Illinois D	epartment of Public	Health			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY
		IL6012686	B. WING		C 06/14/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS. CITY. S	STATE, ZIP CODE		
			RGE ROAD	,		
FEARL	OF ELK GROVE, THE	ELK GRO	OVE VILLAGE	E, IL 60007		1
(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 SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Survey: 2	2474529/IL174144				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	300.610a) 300.1210b) 300.1210d)3					
	Section 300.610 R	esident Care Policies				
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall compl The written policies the facility and shall	dvisory physician or the ommittee, and representatives r services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually documented by written, signed				
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care				
	and services to atta practicable physical well-being of the re- each resident's com plan. Adequate and care and personal of	provide the necessary care in or maintain the highest l, mental, and psychological sident, in accordance with prehensive resident care properly supervised nursing care shall be provided to each total nursing and personal esident.				
	tment_of Public Health	ER/SUPPLIER REPRESENTATIVE'S SIG		TITLE		(X6) DATE
	ically Signed					06/26/24
STATE FOR	M		6899	ZIPD11	If continua	ation sheet 1 of 6

	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		B. WING			C 14/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		1920 NE	RGE ROAD			
PEARL	OF ELK GROVE, THE	ELK GR	OVE VILLAGE,	, IL 60007		
(X4) ID			ID			(X5) COMPLETI
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	THE APPROPRIATE	DATE
				DEFICIENC	CY)	
S9999	Continued From pa	ige 1	S9999			
		-				
	d) Pursuant to sub	section (a), general nursing				
		at a minimum, the following				
	and shall be practiced on a 24-hour, seven-day-a-week basis:					
	3) Objective observations of changes in a					
	resident's condition, including mental and					
	emotional changes, as a means for analyzing and		l l			
	determining care required and the need for					
	further medical evaluation and treatment shall be					
	made by nursing staff and recorded in the					
	resident's medical record.					
	These Requirements were NOT MET as					
	evidenced by:					
		ion, interview, and record				
	review the facility failed to monitor a resident's weight, assess the resident's nutritional status,					
		lent with eating to prevent				
	significant weight lo					
		d in R1 experiencing a weight				
	loss of 11.5% in on	e month.				
	This applies to 1 or	it of 2 regidents (P11)				
	reviewed for nutritic	ut of 3 residents (R11)				
	The finding include	s:				
	P11's EMP (Electro	onic Medical Record) showed				
		of 3/15/2024 with multiple				
		g metabolic encephalopathy,				
	facial weakness, pr	neumonia, acute kidney failure	,			
		B12 deficiency anemia,				
		sonal care, pressure ulcer,				
		and depression. R11's MDS				
		t) dated 5/15/2024 showed y impaired and required				
	moderate assistant					
aia Dana	tment of Public Health	se mai odang.				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
IL6012686			A. BUILDING:		C 06/14/2024	
		B. WING				
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
PEARLO	OF ELK GROVE, THE		RGE ROAD			
			OVE VILLAGE,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 2	S9999			
	On 6/12/2024 at 12:34 PM, R11 was in bed sleeping, he appeared thin with dry skin. Then at 1:40 PM R11 was awake and said he was hungry. R11 started to fidget and lean on his right side trying to reach for a cup of water on his bedside table. V27 (Registered Nurse/RN) was alerted and came to assess R11. R11 yelled, "I need food, I did not eat." Then V28 (Certified Nurse Assistant/CNA) said R11 had refused breakfast and lunch, and he had been pocketing and spitting his food earlier in the week. Then at 1:50 PM V28 brought R11 two cups of nutritional supplement drinks and proceeded to assist R11. R11 was shaky and sipped one entire cup and did not want to let go of the cup; then V28 continued to assist R11 with the second cup. V27 (RN) said R11 appeared hungry, and staff should have gotten R11 something else if he had refused his meal.					
	was familiar with R week he had been to spitting them out an every meal. V28 sa	08 AM, V28 (CNA) said she 11 and for approximately a taking a few bites and then nd his oral intake would vary aid she had been offering R11 giving nutritional supplement				
	6/12/2024 and show care plan was upda "Current weight sho The care plan inclu- at meals as needed	plan was reviewed on wed R11 was overweight. The ted on 4/29/2024 and showed ows 3 lb increase in 1 month." ded an intervention to "assist l/tolerated and obtain weights lers and monitor per protocol. reight changes."				
		ion discharge documents owed R11 should have				

	epartment of Public	Health (X1) Provider/Supplier/Clia		CONSTRUCTION		E SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			PLETED	
					С	
		IL6012686	B. WING		06/	14/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
PEARL C	OF ELK GROVE, THE		RGE ROAD DVE VILLAGE,	IL 60007		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET
S9999	Continued From pa	ge 3	S9999			
	offered 2 liters of w	orie and high protein diet, be ater orally daily, and continue nal frozen supplement dessert				
	R11's Medication Review Report dated 6/12/2024 showed a diet order for general diet mechanical soft texture with regular thin consistency and liquid protein for wound healing. The report did not show R11's discharge hospitalization dietary recommendations or weight monitoring orders.					
		s. s. at the hospital s. at readmission s.				
	Nursing/DON) said monitored weekly for admissions and rea or as ordered. V2 s should be assessed reweighed. V2 said be referred to the d residents who need	48 PM, V2 (Director of resident weights are or four weeks during admissions and then monthly said weight discrepancies d and residents should be d identified weight loss should ietician for evaluation. V2 said assistance with feeding eet their nutritional needs.	ł			
	Dietician Consultan nutritional assessm weight on 4/30/2020 notified of R11's ide	:06 AM, V19 (Registered t) said R11's readmission ent was done based on his 4. V19 said she was not entified significant weight loss said R11's medical condition				

Illinois D	epartment of Public	Health				
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER.				
		IL6012686				C 14/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
			RGE ROAD			
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(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
S9999	Continued From pa	ge 4	S9999		·	
	-	-				
		his admission, and she had ritional needs. V19 said R11				
		a high-calorie drink of 120 ml				
		nes a day, gelato frozen				
		t with lunch, and pudding with				
	dinner for additional calories. V19 continued to					
	say part of R11's significant weight loss could					
	have been avoided if his weight had been					
	monitored and com	municated correctly.				
	On 6/14/2024 at 11:42 AM, V31 (Physician) said					
	she was notified on 6/12/2024 of R11's weights					
	and believed R11's weight from 3/15/2024 was a					
	discrepancy. V31 continued to say R11's					
		oss from 5/14/2024 to present				
		tervened if caught earlier. V31				
	said she expected t	the facility to follow its weight				
	policy protocol to as	ssess residents' nutrition.				
	The facility's policy	titled Weight with the reviewed	1			
		howed "General: To establish				
		sistent, timely monitoring and				
		t weights Guideline: 1. All				
		ighed on admission,				
		y for the first 4 weeks and				
		ly. 2. Weekly weights will also				
		ificant change of condition,				
		that has persisted for more with a physician order4. The				
		o determine a list of reweighs				
		its upon completion. 5. Once				
		occurred any resident with an				
		cant or insidious weight loss				
		oss investigation" The				
	facility's policy titled					
		rogram with the reviewed date /ed "Guideline: 1. Based on				
		ssment the Registered				
		are Provider or staff nurse may	/			

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
IL6012686		IDENTIFICATION NUMBER:	A. BUILDING:		C 06/14/2024	
		IL6012686	B. WING			
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
PEARL C	OF ELK GROVE, THE					
		ELK GR		PROVIDER'S PLAN OF (
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 5	S9999			
		ewill ask for an order. The e amount and frequency of				
	(B)					