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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 4 300.1210a) 300.1210b) 300.1210d)2) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary	S9999		

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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 care needs of the resident.

Section 300.1210 General Requirements for Nursing and Personal Care

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:
2) All treatments and procedures shall be administered as ordered by the physician.

Based on interviews and records reviews, the facility failed to follow a resident's (R95) fall care plan intervention and physician recommendation with multiple history of falls to ensure soft head helmet was applied while in bed for 1 (R95) out of 1 resident reviewed for falls. This failure resulted in R95 sustaining a left subdural hematoma after falling and hitting head on the floor on 2/4/25.

Findings Include:

R95's clinical records show an initial admission date of 3/9/24 with included diagnoses but not limited to anxiety disorder, traumatic subdural hemorrhage, other lack of coordination, other abnormalities of gait and mobility, and epilepsy. R95' Minimum Data Set (MDS) dated 1/4/25 shows R95 has moderate cognitive impairment and is dependent with staff assistance on toileting, positioning in bed, personal hygiene, and dressing.

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R95's "Witnessed Fall" dated 2/4/25 at 7:10 PM documented by V9 (Wound Care Licensed Practical Nurse) reads in part: "Writer alerted by CNA [Certified Nursing Assistant]/Staff that the resident was in her room attempting to walk without assistance and she fell hitting her left side of her head onto the floor as well as her left side of her body. Patient was in low bed with floor mat next to the bed. Resident unable to give description."

R95's progress notes dated 2/5/25 at 6:10 AM documented by V38 (Licensed Practical Nurse) revealed R95 was sent to the hospital and was admitted for "Acute chronic subdural hematoma."

R95's hospital records "HISTORY OF INJURY Event/HPI [History of Present Illness]" dated 2/5/25 documents in part: "66-year-old female presents as a level 2 trauma transfer from outside hospital after mechanical fall at facility. She was walking, lost her balance, and struck the left side of her head. Denies loss of consciousness. She was transferred to our hospital for a left subdural hematoma." SICU (Surgical Intensive Care Unit" admission date 2/5/25 brief HPI revealed R95 suffered from a mechanical fall and sustained an acute on chronic left frontal subdural hematoma.

R95's fall risk assessment dated 1/10/25 shows R95 is moderate risk for falling. This fall risk assessment also shows R95 has inadequate vision, exhibits loss of balance while standing, requires hands on assistance to move from place to place, had history of falls in the past six months, and on psychotropic and sedative/hypnotic medications.

R95's fall care plan initiated on 3/11/24

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documents in part: [R95] had an actual fall with poor balance, unsteady gait, and poor safety awareness with one fall intervention initiated on 3/14/24 that reads: "Soft head helmet while resident is bed or during therapy session." R95's fall care plan also revealed R95 had multiples falls (more than 5) in the last six months.

R95's progress notes dated 1/18/25 at 1:11 PM documented by V43 (R95's Physician) revealed R95 had history of skull surgery, wear helmet every shift, fall precautions, and aspiration precautions.

On 3/11/25 at 12:33 PM, R95 was sitting on her wheelchair in the dining room with soft helmet on, alert and verbally responsive with forgetfulness. When Surveyor asked about the fall incident that happened on 2/4/25, R95 stated, "I don't remember how I fell. They sent me to the hospital. I just woke up and I was in the hospital." R95 stated she has to wear her helmet all the time according to the doctor, but she does not know the reason why.

On 3/11/25 at 3:08 PM, interviewed V2 (Director of Nursing/Falls Nurse) and stated that fall interventions in the resident's care plan are initiated and implemented based on the root cause of the resident's previous falls, the fall assessments, and based on the needs of the resident. V2 stated that care plans are individualized and updated accordingly. V2 stated that the purpose of the fall care plan interventions is for the resident to avoid more falls in the future and for the staff to know what to do for the resident. V2 stated that frontline staff is aware of the residents' care plan interventions and all interventions in the care plan should be implemented and followed by the staff on the floor

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S9999	Continued From page 4 working with the resident. On 3/12/25 at 10:14 AM, interviewed V9 about R95's fall incident on 2/4/25. V9 stated, it happened between 7:10 PM to 7:15 PM. V9 was sitting at the nurse's station doing documentation. V22 (Former Certified Nursing Assistant) alerted V9 that [R95] was on the floor. V9 stated she went inside R95's room and saw R95 lying on the floor beside the floor mattress without her soft helmet on and call light was off. V9 stated R95 hit her head but denied pain and no visible injuries upon V9 assessment on R95. V9 stated that when R95 is in bed, her helmet can come off and only being applied back on when R95 is up on her wheelchair. V9 stated the last time she saw R95 was around 6:30 PM when V22 was wheeling R95 on a wheelchair back in her room to put R95 in bed. V9 stated R95 was sent to the hospital because she hit her head and needed to be evaluated. V9 stated R95 is high risk for falling, has unsteady gait, will get up without asking for help, and needs constant monitoring and re-education. On 3/12/25 at 11:29, a phone interview was conducted with V21 (Medical Director/R95's Physician) and stated that R95 is very impulsive and had multiple falls that happened by falling off from the bed. V21 stated R95 should be wearing the soft helmet while in bed to minimize injury. V21 stated R95 had brain surgery, her skull was taken out and was put back eight months ago. V21 stated R95's skull is not intact and wearing soft helmet could minimize injury. V21 stated if R95 falls and hit her head without the soft helmet, she is high risk for severe injury on the head. On 3/12/25 at 11:52 AM, a phone interview was conducted with V22 about R95's fall incident on	S9999		

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2/4/25. V22 stated she remembers R95 to be alert but with forgetfulness and confusion at times. V22 stated, "Sometimes [R95] knows how to use the call light sometimes she forgets. [R95] has the tendency to get up by herself all the time without calling for help. [R95] is high risk for falls. [R95] had multiple history of falls before. [R95] needs one staff assistance to get up from bed and she's incontinent, but sometimes she goes to the toilet with staff assistance if she's up in the chair. When I put [R95] to bed I don't put her helmet on. I only put it on when she's [R95] up in the wheelchair. On 2/4/25 after dinner at around 6:30 PM I put [R95] to bed she told me she was tired. [R95] did not tell me she was ready to sleep, she just told me she's tired. The last time I saw her [R95] was about 6:40 PM she was lying in bed awake watching TV [television]. [R95] was not wearing her helmet because we don't put the helmet on while she's in bed. I changed her [R95] diaper around 6:30 PM and I made sure her call light was within reach. So around 7:00 PM I was rounding because I always look at the fall risk rooms. I saw [R95] walking in circles in her room texting on her cellphone. As soon I saw that I went inside the room to put her [R95] back in bed but then she [R95] fell right in front of me. [R95] lost her balance. [R95] was not wearing her helmet and stood up by herself without asking for help. [R95] fell directly on the floor and hit her head. I think it was her [R95] left side of her head. I went to get the nurse [V9] right away. [V9] assessed [R95] and 911 sent her to the hospital."

On 3/13/25 at 9:40 AM, a phone interview was conducted with V38 (Licensed Practical Nurse) and stated that she called the hospital in the morning of 2/5/25 and was informed that R95 was admitted for subdural hematoma.

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S9999	Continued From page 6 The facility's "Fall Prevention and Management" policy dated 4/8/24 documents in part: The facility is committed to its duty of care to residents and patients in reducing risk, the number and consequences of falls including those resulting in harm and ensuring that a safe patient environment is maintained. A comprehensive falls care plan is developed. Development of the fall interventions plan is based on results of the Falls Assessment as well as investigation of all circumstances and related resident outcomes. Facility will initiate monitoring of interventions for residents who fall in the facility and with history of fall, who trigger the Falls CAA, and when a resident falls. Frequency and duration of monitoring of interventions will be based on current risks. (A) 2 of 4 300.615e) 300.615f) 300.615g) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other	S9999		

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identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)

f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.

g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.

This requirement was NOT MET as evidenced by:

Based on interview and record review, the facility failed to initiate background checks within 24 hours after admission for two (R113 and R114) out of six residents reviewed for Identified Offender Protocol.

Findings include:

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On 3/12/25 at 10:09am Surveyor reviewed R113 and R114's electronic health record (EHR) with V35 (ADMISSION DIRECTOR):
1. R113's admission date showed 1/13/24. CHIRP (Criminal History Information Response Process), Illinois sex offender and Illinois department of correction sex registry were completed on 1/16/24.
2. R114's admission date showed 12/9/23. CHIRP (Criminal History Information Response Process), Illinois sex offender and Illinois department of correction sex registry were completed on 12/13/23.
V35 stated resident's background check including CHIRP, Illinois sex offender and Illinois department of correction sex registry should be done within 24 hours from admission. She said If CHIRP will show "HIT", schedule for fingerprinting within 72 hours.

Facility's identified offender procedure / protocol policy dated 3/12/25 showed in part: You must screen every prospective admission / new admission on the free internet sites and must submit background check to Illinois sex offender registry and Illinois department of corrections.

(C)

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300.625c)2)

Section 300.625 Identified Offenders

c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the

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following:

2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.

This requirement was NOT MET as evidenced by:

Based on interviews and record reviews, the facility failed to arrange for fingerprint-based criminal history record inquiries within 72 hours for one (R114) identified offender resident and report discharged residents (R112, R113, R114) to Identified Offenders Program.

The findings include:

On 3/12/25 at 10:09am Surveyor reviewed R114's electronic health record (EHR) with V35 (ADMISSION DIRECTOR). R114's admission date showed 12/9/23. R114's CHIRP result dated 12/14/24 indicated "HIT". R114 fingerprint request / order was dated 12/19/24. V35 stated resident's background check including CHIRP, Illinois sex offender and Illinois department of correction sex registry should be done within 24 hours from admission. She said If CHIRP will

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show "HIT", schedule for fingerprinting within 72 hours. Stated they don't have the process yet in place to inform IOP portal once Identified offender resident was discharged to facility. She said moving forward and informed administrator as well that IOP will be informed once IO resident was discharged from the facility.

IDPH (Illinois Department of Public Health) IOP facility report dated 3/6/25 showed 5 residents (R52 R82, R112, R113, R114).

Facility's identified offenders list showed 3 residents (R4. R52, R82).

Facility's identified offender procedure / protocol policy dated 3/12/25 showed in part: the fingerprint check from an authorized livescan vendor requested within 72hours of receiving CHIRP with a felony hit or hits. If discharged, the IO program notify of the discharge.

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300.1060e)
300.1060f)
300.1060g)
Section 300.1060 Vaccinations

e) A facility shall distribute educational information provided by the Department on all vaccines recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (available at: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf), including, but not limited to the risks associated with shingles and how to protect oneself against the

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varicella-zoster virus. The facility shall provide the information to each resident who requests the information and each newly admitted resident. The facility may distribute the information to residents electronically. (Section 2-213(e) of the Act)

f) A facility shall document in the resident's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and (HIV), and whether or not the resident was immunized against hepatitis B. (Section 2-213(c) of the Act)

g) All persons determined to be susceptible to the hepatitis B virus shall be offered immunization within 10 days after admission to any nursing facility. (Section 2-213(c) of the Act)

This requirement was NOT met as evidenced by:

Based on interview and record review, the facility failed to provide evidence that they educated residents and their representatives regarding the risks associated with shingles and how to protect the residents against the varicella-zoster virus, failed to screen and document risk factors associated with hepatitis B, hepatitis C, and Human Immunodeficiency Virus (HIV), and failed to offer immunization within ten days after admission for residents who are susceptible to hepatitis B for eight (R4, R14, R15, R16, R28, R33, R47, and R66) out of eight residents reviewed for immunizations. These failures could potentially affect all 108 residents residing in the facility.

Findings include:

On 3/12/25 at 10:38 AM, surveyor requested from

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V2 (Director of Nursing/Infection Preventionist) for R4, R14, R15, R16, R28, R33, R47, and R66's shingles education or shingles vaccine information, hepatitis and HIV screenings, and hepatitis B immunization information. Facility did not provide the requested documents. V2 stated that the facility does not screen residents for hepatitis and HIV. V2 also stated that the facility does not offer immunizations for shingles and hepatitis B, and V2 will follow up with the corporate office on how to handle the process moving forward.

R4, R14, R15, R16, R28, R33, R47, and R66's immunization history in their electronic health records (EHR) did not include shingles and hepatitis B vaccines information/education. R4, R14, R15, R16, R28, R33, R47, and R66's EHRs have no documentation to show that the facility screened them for hepatitis B, hepatitis C, and HIV.

The facility did not provide policy and procedure related to shingles and hepatitis B immunizations for residents.

The facility's policy titled; "Infection Control-Policies and Practices" dated 5/10/24 reads in part: This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections.

The facility's residents' roster printed on 3/11/25 shows a total of 108 residents residing in the facility.

(C)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEARL OF MONTCLARE, THE	2833 NORTH NORDICA AVENUE CHICAGO, IL 60634

(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