behaviors during R2's stay in the facility, it was conc	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: IL6014906 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE OF HILLSIDE, THE 4600 NORTH FRONTAGE ROAD HILLSIDE, IL 60162 IEAOI DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION PRECIN: TAG Continued From page 6 S9999 overheard that R2 pulled R1 out of bed, but not sure about circumstances of the incident. Around the same time, psychiatry saw R2 and started her on new psychotropic medication. R2 has extensive psychiatric history but none of her medical condition would aggravate her behavior. S9999 On 03/25/2024 at 2:08 PM, V14 (Psychiatric-Mental Health Nurse Practitioner) stated in summary: 1 only saw R2 couple of times. On 02/19/2024, I was notified that R2 was having agitation and behaviors. Ip rescribed a new psychotropic medication bat the time, and I followed up on 02/26/2024, R2 was calm and had no behaviors. R2 was not followed by psychiatry before 02/19/2024, the ady of R2's admission, R2 was involved in only one incident that occurred on 02/13/2024, That's when R2 was found in R1's room. I got a call from V15 (Licensed Practical Nurse/LPN), that R2 was found in R1's room. Holing and pulling R1's left arm. Because R1 was found on the floor and has history of fails, we concluded, it was an unwitnessed fail. I did the investigation and interviewed directly involved staff. There were no residents present in the hallway at the time of the incident. The following morning, I spoke to most interviewable residents on the unit and they denied hearing any incident of loud noisees form the night before. Based on lack of aggressive behaviors	OF CORRECTION IDENTIFICATION NUMBER A BUILDING: COM IL6014906 B. WING 03/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4600 NORTH FRONTAGE ROAD MILLSIDE,THE HULLSIDE, IL 60162 ID YEACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREVIDER'S PLAN OF CORRECTION SHOULD BE YEACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREVENT OF CORRECTION SHOULD BE YEACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREVENT OF CORRECTION SHOULD BE Continued From page 6 S9999 CROSS-REFERENCED TO THE APPROPRIATE On or aver psychiatry cask R2 and started her on new psycholtropic medication. R2 has extensive psychiatry saw R2 and started her on new psycholtropic medication. R2 has extensive psychiatry saw R2 couple of times. S9999 On 03/25/2024 at 2:08 PM, V14 (Psychiatric-Mental Health Nurse Practitioner) stated in summary: I only saw R2 couple of times. On 02/19/2024, I was notified that R2 was having agitation and behaviors. It prescribed a new psychiatry before U19/2024, therefore, I don't Know if R2 had any behaviors before then. On 03/25/2024 at 3:30 PM, V1 On 03/25/2024 at 3:30 PM, V1 (Administrator/Abuse Coordinator) stated in summary: Since 01/05/2024, the day of R2's admission, R2 was involved in only one incident the sourt and the imes of the flowing moving. I spoke to most interviewable residents on the unit and they denid the rivestig	

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STATEMEN	epartment of Public TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY
			A. BUILDING: _		C 03/27/2024	
		IL6014906	B. WING			
	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP CODE		
PEARL	OF HILLSIDE, THE	4600 NOR HILLSIDE	TH FRONTAG	GE ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 7	S9999			
	someone who has communicate clear care plans on as ne care plans for resid previous trauma or are not necessarily they are vulnerable On 03/26/2024 at 1 Nursing Assistant) s making rounds on t saw R2 in R1's room and R2 was holding them were right by R1 away from the b kept saying, "Get on called V19 (LPN), we escorted back to be hard to redirect due wanders into other monitored as per pr daily basis. On the right after dinner, an	A vulnerable resident is dementia or is unable to ly. I create and initiate abuse eeded basis. I develop abuse ents who experienced abuse. Demented residents at risk for abuse even though 1:45 AM, V20 (Certified stated in summary: I was he evening of 02/13/2024, and m. R1 was already on the floor g and pulling R1's arm. Both of R1's bed, and R2 was pulling bed, towards the doorway. R2 ut of my room" repetitively. I we redirected R2, and she was er room. Sometimes R2 is to her confusion, she residents' rooms. R2 was rotocol, every two hours, on day of the incident, I saw R2 round 8:00 PM, and then, at lent that occurred around				
	Practical Nurse) sta lunch break during R2. R1 was my pat When I return back break, V19 (LPN) ir noticed R1 was on room holding on to confused. That was assessed R1. R1 co the doctor and rece	:43 PM, V15 (Licensed ated in summary: I was on my the incident involving R1 and ient that night (02/13/2024). to the facility from the lunch formed me that V20 (CNA) the floor and R2 was in the R1's arm. They were both the report I received. I complained of pain, so I notified ived an order to send R1 out re R1 was diagnosed with speke to both R1 and R2				

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TATEMEN	epartment of Public T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	IL6014906		B. WING			C 27/2024
					03/27/2024	
NAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, S			
PEARL C	F HILLSIDE, THE		RTH FRONTA E, IL 60162	GE ROAD		
		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	age 8	S9999			
	after the incident	R2 was in a very confused				
	state, but she was	able to communicate that she				*
	wandered in to R1	's room. It was her typical				
	behavior, R2 wand	lered into other residents'				
	rooms. R1 didn't re	eally give a description of what				
	happened, she jus	t complained about right arm				
	pain. We kept R2	under direct supervision,				
	checked on her ev	very 15 minutes after the ormally encouraged to stay in				
	the dining room or	ambulate in the hallways to				
	stav visible to staff	f, but we monitored her as any				
	other resident, eve	ery two hours. Sometimes R2				
	gets aggressive w	ith staff when redirected.				
	On 03/26/2024 at	3:10 PM, V19 (Licensed				
	Practical Nurse) s	tated in summary: I was in the				
	nursing station wh	en V20 (CNA) called me into				
	R1's room. When	I came in, R2 was holding on t	0			
	R1's arm and they	both kept saying, "This is my				
	room." R2 was try	ing to pull R1 out of the room.				
		t R2 and she was escorted to				
	her room. Prior to	the incident, R2 was asleep in				
	her room. R2 mus	at have gone unnoticed into R1 pull R1 out of there. I worked	5			
	with R2 before R	2 needed to be redirected while	9			
	wandering around					
		e Prevention" policy (no date)				
	reads, "The purpo	se of this policy and the Abuse				
		am is to describe the process for	or			
		essment, and protection of				
		use, neglect, misappropriation xploitation. This will be				
		establishing an environment				
		ident sensitivity, resident				
		ention of mistreatment;				1 2 - 2 3
	identifying occurre	ences and patterns of potential				
		plementing systems to promptly	1			
	and aggressively artment of Public Health	investigate all reports and				

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Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
	or connection		A. BUILDING: _			
		IL6014906	B. WING		C 03/27	/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
PEARL	OF HILLSIDE, THE		TH FRONTA	GE ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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
	misappropriation of and making the ner future occurrences mental injury or sex resident other than Abuse is the infliction occurs other than be requires medical at	e, neglect, exploitation, f property and mistreatment, cessary changes to prevent . Abuse means any physical or kual assault inflicted upon a by accidental means. Physical on of injury on a resident that by accidental means and that ttention. Serious Bodily Harm ury involving extreme physical				
	pain, substantial ris impairment of the f organ, or mental fa	sk of death, protracted loss, or unction of a body member, culty, or requiring medical s surgery, hospitalization, or				
Illinois Depa	rtment of Public Health					

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