

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/19/2025
NAME OF PROVIDER OR SUPPLIER PEARL PAVILION		STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 2511244/IL186378	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.661 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 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. This REQUIREMENT was not met as evidenced by: Based on interview and record review the facility failed to initiate background checks on a current employee working at the facility. This has the	S9999		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/25/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/19/2025
NAME OF PROVIDER OR SUPPLIER PEARL PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 1 potential to affect all 68 residents residing in the facility. The findings include: The Facility Data Sheet dated 2/19/2025 shows a total in-house census of 68 residents. On 2/19/2025 at 1:11PM, V1 Administrator said employee background checks should be completed prior to the employee being hired. V1 said she is unsure why [V3's Cook] background checks weren't completed. The facility provided [outside payroll company] document shows [V3] being employed since 11/9/2022. On 2/19/2025 the facility provided background checks done on 2/19/2025 for V3, but no background checks provided prior to 2/19/2025. The facility provided Abuse Prevention Program Facility Policy and Procedure reviewed 10/2023, states . . . prior to a new employee starting a work schedule, this facility will: . . . check the Illinois Health Care Worker Registry on any individual being hired for prior reports of abuse, neglect or misappropriation of resident property, previous fingerprint check results, and the sex offender Website links on the Registry; and . . . Initiate an Illinois State Police Livescan fingerprint check for any unlicensed individual being hired without a previous fingerprint check. (C)	S9999			