

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

- 1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
- 2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.
- 3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of Type "C" Violation(s) and Order to Abate or Eliminate; Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

Plans of Correction, Hearing and Waiver Requests can be emailed to the following email address: DPH.LTCQA.POCHeating@illinois.gov. If your facility does not have email capabilities then mail it to: Illinois Department of Public Health, Long Term Care – Compliance Assurance, 525 West Jefferson, Springfield, IL 62761.



Sheila A. Driver, JD, MBA, RN
Deputy Director, Office of Health Care Regulation
Illinois Department of Public Health

Dated this 2 day of July, 2025.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007876	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2025
NAME OF PROVIDER OR SUPPLIER THE PEARL OF DOWNERS GROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515		
(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 Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 5 300.2050b)1)2)3)4)5)6)7)8) 300.2050c)1)A)B)C) 300.2050c)3) 300.2050d)1)2)3)4)5)6)7)8)9)10)11) 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. b) Meat Group: A total of 6 ounces (by weight) of good quality protein to provide 38 to 42 grams of protein daily. To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving. The following are examples 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	S9999		

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

TITLE

(X6) DATE

Electronically Signed

04/24/25

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S9999	<p>Continued From page 1</p> <p>breadng) of cooked fish or shell fish or ½ cup canned fish.</p> <p>3) Three ounces of natural or processed cheese or ¾ cup cottage cheese.</p> <p>4) Three eggs (minimum weight 21 ounces per dozen, considered a medium egg).</p> <p>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.</p> <p>5) 1½ cups cooked dried peas or beans, six tablespoons of peanut butter, or one cup nuts, not more than twice a week and provided that eggs, milk or lean meat is served at the same meal.</p> <p>6) Three ounces of soy protein containing not less than 21 grams of protein or in combination with other sources of quality protein to equal 21 grams of protein, provided that it is acceptable to the resident population.</p> <p>7) Combinations of all above examples are acceptable, provided that the minimum standard of six ounces of a good quality protein food is served daily and provided that the combinations do not conflict with eye appeal or palatability.</p> <p>8) The content of meat alternative products shall be listed on the menu.</p> <p>c) Vegetable and Fruit Group: Five or more servings of fruits or vegetables.</p> <p>1) A serving consists of:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>A) ½ cup chopped raw, cooked, canned or frozen fruit or vegetables;</p> <p>B) ¾ cup fruit or vegetable juice; or</p> <p>C) One cup raw leafy vegetable.</p> <p>3) To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving.</p> <p>d) Bread, Cereal, Rice and Pasta Group: Six or more servings of whole grain, enriched or restored products. One serving equals:</p> <p>1) One slice of bread,</p> <p>2) ½ cup of cooked cereal, rice, pasta, noodles, or grain product,</p> <p>3) ¾ cup of dry, ready-to-eat cereal,</p> <p>4) ½ hamburger or hotdog bun, bagel or English muffin,</p> <p>5) One 4-inch diameter pancake,</p> <p>6) One tortilla,</p> <p>7) Three to four plain crackers (small),</p> <p>8) ½ croissant (large), doughnut or danish (medium),</p> <p>9) 1/16 cake,</p> <p>10) Two cookies, or</p> <p>11) 1/12 pie (2-crust, 8").</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to prepare and serve food to residents as per their planned facility menu and per facility policy.</p> <p>This applies to all 82 residents residing in the facility receiving oral diets.</p> <p>The findings include:</p> <p>Long Term Care Facility Application for Medicare and Medicaid, dated April 7, 2025, shows the facility census was 83 residents.</p> <p>Order Listing Report, dated April 8, 2025, shows there was one resident who did not receive an oral diet (R67) and there were 8 residents who received puree diets.</p> <p>Order Listing Report, dated April 8, 2025, shows 18 residents (R1, R4, R7, R16, R22, R23, R26, R33, F34, R35, R38, R39, R49, R53, R59, R60, R61, R70) had physician orders for Mechanical Soft Diets.</p> <p>Facility Menu Extension, dated April 8, 2025, show all residents on all diets received a hamburger patty (3 ounces) on a bun. The menu shows pureed diets were to receive pureed hamburger on a bun and mechanical diets were to be served a ground hamburger on a bun.</p> <p>On April 8, 2025, at 11:47 AM during lunch service, V6 (Dietary Aide) was plating ground meals onto lunch plates. V6 placed a scoop of ground beef, a scoop of ground green beans, and</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>scoop of ground hash browned potatoes onto the Mechanical Soft plates. No bread was served on the mechanical soft lunch trays served to residents receiving Mechanical Soft diets. V6 served hamburger patties with cheese on a bun to regular and to all other diets other than those residents receiving pureed/mechanical soft diets at lunch. The hamburger patty appeared to weigh less than 3 ounces.</p> <p>On April 8, 2025, at 2:28 PM with V5 (Food Service Manager), one beef patty with one slice of cheese from lunch was weighed on a scale provided by V5. The beef patty and cheese weighed a total of 2.6 ounces. V5 stated the beef patty and cheese was expected to weigh 3 ounces total to provide the three ounces protein per the facility menu at lunch. V5 stated the egg omelet served in the morning was expected to provide two ounces of protein. V5 stated the kitchen serves 5 raviolis in a serving at dinner which V5 thought would provide 2 ounces of protein. V5 stated the residents served ground diets at lunch were formerly supposed to be served a bun with their ground hamburger patties but that the dietitian instructed the food service not to serve any bread to residents receiving mechanical soft diets.</p> <p>On April 8, 2025, at 10:44 AM, V5 stated she utilized a frozen, pre-made egg/cheese omelet product for breakfast instead of making the item by scratch. V5 provided the egg omelet manufacturing information which showed one omelet weighed 3.5 ounces but only each provided a total of 10 grams of protein per omelet.</p> <p>Review of facility cheese ravioli manufacturers product information showed a serving size of 9</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>ravioli only provided a total of 10 grams of protein per serving (including low quality protein from the pasta). Therefore 5 raviolis only provided an approximate total of 5.5 g high and low quality protein in the serving provide to residents.</p> <p>On April 9, 2025, at 10:09 AM, V40 (Dietitian) stated she discussed giving Mechanical Soft diets a soft piece of untoasted bread in replacement of any bread that was planned on the regular menu. V40 stated the residents receiving Mechanical Soft diets should have been served the equivalent of the regular menu bread servings from the hamburger bun which was two slices of bread. V40 stated she reviewed and approved all of the menus for all of the facility diets. V40 stated it was her expectation that a total of six ounces weight of good quality protein was served each day. V40 stated the hamburger patty was expected to provide 3 ounces of cooked good quality protein. V40 stated the manufacturer serving size of 9 ravioli did not appear to provide one total ounce of high quality protein in the serving. V40 stated if the facility only served 5 raviolis, the serving would not meet the equivalent of one ounce of high quality protein at dinner. V40 stated the menu as served on April 8, 2024, including the omelet, hamburger patty, and ravioli, did not provide a total of 6 ounces of high biological value protein.</p> <p>Facility Menu policy, dated September 2, 2021, shows "Menus are planned in advance and are followed as written to meet the nutritional needs of the residents.... The Director of Food and Nutrition Services and Registered Dietitian sign and approve the menus. Menus are served as written unless changed due to an unpopular item on the menu, and item could not be procured, or in the event of a special meal...."</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Facility Document Meal Pattern, dated September 2, 2021, shows Meat or Meat Alternatives should total to 5.5 ounces for the day.</p> <p>Facility Portion Control policy/procedure, dated May 15, 2020, shows "Portion size is determined by the nutritional needs of the residents, federal and state regulations that specify the food groups, and portion sizes that must be served according to the facility menu.... 1. Use standardized recipes based on facility census and cycle menus. 2. Serve portions according to the menu spreadsheet.... 4. Weight or measure ingredients. Weighting is the most accurate...."</p> <p>2. Facility Document Meal Pattern, dated September 2, 2021, shows the daily menu should contain 2 or more servings of fruit per day (1/2 cup per serving), 3 or more servings of vegetables per day (raw vegetables must be 1 cup serving), and 6 servings per day of grains/breads.</p> <p>Review of the facility Week 1 menu, approved February 7, 2025, shows the menu was short in food item servings on the following days: Sunday had only a total of 4 grain/bread servings and 2 vegetable servings Monday had only 1 vegetable serving Thursday had only 5 grain/bread servings and 1 vegetable serving Friday had only 3 grain/bread servings Saturday had only 5 grain/bread servings and 2 vegetable servings</p> <p>Review of facility Week 2 menu, approved February 6, 2025, shows the menu was short in food item servings on the following days:</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Monday had only a total of 5 grain/bread servings and 2 vegetable servings</p> <p>Tuesday day had only 1 fruit serving and 4 grain/bread servings</p> <p>Wednesday had only 2 vegetable servings</p> <p>Thursday had only 3 grain/bread servings and 2 vegetable servings</p> <p>Friday had only 2 grain/bread servings and 2 vegetable servings</p> <p>Saturday had only 4 grain bread servings</p> <p>Review of facility Week 3 menu, approved February 20, 2025, shows the menu was short in food item servings on the following days:</p> <p>Sunday had only 4 grain/bread servings and 2 vegetable servings</p> <p>Monday had only 4 grain/bread servings</p> <p>Tuesday had only 5 grain/bread servings</p> <p>Wednesday had only 4 grain/bread servings</p> <p>Thursday had only 4 grain/bread servings</p> <p>Friday had only 4 grain/bread servings</p> <p>Saturday had only 4 grain/bread servings.</p> <p>Review of facility Week 4 menu, approved March 26, 2024, shows the menu was short in food item servings on the following days:</p> <p>Sunday had only 5 grain/bread servings</p> <p>Monday had only 5 grain/bread servings</p> <p>Tuesday had only 2 vegetable servings</p> <p>Wednesday had only 1 fruit serving and 4 grain/bread servings</p> <p>Friday had only 1 fruit serving and 5 grain/bread servings</p> <p>Saturday had only 5 grain/bread servings</p> <p>(C)</p> <p>2 of 5</p> <p>300.615 f)</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>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.</p> <p>The REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that Illinois Department of Corrections (IDOC) Sex Registrant searches were completed within 24 hours of admission for newly admitted residents.</p> <p>This applies to 6 of 6 residents (R334, R286, R384, R285, R55, and R284) reviewed for criminal background checks in the sample of 18.</p> <p>1. The EMR (Electronic Medical Record) showed R334 was admitted to the facility on April 1, 2025.</p> <p>The facility did not have any documentation to show that R334 was checked on the IDOC Sex Registrant search page within 24 hours of admission to the facility.</p> <p>2. The EMR (Electronic Medical Record) showed R286 was admitted to the facility on April 3, 2025.</p> <p>The facility did not have any documentation to show that R286 was checked on the IDOC Sex Registrant search page within 24 hours of admission to the facility.</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>3. The EMR (Electronic Medical Record) showed R384 was admitted to the facility on April 5, 2025. The facility did not have any documentation to show that R384 was checked on the IDOC Sex Registrant search page within 24 hours of admission to the facility.</p> <p>4. The EMR (Electronic Medical Record) showed R285 was admitted to the facility on March 27, 2025. The facility did not have any documentation to show that R285 was checked on the IDOC Sex Registrant search page within 24 hours of admission to the facility.</p> <p>5. The EMR (Electronic Medical Record) showed R55 was admitted to the facility on March 31, 2025. The facility did not have any documentation to show that R55 was checked on the IDOC Sex Registrant search page within 24 hours of admission to the facility.</p> <p>6. The EMR (Electronic Medical Record) showed R284 was admitted to the facility on April 1, 2025. The facility did not have any documentation to show that R284 was checked on the IDOC Sex Registrant search page within 24 hours of admission to the facility.</p> <p>The facility's Resident Background Checks policy showed the following: In accordance with provisions of the Nursing Home Care Act, this facility shall check the criminal history background on any Resident seeking admission</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>to the facility, in order to identify previous criminal convictions. Information regarding registered sex offenders may be accessed through the Illinois State Police website at www.isp.state.il.us. Information regarding persons serving terms of parole, or mandatory supervised release, may be accessed through the Illinois Department of Corrections website at www.idoc.state.il.us.</p> <p>(C)</p> <p>3 of 5</p> <p>300.661</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>The REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that criminal background checks were completed prior to employee's date of hire.</p> <p>This has the potential to affect all 62 residents residing in the facility.</p> <p>On April 7, 2025, at 4:36 PM, V37 (Human Resource Director) stated that she performs the background checks for the employees at the facility. V37 stated that employee background checks should be completed prior to the employee's hire date.</p> <p>V37 stated V31 (Certified Nursing Assistant) was</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>hired on July 11, 2023, and she cannot find V31's completed background checks. V37 stated she was not working at the facility during that time V31 was hired and does not know where V31's completed background checks are. V37 stated that V9 (Dietary Aide) was hired at the facility on January 16, 2024, however, his background checks were done on January 17, 2024. V3 stated that V9's background checks should have been completed prior to his hire date.</p> <p>Review of V31's background checks showed that the following were not initiated before V31's date of hire: Illinois sex offender, Department of Corrections Sex offender, Department of corrections inmate search, Department of wanted fugitive, and Health and Human Services Office of Inspector General. Review of V9's background checks showed that the employee hire date form showed that V9 was hired on January 16, 2024, and V9's background checks were completed on January 17, 2025.</p> <p>The facility's Background Screening Investigations policy showed the following: Our facility conducts screening procedures for potential employees for a history of abuse, neglect, exploitation, or misappropriation of resident property in order to prohibit abuse, neglect, and exploitation of resident property, and consistent with the applicable requirement at 483.12(a)(3).</p> <p>(C)</p> <p>4 of 5</p> <p>300.610a) 300.1210b) 300.1210c)</p>	S9999		

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S9999	<p>Continued From page 12 300.1210d)5)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to implement interventions to prevent and treat a pressure injury per facility policy. This failure resulted in the development of a DTI (Deep Tissue Injury) for a resident at moderate risk for the development of pressure injuries. This applies to 1 of 4 residents (R59) reviewed for pressure injuries in the sample of 18.</p> <p>The findings include:</p> <p>Face sheet, dated April 9, 2025, shows R59 was admitted to the facility on October 9, 2024, and her diagnoses included pulmonary embolism, malignant neoplasm of bronchus or lung, weakness, diabetes, protein-calorie malnutrition, vascular dementia, congestive heart failure, chronic kidney disease, and need for assistance with personal care.</p> <p>MDS (Minimum Data Set), dated January 15, 2025, shows R59's cognition was severely compromised and R59 required substantial / maximal assistance from staff for rolling left and right.</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>Skin Observation Weekly, dated October 10, 2024, shows R59's skin was normal with no open areas.</p> <p>Braden scale, dated October 9, 2024, shows R59 was at high risk for pressure injuries because she was completely immobile, was bedfast, and did not make even slight changes in body or extremity position without assistance.</p> <p>Braden scale, dated February 6, 2025, shows R59 was assessed to only be at moderate risk for pressure injuries, was chairfast, had very limited mobility and made occasional slight changes in body or extremity position but was unable to make frequent or significant changes independently. The assessment also shows R59 had very limited sensory perception.</p> <p>On April 8, 2025, at 12:33 PM, V10 (Licensed Practical Nurse) stated she was unaware of any pressure ulcer related to R59.</p> <p>On April 8, 2025, at 12:37 PM V12 (Wound Nurse) stated R59 had a facility-acquired pressure injury that was assessed as an unstageable right plantar DTI. V12 stated R59 had the pressure injury for months which was caused by her sitting position in her chair. V12 stated R59 was being treated with betadine and a gauze island twice a week.</p> <p>On April 8, 2025, at 12:39 PM, V12 (Wound Nurse) walked into R59's room and pulled back the sheets to observe R59's feet. V12 stated, "that's not quite offloaded." R59 had black socks on both feet, both feet were resting on a pillow and R59's lateral plantar side of right foot touching pillow. R59's green pressure-relieving</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>boots were on the counter across from her bed and not on her feet. V12 stated R59's pillow under her lower extremities should be placed back under her calves to give her a boost and so her feet were not touching anything. V12 stated R59's pillow should not have been placed under her feet.</p> <p>On April 8, 2025, at 2:07 PM, R59 was lying in bed with offload boots and V13 (CNA/Certified Nursing Assistant) took off the sock on the right foot. There was a dressing present. At 2:10 PM, V12 took off the dressing and R59 had a blackened area with raised edges on her right sole. This area was approximately 2.5 cm (centimeters) in diameter with redness in the surrounding area. V12 was asked to describe the area, and she said it was a deep tissue injury, which was unstageable due to necrotic tissue.</p> <p>Initial Wound Evaluation & Management Summary, dated February 25, 2025, shows R59 was identified to have a wound on her right plantar foot. The assessment shows R59 had a pressure ulcer identified as an unstageable DTI with intact skin greater than 7 days in duration measuring 2 centimeters (cm) by 2.5 cm and the depth was not measurable. The skin was assessed as intact with purple/maroon discoloration. The evaluation's dressing recommendations included betadine and silicone foam with border twice a week and as needed. The evaluation's intervention recommendations include offloading the wound, use of a pressure off-loading boot, and repositioning R59 per facility protocol.</p> <p>Care plan, initiated October 11, 2024, and reviewed April 8, 2025, showed R59 had the potential for impairment to skin integrity related to</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>incontinence, the diagnosis of diabetes, and impaired mobility. R59's intervention, dated October 11, 2024, included providing a pressure reducing mattress on bed. The care plan fails to show any pressure relieving interventions implemented to prevent the development of a pressure injury on her lower extremities while sitting in her chair. The care plan also failed to show interventions for her diagnosed pressure injury, or the implementation of enhanced barrier precautions related to her wound.</p> <p>POS (Physician Order Sheet), dated January 1, 2025, to April 30, 2025, shows R59's physician orders included:</p> <ul style="list-style-type: none"> - Offload boots to be worn while in chair and during bedtime three times a day for DTI (ordered February 26, 2025) - Bottom lateral foot: Monitor and cleanse wound with NSS (Normal Saline Solution), apply betadine and cover with dry dressing two times a week one time a day every Tues, Fri for wound care (ordered February 18, 2025, and revised February 26, 2025) - Right plantar foot: Cleanse wound with NSS, apply betadine and cover with dry dressing two times a week. One time a day every Tuesday, Friday for wound care (ordered February 26, 2025, and revised April 5, 2025) - Infection precautions enhanced barrier secondary to wounds (ordered March 27, 2025) <p>On April 9, 2025, at 1:08 PM, V22 (Physician) stated usually on admission at the facility the wound care team assesses and recommends pressure injury prevention interventions for residents at risk for pressure injuries. V22 stated usually the interventions including repositioning, floating heels and use of pressure relieving boots is part of the resident's care plan as preventative</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>measures the facility should be doing if a resident was identified as someone that requires those measures. V22 stated it was certainly possible that the lack of interventions could have caused R59's DTI. V22 stated the facility either did not conduct a proper assessment or if they were providing the interventions they did not document them.</p> <p>On April 9, 2025, at 12:25 PM, V38 (Physician) stated R59 should have interventions in place based on the facility protocol. V38 stated R59's pillow should be behind her heel and R59 should have both offloading boots on when in bed.</p> <p>Wound Evaluation and Management Summary, dated April 1, 2025, shows R59 had a pressure injury that was described as an unstageable DTI for greater than 40 days measuring 1.8 cm by 2 cm with a depth unmeasurable. The assessment was no exudate, and the skin was intact with purple/maroon discoloration. The treatment plan shows apply betadine twice a week and as needed for 22 days in addition to a gauze island with boarder to be applied twice a week and as needed for 22 days. The plan of care (reviewed and addressed) shows R59's wounds were to be off-loaded and R59 was to be repositioned per facility protocol.</p> <p>Wound Evaluation & Management Summary, dated April 8, 2025, shows R59's pressure ulcer measured 1.8 cm by 2 cm and the depth was not measurable. The wound was described as an unstageable DTI with intact skin with no exudate. The plan of care recommendations show R59's wound was to be off-loaded.</p> <p>Pressure Injury Prevention and Management Policy, undated, shows, "The intent of this</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>organization is to develop and maintain systems and pr\processes to ensure that the resident does not develop pressure ulcers/injuries (PU/PI) unless clinically unavoidable and that the facility provides care and services consistent with professional standards of practice to: Promote the prevention of pressure ulcer/injury development; Promote the healing of existing pressure ulcers/injuries (including prevention of infection to the extent possible); and Prevent development of additional pressure ulcer/injury.... "Avoidable" means that the resident developed a pressure ulcer/injury and that one or more of the following was not completed" Evaluation of the resident's clinical condition and risk factors; Definition or implementation of interventions that are consistent with resident needs, resident goals, and professional standards of practice; Monitoring or evaluation of the impact of the interventions or Revision of the interventions as appropriate.... "Risk Assessments4. Findings from the pressure ulcer/injury risk assessment will be incorporated into the resident's plan of care.... Preventive Measures 1. Preventive interventions will be implemented based on the pressure ulcer/injury risk assessment, other related factors, and resident preferences. Such interventions may include: ...c. Use of pressure reducing/relieving support surfaces or devices that assist with pressure redistribution and tissue load.... Care Plans: 1. A resident centered care plan will be developed and implemented to address the resident's risk for development of a pressure ulcer/injury and to promote healing if the resident has a pressure ulcer/injury.... "</p> <p>(B)</p> <p>5 of 5</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>300.610a) 300.1210b) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 care needs of the resident.</p> <p>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:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe wheelchair transport for a cognitively impaired resident (R34) that required staff assistance. As a result, R34 sustained pain and significant bruising to the right side of the face, forehead and orbital area to the right eye. This applies to 1 of 1 resident (R34) reviewed for fall-related accidents in the sample of 18.</p> <p>The findings include:</p> <p>The EMR (Electronic Medical Record) shows that R34, a 100-year-old with diagnoses of dementia, psychosis, anxiety disorder, major depressive disorder, age related physical debility, repeated falls, unsteadiness of feet, difficulty walking, need of assistance with care, hyperlipidemia, Vitamin D deficiency, hypothyroidism, and chronic kidney disease.</p> <p>R1 was admitted to the facility on February 27, 2023.</p> <p>The MDS (Minimum Data Set) assessment dated December 31, 2024, showed that R34's cognition was severely impaired with a BIMS (Brief Interview Mental Status) score of 0/15. The MDS documents that R34 required substantial to maximum assistance from staff during wheelchair transport in the corridor or similar places.</p> <p>On April 7, 2025, at 10:30 A.M., R34 was seated</p>	S9999		

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S9999	<p>Continued From page 21</p> <p>in her wheelchair in the corridor. R34 was observed with a dark blue bruise on the forehead, entire right side of her face and lower orbital area of the right eye. R34 was not interviewable and not able to verbalize how she acquired the bruise. R34 was noted to be anxious and was pacing back and forth from the outside and inside her room. V10 (LPN/Licensed Practical Nurse) was present during this time. V24 said that R34 sustained the bruise from a fall incident that occurred on March 15, 2025, while being transported by CNA using wheelchair without the use of wheelchair leg rests. V24 also said that R34 was anxious and must not be feeling comfortable from the facial bruise.</p> <p>The facility's incident report dated March 15, 2025, showed: "CNA (Certified Nurse Assistant) was transporting (R34) to the dining room, for lunch when (R34's) foot got caught underneath the wheelchair, (R34) slid out of the wheelchair and landed on her side hitting her head ...911 called ... hematoma forehead."</p> <p>The nurse's progress notes March 15, 2025, at 1:19 P.M., showed "CNA was transporting (R34) to the dining room for lunch when (R34) foot got caught underneath the wheelchair, (R34) slid out of the wheelchair and landed on her right side hitting her head. ...BP 102/58 HR 103 R 18 T 96.9. NOD (Nurse on Duty) help CNA assist (R34) back to wheelchair and to her room. 911 called and ...transport (R34) to ...hospital for evaluation."</p> <p>On April 9, 2025, at 12:10 P.M., V17 (LPN/Nurse Supervisor on March 15, 2025) said that R34 had fell forward while seated in her wheelchair and being transported and propelled by (V16/CNA). V17 said that R34's feet were caught underneath the wheelchair that caused the fall. V17 also said</p>	S9999		

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S9999	<p>Continued From page 22</p> <p>that the fall could have been prevented if leg rests were used. V17 added that during the fall incident on March 15, 2025, R34's leg rest were not used during transport and assisted by V16.</p> <p>On April 9, 2025 at 12:17 P.M., V19 (CNA) said that R34 did not have the leg rests attached to the wheelchair when transported by V16 and R34 legs were caught and caused the fall. V19 said she saw V16 (CNA) propel R34 in a wheelchair and R34 fell forward.</p> <p>Multiple attempts made for an interview with V16 (CNA) during survey but to no avail.</p> <p>On April 9, 2025, at 12:19 P.M., V18 (LPN, on duty on March 15, 2025, Day shift) said that "(V16) had propelled and assisted (R34) to dining room for lunch, (R34) fell forward, there were no leg rests used, (R34's legs/feet) were caught under the wheelchair."</p> <p>On April 9, 2025, at 11:42 AM, V2 (Acting Director of Nursing) said that V16 was supposed to use leg rests when assisting and transporting R34 to ensure safe transport.</p> <p>On April 9, 2025, at 12:06 P.M., V11 (Director of Skilled Rehabilitation/ Physical Therapist) stated that leg rests must be used to ensure safe transport using a wheelchair and being propelled by staff. V11 added this would prevent legs/feet being caught under the wheelchair during transport and would prevent fall accident.</p> <p>On April 9, 2025, at 12:40 P.M. V20 (CNA), said "yes, (R34) has pain due to the bruise, she might not be able to say it but with the bruise that big, she must be in pain."</p>	S9999		

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S9999	<p>Continued From page 23</p> <p>On April 9, 2025 at 12:42 P.M., V21 (RN) said that R34 has facial pain due to the large bruise.</p> <p>On April 9, 2025, at 11:00 A.M., V14 (Regional Nurse Consultant) said the facility must implement safe transport via wheelchair. V14 also said that facility has no policy for safe transport, but skilled therapy department practice was to be implemented to ensure safe transport for resident while being transported using a wheelchair.</p> <p>(B)</p>	S9999		

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S 000	Initial Comments Annual Licensure Survey Complaint Investigation 2572869/IL189350 - No Findings..	S 000		
S9999	Final Observations Statement of Licensure Violations: 330.911 Section 330.911 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955). The REQUIREMENT was not met as evidenced by: Based on interview and record review, the facility failed to ensure that criminal background checks were completed prior to an employee's date of hire. This has the potential to affect all 62 residents residing in the facility. On April 7, 2025, at 4:36 PM, V37 (Human Resource Director) stated that she performs the background checks for the employees at the facility. V37 stated that employee background checks should be completed prior to the employee's hire date. V37 stated V30 (Certified Nursing Assistant) was hired on May 14, 2023, and her background checks were done on May 23, 2023. V37 stated that she did not know why	S9999		

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

TITLE

(X6) DATE

Electronically Signed

04/24/25

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007876	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2025
NAME OF PROVIDER OR SUPPLIER THE PEARL OF DOWNERS GROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515		
(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	<p>Continued From page 1</p> <p>the Illinois Department of Sex Offender Registry was not included in the background checks for V30.</p> <p>Review of V30's criminal background checks showed that they were initiated on May 20, 2023. V37 did not have any documentation of an Illinois Department of Corrections Sex Offender search for V30.</p> <p>The facility did not have any documentation to show that V30's Health Care Worker Background checks were completed prior to V30's date of hire.</p> <p>The facility's Background Screening Investigations policy showed the following: Our facility conducts screening procedures for potential employees for a history of abuse, neglect, exploitation, or misappropriation of resident property in order to prohibit abuse, neglect, and exploitation of resident property, and consistent with the applicable requirement at 483.12(a)(3).</p> <p>(C)</p>	S9999		