STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145045	A. Building B. Wing	05/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl of Naperville, The	200 Martin Avenue Naperville, IL 60540

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34410 Based on observation, interview, and record review, the facility failed to provide timely incontinent care to dependent residents. This applies to 3 of 4 residents (R2, R3, and R4) reviewed for activities of daily (ADL) care in a sample of 5. The Findings Include: 1. R2 is an [AGE] year-old female with severely impaired cognition as per the Minimum Data Set (MDS) Assessment, dated 2/23/24, and dependent on toileting hygiene. On 5/18/24 at 10:20 AM, R2 was in her bed, totally confused, and with a urine smell. On 5/18/24 at 10:22 AM, V12 (Certified Nursing Assistant/CNA) checked R2's incontinent brief and observed R2 with urine-soaked incontinent brief and discoloration from prolonged wetness. On 5/18/24 at 10:20 AM, V12 stated, I am not her assigned CNA, and I am unsure who is assigned to (R2). I am going to change her now. A review of R2's incontinent care plan document: Provide peri care after each incontinent episode. 2. R3 is a [AGE] year-old female with moderate cognitive impairment as per the MDS dated [DATE]. The MDS also indicates R3 requires substantial/maximal assistance with toileting hygiene. On 5/18/24 at 10:47 AM, R3 stated, They changed me last night, and I am wet now. On 5/18/24 at 10:50 AM, V8 (CNA) checked R3's incontinent brief and observed a dirty urine-soaked incontinent brief. On 5/18/24 at 10:50 AM, V8 stated she changed R3 at around 6:45 AM today, and they should check every two hours. A review of R3's incontinent care plan document: Provide peri care after each incontinent episode. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. R4 is a [AGE] year-old male with cognition intact as per the MDS dated [DATE]. The MDS also indicates R3 requires substantial/maximal assistance with toileting hygiene. On 5/18/24 at 10:25 AM, R4 was observed on his bed, and R4 stated, They changed me last night at around 10:30 PM, and I am wet now. On 5/18/24 at 10:27 AM, V9 (CNA) checked on R4's incontinent brief, and R4 was observed to have a urine-soaked incontinent brief. On 5/18/24 at 1:20 PM, V2 stated, Our staff is supposed to provide incontinent care every two hours and as requested by residents. They should have followed our policy to offer incontinent care every two hours. The facility presented an incontinent care policy that was reviewed on 3/10/24: Incontinent care is provided to keep residents dry, comfortable, and odor-free as possible. It also helps prevent skin breakdown.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34410 Based on interview and record review, the facility failed to investigate and revise fall care plans as per their fall policy and procedure. This applies to 2 of the 3 residents reviewed (R1 and R2) for fall in a sample of 5. The findings include: 1. R1 is a [AGE] year-old male with moderate cognitive impairment as per the MDS(Minimum Data Set) assessment dated [DATE]. R1 stated during interview of 5/18/2024 at 9:30AM, I fell numerous times, and one time they sent me to hospital. I didn't have any injury or fracture. A review of the facility's fall log documents R1 was noted to have a fall on 3/30/2024, 4/12/24, and 4/22/24. A review of the fall care plan documented the facility did not investigate and revise the fall care plan after the falls of 4/12/24 and 4/22/24. A review of the health status note, dated 4/12/24, documents R1 was sent out to a local hospital for further evaluation after the fall on 4/12/24, and he returned the same day with no injury/fracture. On 5/19/24 at 12:15 PM, V2 (Director of Nursing/DON) stated, I can't find any documentation to prove that post-fall investigation was conducted after (R1's) fall on 4/12/24 and 4/22/24 and updated fall care plan with new interventions to prevent further fall. 2. R2 is an [AGE] year-old female with severely impaired cognition as per the MDS dated [DATE] and dependent on toileting hygiene. The facility's fall log documents R2 fell on [DATE] and 3/9/24. A review of the fall care plan failed to document any revision to the plan of care after the 2/19/24 fall. The lack of revision of the fall care plan was confirmed by V2 during interview. The facility presented the Fall Prevention and Management Policy (Revised on 10/30/2023) documents: 6. Development of Plan of Care: c. 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. 7. Fall Intervention Monitor: b. If necessary, fall assessment and fall interventions will be reviewed, revised, and updated (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	as necessary.