STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053603	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEARL PAVILION	900 SOUTH KIWANIS DRIVE , FREEPORT, Illinois, 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) COMPLETION DATE
S0000	Initial Comments Annual Licensure Survey	S0000		11/26/2025
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210d)6) 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 300.1210 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	S9999		11/26/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053603	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEARL PAVILION	900 SOUTH KIWANIS DRIVE , FREEPORT, Illinois, 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) COMPLETION DATE
S9999	Continued from page 1 participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains 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. These requirements were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident 's walkway path in her room was free from accidental hazards this applies to 1 of 18 residents (R8) in the sample of 18. This failure resulted in R8 tripping in her cluttered room and sustaining a left ankle and foot fracture. The findings include: On 11/17/25 at 9:40 AM, R8 was in her room sitting in her wheelchair. An immobilizer boot was in place to her left lower leg. R8 said about a month ago, she was in her room and her roommate had four visitors in the room. The visitors were sitting in chairs across her roommate's bed and she was trying to walk through the small space with her walker tripped and fell. R8 said there was not enough walk space causing her to trip and fall. R8 said she had a left ankle fracture and is non-weight bearing to her left leg. On 11/18/25 at 10:44 AM, V10 (Licensed Practical Nurse-LPN) said she was R8's nurse when she fell on 10/5/25. R8 was in her room walking with her walker. Her roommate had several visitors visiting and the visitors were sitting across R8's roommate's bed. R8 was walking with her walker trying to get through the space and she tripped and fell. The room was	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053603	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEARL PAVILION	900 SOUTH KIWANIS DRIVE , FREEPORT, Illinois, 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) COMPLETION DATE
S9999	Continued from page 2 overcrowded and there was not enough walk space for R8 to get through. On 11/19/25 at 8:39 AM, V2 (Director of Nursing) said R8 tripped and fell in her room due to safety hazards. R8's walk space was limited and there were several visitors in the room at that time. Walkways should be free of clutter and have enough space for a resident to walk. V2 said R8 sustained a left ankle fracture but did not require surgical intervention. R8's Fall Risk Review dated 9/20/25 shows she is at moderate risk for falls due to history of falls in the last three months, balance problems when walking and use of assistive device. R8's Fall Incident Report dated 10/5/25 shows (R8) tripped in her room trying walk past visitors...predisposing environmental factors include "crowding" people crowded in room, several chairs in room....(R8) was sent to out to the local hospital and diagnosed with a fracture.... R8's Hospital Discharge report dated 10/6/25 shows fracture of distal fibula and fracture of third metatarsal bone of left foot. R8's current care plan shows she is at risk for falls with interventions including proper footwear, use of walker, call light within reach and encourage her to use of assistance. R8's care plan does include ensuring her room is free from safety hazards and clutter. The facility's Safety and Supervision of Residents Policy revised 2025 states, "Our facility strives to make the environment as free from accidental hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility wide priorities." (B)	S9999		