(X6) DATE

Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		C	
		IL6012686	B. WING			, 7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PEARL C	F ELK GROVE, THE		GE ROAD			
			VE VILLAGE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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
S 000	Initial Comments		S 000			
	Complaint Survey:	2474274/IL173805				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	a) The facility shall procedures governifacility. The written be formulated by a Committee consisti administrator, the a medical advisory conformed and other policies shall compolicies shall compolicies shall compolicies the facility and shall by this committee, and dated minutes Section 300.1210 Nursing and Person	ps)(5)(6)(7)(8)(5)(5)(6)(7)(8)(9)(10)(11)(12)(13)(13)(13)(14)(15)(15)(15)(15)(15)(15)(15)(15)(15)(15				
	b) The facility shall	provide the necessary care				

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

TITLE **Electronically Signed** 06/23/24

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		/ · · · · · · · · · · · · · · · · · ·				
		IL6012686	B. WING			7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PEARL (OF ELK GROVE, THE		RGE ROAD			
		TEMENT OF DEFICIENCIES	VE VILLAGE		ION	0.(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MEMBER 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 APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	practicable physica well-being of the re- each resident's con- plan. Adequate and care and personal of resident to meet the care needs of the re- Section 300.2050	Meal Planning				
	Each resident shall be served food to meet the resident's needs and to meet physician's orders. The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.					
	a) Milk and Milk Products Group: 16 ounces or more of Grade A whole or low fat pasteurized milk where milk is used for fluid consumption. Calcium equivalents for eight ounces of milk:					
	1) 1½ ounces	natural cheese,				
	2) Two ounces	s processed cheese,				
	3) One cup yo	gurt, or one cup frozen yogurt,				
	4) One cup co	ttage cheese, or				
	5) 1½ cups ice	e cream or ice milk.				
	weight) of good qua grams of protein da items repeated with	o: A total of 6 ounces (by ality protein to provide 38 to 42 alily. To ensure variety, food ain the same day shall not be ag a required serving. The				

Illinois Department of Public Health

STATE FORM 6899 T11O11 If continuation sheet 2 of 26

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6012686	B. WING		C 06/07/2024	
NAME OF 1			l		1 06/0	112024
NAME OF I	PROVIDER OR SUPPLIER		GE ROAD	STATE, ZIP CODE		
PEARL C	PEARL OF FLK GROVE, THE			E, IL 60007		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	following are examp	oles of one serving.				
	1) Three ounces (excluding bone, fat and breading) of any cooked meat such as whole or ground beef, veal, pork or lamb; poultry; organ meats such as liver, heart, kidney; prepared luncheon meats.					
	2) Three ounces (excluding skin and breading) of cooked fish or shell fish or ½ cup canned fish.					
	3) Three ounces of natural or processed cheese or ³ / ₄ cup cottage cheese.					
	4) Three eggs (minimum weight 21 ounces per dozen, considered a medium egg). Note: If one egg is served at a meal, a protein food of good quality may be reduced from six to five ounces for the remaining meals. If two eggs are served at a meal, a minimum of two ounces of good quality protein shall be served at each of the remaining meals.					
	tablespoons of pea more than twice a v	oked dried peas or beans, six nut butter, or one cup nuts, not veek and provided that eggs, s served at the same meal.				
	not less than 21 grace combination with ot	her sources of quality protein of protein, provided that it is				
	acceptable, provide of six ounces of a g served daily and pro	ns of all above examples are at that the minimum standard good quality protein food is ovided that the combinations eye appeal or palatability.				

IIIINOIS L	illinois Department of Public Health							
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		IL6012686	B. WING		C 06/07/2024			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE				
			GE ROAD	51/11 E, 211 GGBE				
PEARL (OF ELK GROVE, THE		VE VILLAGE	E, IL 60007				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE			
S9999	Continued From pa	ge 3	S9999					
	8) The content of meat alternative products shall be listed on the menu.							
	c) Vegetable a servings of fruits or	nd Fruit Group: Five or more vegetables.						
	1) A serving co	onsists of:						
	A) ½ cup chop frozen fruit or veget	ped raw, cooked, canned or ables;						
	B) ¾ cup fruit c	or vegetable juice; or						
	C) One cup rav	v leafy vegetable.						
	2) The five or i	more servings shall consist of:						
	A) Sources of v	vitamin C						
		of a good source of vitamin C 60 mg of vitamin C); or						
	This may be more t	s of a fair source of vitamin C. han one food item and shall least 65 mg of vitamin C.						
	at least three times	of a good source of vitamin A a week supplying at least etinol equivalent (RE) of						
		and vegetables, including be served in ? cup or larger						
		ariety, food items repeated / shall not be counted as serving.						

Illinois Department of Public Health STATE FORM

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6012686	B. WING		C 06/07/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PEARL C	OF ELK GROVE, THE		GE ROAD	E, IL 60007		
(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 SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From page 4		S9999			
	d) Bread, Cereal, Rice and Pasta Group: Six or more servings of whole grain, enriched or restored products. One serving equals:					
	1) One slice of	f bread,				
	2) ½ cup of cooked cereal, rice, pasta, noodles, or grain product,					
	3) ¾ cup of dry	y, ready-to-eat cereal,				
	4) ½ hamburger or hotdog bun, bagel or English muffin,					
	5) One 4-inch	diameter pancake,				
	6) One tortilla	,				
	7) Three to fou	ır plain crackers (small),				
	8) ½ croissant (medium),	(large), doughnut or danish				
	9) 1/16 cake,					
	10) Two cookid	es, or				
	11) 1/12 pie (2	-crust, 8").				
	e) Butter or Ma spread and in cook	argarine: To be used as a ing.				
	meals, satisfy indivi	shall be served to round out dual appetites, improve flavor, dual's nutritional and caloric				
	provide a variety of	e day shall be planned to foods, variety in texture and . The following meal patterns				

Illinois Department of Public Health

STATE FORM 6899 T11O11 If continuation sheet 5 of 26

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIDER.	A. BUILDING:		C	
		IL6012686	B. WING	B. WING		; 7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PEARL C	PEARL OF ELK GROVE, THE			E, IL 60007		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	shall be used.					
	1) Three meals	s a day plan:				
	A) Breakfast: Fruit or juice, cereal, meat (optional, but three to four times per week preferable), bread, butter or margarine, milk, and choice of additional beverage.					
	B) Main Meal (may be served noon or evening): Soup or juice (optional), entree (quality protein), potato or potato substitute, vegetable or salad, dessert (preferably fruit unless fruit is served as a salad or will be served at another meal), bread, butter or margarine, and choice of beverage.					
	C) Lunch or Supper: Soup or juice (optional), entree (quality protein), potato or potato substitute (optional if served at main meal), vegetable or salad, dessert, bread, butter or margarine, milk, and choice of additional beverage.					
		patterns may be used if meet residents' needs using				
	These Requirement evidenced by:	ts were NOT MET as				
	review, the facility c	on, interview and record onsistently failed to serve food y planned and approved menu nutritional intake.				
	due to insufficient c sadness, anger, fru R1, R2, R4, R13, ar	I in weight loss for R3 and R20 alories, prolonged feelings of stration, and low self-worth for nd R18, and financial hardship I families of R1, R3, R13, and				

Illinois Department of Public Health

STATE FORM 6899 T11O11 If continuation sheet 6 of 26

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					С	
		IL6012686	B. WING		06/0	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
PEARL (OF ELK GROVE, THE	1920 NER		: II 60007		
(VA) ID	STIMMADV STA	TEMENT OF DEFICIENCIES	VE VILLAGE	PROVIDER'S PLAN OF CORRECTI	ON.	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	R21 who brought in intake.	food to supplement their food				
	This applies to 19 of 19 residents (R1-R4, R6-R14, R16-R21) reviewed for menus served as planned in a sample of 22.					
	The findings include:					
	Facility Week At A Glance menu, dated 6/2/24 to 6/8/24 and distributed to facility residents, shows the following menu items were planned to be served at the facility:					
	Sunday, 6/2/24 Breakfast: Juice of choice, milk of choice, coffee/tea, hot/cold cereal, pancakes with margarine/syrup, scrambled eggs Lunch: Hot dog on a bun, onion rings, potato salad, lemon cake, milk, beverage Dinner: Tomato Basil Soup, Grilled Cheese and tomato, coleslaw, brownie, milk, beverage					
	Monday 6/3/24 Lunch: Savory ribs, baked sweet potato, scalloped corn, fruit ambrosia, wheat bread, beverage of choice, milk of choice					
		choice, milk of choice, cereal, waffles, bacon.				
	diagnoses included dependence on ren	ed 6/5/24, shows R3's end stage renal disease, al dialysis, type 1 diabetes, in K, and depression.				
	shows R3's diet ord	der Sheet), dated 6/5/24, ler included carbohydrate w concentrated sweets, low				

Illinois Department of Public Health

STATE FORM 6899 T11O11 If continuation sheet 7 of 26

Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDFLAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		11 6042696	B. WING		C 06/07/2024	
		IL6012686			06/0	7/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PEARL C	OF ELK GROVE, THE		GE ROAD	- 11 00007		
	Г		VE VILLAGE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From page 7		S9999			
	potassium.					
	•					
		note, dated 1/22/24, shows				
		alysis was 174 pounds and es but is usually good." The				
		eight appeared to be stabilizing				
		ht loss due to fluid being				
		pital. Nutrition progress note,				
		vs R3 experienced a significant				
	weight loss of 19.3 pounds in three months. The note shows R3's "appetite varies but is usually					
		ogress note, dated 5/29/24,				
	shows R3's post dia	alysis weight was 153 pounds.				
		shows R3 had a weight				
		unds in three months. The				
		ppetite varies but is usually num Data Set) Assessment,				
	,	ws R3 was cognitively intact.				
	0. 0/4/04 .1.0.05 4	M. DOL Level Collect				
		AM, R3's breakfast ticket be served cold cereal, 2 eggs				
		iit as available, apple juice, 2				
		slice of toast, 2 slices of				
		choice. R3's tray ticket notes				
		ibled eggs." On R3's				
		received scrambled eggs, 1 al, 4 ounces of apple juice and				
		R3 received no eggs over easy				
	or hard boiled eggs	00 ,				
	On 6/5/24 at 10.22	AM, R3 stated "I write on my				
		d they give me what they want!				
		wo years! It makes me feel				
	like they don't care!	Pepper hurts my tongue and				
		take the time to fill out the				
		ore me! Then they send foods				
		e!" R3 stated she orders food she can afford to do so				
		e a month. R3 stated "It's a				
		pecause I can't buy shoes or				

Illinois Department of Public Health

STATE FORM 6899 If continuation sheet 8 of 26 T11011

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6012686	B. WING			D 07/2024
NAME OF	PROVIDER OR SUPPLIER	STDEET AD	DDESS CITY S	STATE, ZIP CODE		
NAIVIE OF	PROVIDER OR SUPPLIER	1920 NER		STATE, ZIP CODE		
PEARL (OF ELK GROVE, THE		GE ROAD VE VILLAGE	: 11 60007		
(VA) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORREC	TION	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ae 8	S9999			
	clothes or mouthwal because I can't affor spend money on or with my money. I ure all I get! So I order with what they give because I can't star rather have someth sandwiches, it is not eating a bread sand On 6/3/24 at 12:55 received a deli sand meat and no chees lunch. R3 also received a get sand meat and no chees lunch. R3 also received a get sand meat and sand sand sand sand sand sand sand	ish! I get the smaller sizes and the economy sizes when I dering food! I also buy snacks se my social security - that's twice a month and get stuck me other meals. I lost weight it! It's nasty! We would ing else. And when they send meat and all bread! You're				
	a nurse refused to t R3 around 3:00 AM	/29/24, shows R3 complained oring R3 a snack requested by on 5/28/24 The form shows hungry and could not sleep.				
	weighed 172 pound 18 pounds in 5 mor dialysis and some v but not eating enou to R3's weight loss planned weight loss were trending down stated R3 orders fo because she does is served. V14 stated a renal diet because food choices. V14 good, but did not m	PM, V14 (Dietitian) stated R3 Is in January 2024 and R3 lost of ths. V14 stated R3 received weight fluctuation could be fluid gh at meals could contribute V14 stated R3 was not on a sprogram and R3's weights a since December 2023. V14 od from outside the facility not like the food the facility R3 did not want to remain on the R3 was requesting more stated R3's appetite may be ean she was eating what was ility. V14 stated it was her				

Illinois Department of Public Health

STATE FORM 6899 T11O11 If continuation sheet 9 of 26

Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	PLETED
						2
		IL6012686	B. WING			7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	INDESS CITY S	STATE, ZIP CODE	•	
IVAIVIL OI I	NOVIDEN ON OUT LIEN		RGE ROAD	TATE, ZII GODE		
PEARL C	OF ELK GROVE, THE		VE VILLAGE	E. IL. 60007		
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI	ON	(YE)
(X4) ID PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL	_D BE	(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				22.16.2.16.1		1
S9999	Continued From pa	ige 9	S9999			
	expectation that the	e facility followed the planned				
		not be making changes to the				
		icts did not come in or there				
		V14 stated if the facility was				
		rving 100% fruit juice she was				
		ts may not be meeting their I calorie requirements as the				
		ast of the planned menu met				
		a high quality Vitamin C				
	product. V14 also stated daily 100% fruit juice					
	provided approximately 90 calories each day.					
		cility was not consistently				
		nned, V14 was concerned				
		meeting their daily protein,				
		, and calcium requirements as et resident daily requirements				
		d provided approximately 240				
	calories each day a					
		ated 6/5/24, shows R20's				
		I low back pain, hypertension,				
		r, mild cognitive impairment, s, and nonspecific abnormal				
		. MDS, dated 3/27/24, shows				
		tus was moderately impaired.				
	ŭ					
		d 1/30/24, shows R20 weighed				
		perienced "unintended weight				
) inadequate energy intake				
		by) weight loss and				
		of 26-100%." The note significant weight lost of 16.2				
		hs, her appetite varied and				
		vided a high calorie drink,				
		, and ice cream at lunch and				
	dinner to suppleme					
		ort, dated 1/2024 to 6/2024,				
		it was 123.6 May 2024				
	representing furthe	r weight loss of 5.4 pounds.				

6899

Illinois Department of Public Health STATE FORM

Illinois Department of Public Health

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					С	
		IL6012686	B. WING		06/0	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
PFARI (OF ELK GROVE, THE	1920 NER	GE ROAD			
ELK GRO			VE VILLAGE	E, IL 60007		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 10	S9999			
	added salt diet and 120 milliliters twice On 6/5/24 at 1:40 P surprised I lost so n R20 stated she love her meal trays. R20 gets fruit juice, but i unsweetened lemon provided yogurt at blunch/dinner for calcand can only eat ice stated she is able to at the facility but oft dinner because the taste. R20 stated th seasoning packets on the food to be abstopped providing the surprised on the food to be abstopped providing the surprised on the food to be abstopped providing the surprised on the food to be abstopped providing the surprised on the food to be abstopped providing the surprised of the s	shows R20 received a no received a high calorie drink a day since 9/14/23. M, R20 stated "I was nuch weight! I'm not eating!" ed milk but never receives it on 0 stated once in a while she mainly only receives the n drink. R20 stated she is breakfast and ice cream ories but is not fond of yogurt e cream once in a while. R20 or eat the breakfast most days are can not eat the lunches or food has no seasoning or the facility used to provide that she loved and would put ole to eat the food but they hem on her meal trays. R20 eat lunch that day because it				
	On 6/5/24 at 12:37 R20's weight loss wand was not on a pl V14 stated she had weight loss and was meals at the facility nutritional items she added the high calc breakfast, and ice of provide more calori weight. V14 stated varied, but meant h R20 was not mention not eating. V14 stated diet tech that milk w	PM, V14 (Dietitian) stated vas due to a lack of calories lanned weight loss program. Inot spoken to R20 about her is unsure if she was eating the or taking the supplemental e was given. V14 stated she orie supplement, yogurt at cream at lunch and dinner to es because R20 was losing she writes that R20's appetite er intake varied. V14 stated oned in weight meetings for ted she was told by the facility was not being served on trays ately a month prior. V14				

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		IL6012686	B. WING		06/0	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PEARL (OF ELK GROVE, THE		GE ROAD			
	Г		VE VILLAGE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 11	S9999			
	stated she spoke w representative and was always availab milk was being con at meals by food se 3. On 6/4/24 at 7:4	with a corporate food service V14 stated she was told milk le. V14 could not confirm that sistently served at the facility ervice. 8 AM with R13, R4 (Resident				
	Council Vice President) stated she lived at the facility 10 years and the food has never been as bad as it was currently. R4 stated the dinners were the worst meal at the facility. R4 and R13 provided a copy of the facility menu of the week, dated 6/2/24 to 6/8/24, and R4 stated, "If you look at the menu you get you would say, 'WOW! They are eating well!' But it doesn't come that way!" R4 stated the menu is rarely served as it is written and the foods that are served are very small portions. R4 stated most dinners served are only a sandwich and chips and are served at approximately 5:15 PM. R4 stated the sandwich she received a couple nights prior only had "one paper thin slice of turkey, no cheese, and no					
	may only come with unsweetened lemo "That's not a real m for a different sand snack but only gets butter and jelly sand diabetic and becoms ugars. R4 stated served a grilled cheresidents did not replanned on the mento visit and brings for facility food served.	stard." R4 stated the sandwich in potato chips and an in beverage. R4 stated, real!" R4 stated she begged wich to be served as a night in a few cookies or a peanut dwich. R4 stated she was reseconcerned about her blood recently for dinner they were rese and tomato sandwich but ceive the coleslaw that was not in R4 stated her son comes and for R4 to supplement the				
	R4 agreed to allow	her tray to be used as a test et showed she was to be				

Illinois D	epartment of Public	Health				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6012686	B. WING		C 06/07/2024	
NAME OF F	PROVIDER OR SUPPLIER		ORESS. CITY. S	STATE, ZIP CODE	1 00.0	
		1920 NER				
PEARL C	OF ELK GROVE, THE		VE VILLAGE	, IL 60007		
(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
\$9999	served orange juice fried eggs over eas cereal, toast, 2 slice coffee/tea. R4 was sausage link, one s baggie, unsweetend milk. R4 stated she prefers 2% milk. N planned on the mer R4 failed to receive and 2 fried eggs. R they received toast no butter for her toat had not been serve stated she complain were not receiving I manager responder give you something residents are serve while. R4 stated the served the unsweet not real fruit juice. resident council me R2 (Resident Council me	e, cold cereal, low-fat milk, 2 y, a juice of choice, hot or cold es of bacon, milk of choice and served scrambled eggs, one lice of bacon, toast in a ed lemon beverage, and skim e does not like skim milk and o waffle was served as hus distributed to residents. her orange juice, cold cereal, that stated this was the first time in a long time. R4 received test. R4 stated the residents d butter in a long time. R4 hed in a resident meeting they toutter and the food service d, "If I give it to you, I can't the else." R4 stated the d juice only once in a great the residents are consistently thened lemon beverages and that stated last week the the timing was canceled because cil President) came to the the going to cancel the meeting the good! Every month the write the rand nothing is done!' I d told the staff I wouldn't do the stated she fully that the facility not of the ongoing resident henus not served. R4 stated lained but none of the staff	\$9999			
	tray and this time re	M, R4 received a replacement eceived 2 eggs over easy, 2 ice, cereal and toast.				

Illinois Department of Public Health

On 6/5/24 at 9:33 AM, R4 stated she lives on

Illinois Department of Public Health

IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	epartment of Public	ı iedili i				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
and Plan	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		11 6042696	B. WING			
		IL6012686	2		1 06/0	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		1920 NER	GE ROAD			
PEARL (OF ELK GROVE, THE		VE VILLAGE	. IL 60007		
0.0.15	CUMMA DV CTA					0.5
(X4) ID PREFIX	_	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
00000	0	10	00000			
S9999	Continued From pa	ge 13	S9999			
	food brought from a	outside by her sons and				
		the poor food quality and the				
		properly. R4 stated she has				
		east 4 times a week which she				
		she also pays for friends to				
		at so she had food when she				
		cility food. R4 stated she				
		n \$40 to \$50 a week on food to				
	supplement the facility meals. R4 stated she					
	was very upset the facility food quality declined drastically in the last year and stated, "What am I,					
		erything they have taken away				
		ot resolved! I feel like they				
		as human beings. We are				
		not human!" R4 stated at				
		me residents say the food is all				
		orward to every day. R4				
		e worry about how people in				
		gling. That's all they have!				
		we don't ever get a choice				
		ke it or leave it! If you don't				
		just pick it up because the				
		e no options!" R4 stated since				
		rtment of Public Health) has				
		watching food service on				
		she began receiving juice and				
		n her tray tickets. R4 stated,				
		s I have received juice only 4				
	to 5 times! How do	you think it makes us feel that				
		uice all of a sudden when the				
	state is here!?"					
		2 AM, R18 stated she has				
	complained about t	he food quality and menus for				
	two years. R18 sta	ted "It's hard and I am sick				
	and tired of not beir	ng able to eat! My sister				
		week. There is nothing to eat				
		ck! I cry once a day because				
		enough food!" R18 stated she				
		strated daily for months				

IIIIIIOIS L	epartment of Public	пеаш				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					c	
		IL6012686	B. WING		1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS. CITY. S	STATE, ZIP CODE		
		1920 NER		,		
PEARL (OF ELK GROVE, THE		VE VILLAGE	E, IL 60007		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 14	S9999			
	regarding the food served at the facility.					
	residents receive so day in spite of what menu. R13 reviews showed a version of Sunday, Monday, W Saturday. R13 state eggs are not listed scrambled eggs and stated waffles and breakfast, but state they would receive she gave up trying for write in substituti the kitchen served stated residents are to 10:00 AM if they	8 AM, R13 stated the crambled eggs almost every is listed on the breakfast ed the weekly menu which if scrambled egg being served vednesday, Thursday and ed even the days scrambled the residents are often served d not the menued item. R13 pacon were planned for 6/4/24 d there was a great chance scrambled eggs. R13 stated to select items on her menus ons as it did no good because whatever they wished. R13 et told to call food service prior want a substitution for the staff answer the phone when				
	·					
		whole day if breakfast is bad				

Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY
ANDILAN	OF CONNECTION	BENTI TOATION NOWBER.	A. BUILDING:			
		U 0040000	B. WING		C 06/07/2024	
		IL6012686	D: 11110		1 06/0	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PEARL (F ELK GROVE, THE		GE ROAD			
		ELK GRO	VE VILLAGE	E, IL 60007		
(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
S9999	Continued From pa	ge 15	S9999			
S9999	or not right. It happy week since December off! Food is importangly about the foold don't feel taken can R13 stated her day week because her locorrectly. R13 stated breakfast, you can the energy and min you can do well with has friends/family be supplement the mechicken and tunast dresser drawer. R12-3 times a week be food served. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated, times a day! But I received cold cerea was never served in dinner. R13 stated the dinner was never served in dinn	pens here at least three days a ber when I came! I get pissed ant to me! I am Italian! I get ad. When it comes to the food, are of since I have been here." was ruined at lest 3-4 times a breakfast is bad or not served ed, " If you have a decent go on with your day - you have dset and you feel satisfied and a your day!" R13 stated she bring in food from outside to als at the facility. R13 pulled a alad meal packages out of her I3 stated she has to eat them ecause she can not eat the stated the only time in the last eceived milk was if she all for breakfast. Otherwise she nilk at breakfast, lunch or "I know it's on the menu three never get it!" 16 AM R21 stated, "I used to 't like to eat on the menus and ould still get the foods. It by don't listen! This has gone It causes me to be frustrated et foods I don't eat! I don't like to gotta eat! I only get \$60	29999			
	be happy and have use all of the \$60! pay for food when I to stay here and alr I should be able to	doesn't go very far. If I want to something to eat, I have to I don't feel I should have to give every cent to this place eady pay for the food served! do something else with my				
	\$60 other than pay for! I get anxiety at send every day at e	for food I am already paying pout what they are going to every meal. I wait to see if ever something I hate! Then				

Illinois Department of Public Health

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					С	
		IL6012686	B. WING		06/0	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PEARL C	F ELK GROVE, THE	1920 NER				
			VE 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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 16	S9999			
	they will serve the sweek! They make it! I circle what I was send whatever they on the weekends. they tell me food secall. It makes me agone on every day probably longer. That meals - I can't rereal juice at breakfawhat is on the menijust serve bug-juice	came thing every day for a cout a menu and don't stick to cout, send it back, and then they want! They run out of food I ask CNAs for something and crvice is out of it when they congry and upset! This has for at least 6-7 months but ney only give us a lemon drink member the last time I had coust! I like orange juice! But u is not what is served! They				
	7. On 6/3/24 during initial tour of the facility, R1 stated when he asks for a deli sandwich, he receives two pieces of bread and one thin slice of deli meat and one slice of cheese. R1 stated sometimes he is served only potato chips and a dessert with the deli sandwich as his meal. R1 stated there is not enough food at dinner to not be very hungry by breakfast. R1 stated he asked for salad at lunch and dinner several times during resident meetings. R1 stated he still does not get salads and stated he asked "over and over again. They don't own the problem." R1 stated the staff only respond to residents with what they think residents want to hear and do not solve the problem.					
	two hamburgers se plate, R1 had cooke unsweetened lemon showed he was to be Tossed salad with cribs, baked sweet pfruit ambrosia, when	M, R1 was eating one of his rved at lunch. On his lunch ed corn, canned fruit and an his beverage. R1's tray ticket be served, "Daily items: sucumber if available Savory otato, scalloped corn, chilled at bread, beverage of choice, which he did not receive.				

Illinois Department of Public Health STATE FORM

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/S		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. DOILDING.		С	
		IL6012686	B. WING		1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DE 4 DI 4	NE EL	1920 NER	GE ROAD			
PEARL OF ELK GROVE, THE ELK GRO		ELK GRO	VE VILLAGE	, IL 60007		
(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
S9999	On 6/5/24 at 9:20 A in submarine sandw when he is unable to serves. R1 stated It disappointed because complain at food are is nothing done about he attended the food "tells you what they let down!" R1 state kitchen don't pick unask for a substitution good! My sister pay because she wants I eat one of the sand week. I would like the expect a five star resomething I enjoy engod at all and it has 8. On 6/3/24 at 2:0 Resident Council President council methe did not want to plistening to the same and the facility promise.	In M. R1 stated his sister brings wiches for a standby meal to eat the food the facility he has been extremely like he and the residents and resident meetings and there but their concerns. R1 stated and meetings and the facility want you to hear and you feel and, "When the staff in the puther phone when you try to on, it doesn't make you feel and you feel you for the sandwiches me to have something to eat. I don't estaurant food but would like the feel and he canceled the resident and he canceled	S9999			
	regarding residents ordered, the food se	not receiving what they ervice not serving the planned concerns came up				
	frequently at reside facility decided to h	nt council meetings and the ave a separate food council to as. R2 stated he was tired of				
	discussing the cond problems to admini issues being resolv stated, "They cut ar maintain the garder terrible. Same s***	cerns and describing the stration and none of the ed by administration. R2 and cut and cut. They don't as on the patio, the food is all of the time! We are on the ger!" R2 stated he was tired				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					С	
		IL6012686	B. WING		06/0	7/2024
NAME OF I	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
PEARL (OF ELK GROVE, THE	1920 NER FLK GRO	GE ROAD VE VILLAGE	II 60007		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
S9999	Continued From pa	ge 18	S9999			
	no resolutions from	concerns about the food with the facility. R2 stated he th the facility about the kitchen red of the B.S."				
	showed he was to be fried egg, fresh app muffin, juice of choice Review of R2's tray served cranberry ju apple, English muff coffee/tea. R2 state	M, R2's breakfast tray ticket be served cranberry juice, hard ble, extra toasted English ce, donut, and coffee or tea. showed R2 failed to be ice, hard fried egg, fresh in, juice of choice, donut and ed he never receives eggs any and never receives English y.				
	On 6/5/24 at 9:10 AM, R2 stated he complained to the facility about the food service for two years since the new company took over at the facility. R2 stated, "It makes me feel bad. It makes me feel horrible inside. We feel like second class citizens since the new food service took over!"					
		eeting minutes, dated 5/29/24, vas canceled by R2.				
		minutes, dated 2/21/24, show there was not enough coffee for meals.				
	residents asked for residents complaine at night, that there v	minutes, dated 3/20/24, show fresh fruits at meals, ed snacks were not available was still not enough juices and the food often did not nu tickets.				
	residents again ask	minutes, dated 4/3/24, show ted for fresh fruits at meals, sistently available at night,				

Illinois Department of Public Health STATE FORM

E FORM 6899 T11O11 If continuation sheet 19 of 26

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			_		1	С
		IL6012686	B. WING		06/6	07/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
DEADL (DE ELV CROVE THE	1920 NER	GE ROAD			
PEARL	OF ELK GROVE, THE	ELK GRO	VE VILLAGE,	IL 60007		
(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 ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 19	S9999			
3000	there was still not e meals, some reside	nough juice served with ents asked for double portions, ould order English muffins to	30000			
	residents again ask meals, fruit juices s an alternative menu available, food porti many hot dogs were muffins were not av requested in salad	minutes, dated 5/8/24, shows ed for fresh fruits at all three erved were watery and weak, a was promised but was not ons were served small, too e served on the menu, English railable, and cucumbers were but residents were told ery perishable and did not last				
	stated she is usually completely different and different from his stated the residents items listed on the fresidents weekly. For the states are supposed when she was hamburger. R6 states hamburger there is to mato or other compicture of a meal from hamburger on a burnotatoes on the plan mustard packet, any unfrosted cake in a picture of her tray to showed, "No substite with cheese on a burnotation of milk, unswed, stray failed to in the states of the stray failed to in the states of the stray failed to in the states of the stat	g initial tour of the facility, R6 y served food items from the facility weekly menual from the facility menu passed to receive the menual facility menu passed to receive a patty served on two slices of supposed to receive a supposed to receive a usually no onion, lettuce, adiments. R6 showed a from her phone which showed a from her phone which showed a from the picture showed a rellow beverage and a piece of plastic baggie. R6 showed a cket for that meal which that found for deli sandwich fun, lettuce, tomato, onion, substitute for carrot cake, weetened beverage of choice."				

Illinois Department of Public Health

STATE FORM 6899 T11O11 If continuation sheet 20 of 26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6012686	6012686 B. WING		C 06/07/2024	
	PROVIDER OR SUPPLIER OF ELK GROVE, THE	1920 NER	DRESS, CITY, S GE ROAD VE VILLAGE	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
\$9999	the residents receive every day in spite of menu they are proving the receive waffles menu. R6 stated the was a while ago. Redecent meal." R6 scomplained at residuith no resolutions. decent meal." 10. On 6/4/24, obstated the waste included: - At 8:22 AM, the behad coffee, hot wate beverage on the carpresent on the cart. - At 8:25 AM, R7's the served a donut, no donut but was stated she often did time she received flago. - At 8:30 AM, R14 froom and was waiting which she was not R14's tray ticket she orange juice, low-fa as available. R14's a baggie that was waste was not great and the server and	red scrambled eggs almost f what is listed on the weekly rided. R6 stated they often did if they were planned on the e last milk she was served to stated, "They don't give a stated the residents lent council and food council R6 stated, "We just want a ervations during the breakfast everage cart in the 100 hall er, and unsweetened lemon rt. No 100% fruit juices were	S9999			
	amount of food for showed she was to	stated she only received a little breakfast. R10's tray card receive orange juice, hot choice. Review of R10's tray				

Illinois Department of Public Health

STATE FORM 6899 T11O11 If continuation sheet 21 of 26

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			A. BUILDING:	A. BUILDING:		C	
		IL6012686	B. WING			7/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
PEARL (OF ELK GROVE, THE		GE ROAD VE VILLAGE	II 60007			
0(4) ID	CLIMMA DV CTA			PROVIDER'S PLAN OF CORRECT	ION	()/5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 21	S9999				
		t receive any juice, milk, or tated she enjoyed if she					
	she was to receive coffee. Review of F receive juice, coffee	breakfast tray ticket showed orange juice, donut, milk, and R11's tray showed R11 did not e, milk or the donut. R11 d to receive all of the items.					
	he was to receive ju	breakfast tray ticket showed uice and a donut. Review of R16 failed to receive either.					
	she was to receive	breakfast tray ticket showed a toasted English muffin, one of the items were served t on her tray.					
	fruit juice at breakfa R18's breakfast transerved 2% milk, juice None of the items volume breakfast. R18 recessice of bacon insteticket. R18 stated s	asked if she ever received ast, R18 stated, "Never!" y ticket showed she was to be ce, donut, and coffee or tea. were served to R18 for eived skim milk and only one ad of two listed on the tray she liked tea and preferred 2% out did not receive either.					
	receive eggs over emuffin when available tray showed R19 rebacon, no juice, and	s ticket showed he was to easy, bacon, toasted English ole and juice. Review of R19's eceived scrambled eggs, no d no toast or English muffins. milk and stated he only liked					
	on her activity cart	Activities) had a weekly menu and confirmed the waffles menu for 6/4/24 breakfast.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,	o. oo.u.20o		A. BUILDING:			
IL6012686		B. WING		06/0	; 7/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
PEARL C	OF ELK GROVE, THE		GE ROAD			
			VE 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 22	S9999			
	piece of paper which Instead of BBQ Ribb be serving Salmon Management" Obstantial Obstantial Description of the Serving Salmon Management Obstantial Obsta	ceived salmon on her lunch wanted the ribs on the ibuted to residents. R8's tray was to be served savory ribs, o, scalloped corn, fruit ead and choice of milk which				
	- At 1:05 PM, R9 stated the facility fails to serve the planned menu "more than you would like." R9 stated the food served at the facility was "terrible on a normal day." R9 stated the residents were not served cole slaw or macaroni salad when on the menu, and the facility rarely served milk. R9 stated,"We don't get a choice. We just have to accept the regular menu. We have no choices on what we eat here at all." R9 was eating a lunch of salmon, cooked plain corn, mashed sweet potato, canned fruit cocktail, and two unsweetened lemon beverages. R9's tray ticket showed she was to receive savory ribs, baked sweet potato, scalloped corn, drained fruit, wheat bread which she did not receive.					

Illinois Department of Public Health STATE FORM

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		IL6012686	B. WING		06/0	; 7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
PEARL	OF ELK GROVE, THE		GE ROAD VE VILLAGE,	IL 60007		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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	-At 1:09 PM, R10 a lunch which include corn, fruit cocktail, unsweetened lemo tray tickets both she the savory ribs, bak corn, chilled fruit ar unsweetened beverthey did not received. - At 1:13 PM, R12 was to be served ricarrots, fruit ambro unsweetened bevereceive any of the food sunsweetened savereceive any of the planned menu. aware ribs were not cook the planned menu. aware ribs were not morning they were the staff did not prewas not sure why the potatoes were not sobserved the food sunsweetened lemo trays instead of proas planned on the fifthe menu passed of the menu they were different than the morn	nd R11 were both eating their ed a piece of breaded fish, mashed sweet potato and n beverage. R10's and R11's bowed they were to be served and sweet potato, scalloped inbrosia, wheat bread, rage, and choice of milk which	S9999			

6899

Illinois Department of Public Health STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
		IL6012686	B. WING		l l	C 07/2024					
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE							
PEARL OF ELK GROVE, THE 1920 NERGE ROAD ELK GROVE VILLAGE, IL 60007											
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	(X5) COMPLETE DATE						
\$9999	bread for the reside on hand for lunch. cream corn to make was not sure why the sure. V13 also state was not served during a served during a served during a served during served at every fiday. The menus scrambled eggs was wednesday, Thurson Menu extensions, deall diets, other than for clear and full liquall three meals. The were to be served at every fiday and Procedurevised 3/17/23, should be served at the extensions of the extensions of the the Extensions of the the Extensions for each policy and Procedurevised 3/17/23, shows "Menu extensions on the the Extensions for each policy and Procedurevised 3/17/23, shows "Menu extensions on the served as policy and Procedurevised 3/17/23, shows "Menu extensions for each policy and Procedurevised 3/17/23, shows "Menu extensions of the extensions of the the Extensions of the extensions of the served as a served as	ents and the facility had no ribs V13 stated there was no enthe corn casserole and V13 he ambrosia salad was not enthe dealer was unsure why milk ing the lunch. 1/1/24 to 6/2/24, show three enthe dealer was correct menuservices. It is show juice of choice milk of the awere to be served every the show a variation of the served on Sunday, Monday, and Saturday. Interest of the served milk was replaced by the served on Sunday, Monday, and Saturday. Interest of the served milk at the extensions showed all diets a choice of juice at breakfast. In the menu Portion Sizes, the served was the served on Sunday and Saturday. In the served milk at the extensions showed all diets a choice of juice at breakfast. In the menu Portion Sizes, the served was the served milk at the extensions showed all diets a choice of juice at breakfast.	S9999								

Illinois Department of Public Health

STATE FORM 6899 T11O11 If continuation sheet 25 of 26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
		II 0040000	B. WING			C						
		IL6012686			06/0	7/2024						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1920 NERGE ROAD												
PEARL OF ELK GROVE, THE ELK GROVE VILLAGE, IL 60007												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE						
S9999	and State dietary renutrients., 5. A coanalysis is used to in menu planning. evaluated for Dietarbase don the Recor (RDA). 6. All menuplanned in advance posted in the kitche advance. 7. Menus	ecommendations for all computerized nutritional evaluate nutritional adequacy. The menus have been by Reference Intake (DRI) mmended Dietary Allowances as and therapeutic diets are concerned. Cycle menus are dated and an at least (1) week in a are written to include at least a regular times, in amounts	S9999									

Illinois Department of Public Health STATE FORM