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	12/18/2025

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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on interview and record review, the facility failed to ensure QAPI (Quality Assurance Performance Improvement) meetings were held quarterly, and the required members were in attendance. This has the potential to affect all 93 residents residing in the facility. The Findings include: CMS form 671, completed on December 15, 2025, by V1 (Administrator) shows a census of 93 residents residing in the facility.V1 (Administrator) provided the QAPI meeting attendance records from November 2024 through December 9, 2025. The attendance document showed the QAPI meeting attendance on November 11, 2024, did not have the signature of the Director of Nursing or indicate their presence at the meeting. The attendance document showed the QAPI meeting attendance on December 10, 2024, did not have the signature of the Administrator, nor indicated their presence at the meeting. The next QAPI meeting attendance document was dated July 8, 2025, and the Medical Director/or designee signature was missing. There was no attendance records provided for the months of January 2025, February 2025, March 2025, April 2025, May 2025, or June 2025. The QAPI meeting, dated November 11, 2025, did not have the signature of either the Medical Director nor the Administrator, and did not indicate their presence at the meeting. Review of the facility provided QAPI meeting attendance from November 12, 2024, through December 9, 2025, did not show that any staff nurses or CNA's (Certified Nursing Assistants) participated in the meeting. On December 17, 2025, at 2:45 PM, V1 stated at the beginning of January 2025, the facility reduced their QAPI meetings from monthly to quarterly. V1 stated there was supposed to be a meeting held on April 8, 2025, however, he had no attendance record to validate the QAPI meeting had taken place on that date, nor any indication of any one's presence at that meeting. V1 stated the QAPI committee is led by V1. V1 explained the QAPI meetings are expected to be attended by the Medical Director, managers of all departments, Infection Preventionist within the facility, as well as vendor partners such as the dialysis services, pharmacy, laboratory, and dietary services. V1 stated he does not include staff nurses or CNAs (Certified Nursing Assistants) in the QAPI process. V1 stated the project outcomes of the QAPI committee activities have the potential to impact all staff and residents. The facility's policy for QAPI program showed the Facility's QAPI committee should be chaired by the Administrator and Director of Nursing. The QAPI committee members included Administrative Managers, Social Services, Maintenance and Environmental, Dietary, Business Office, Human Resources, MDS Coordinator, Infection Preventionist, ADON, Therapy, and Unit Nurses/CNAs. The QAPI committee should meet quarterly, monthly, and weekly for focused huddles for issues.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow CDC (Centers for Disease Control and Prevention) guidelines for pneumococcal vaccines. This applies to 5 of 5 residents (R8, R12, R21, R39, and R50) reviewed for immunizations in the sample of 20. The findings include:1. The EMR (Electronic Medical Record) showed R8 was a [AGE] year-old resident admitted to the facility on [DATE]. R8's Immunization Report, dated December 17, 2025, showed R8 received the PCV20 (Pneumococcal Conjugate Vaccine 20-valent) vaccine on October 25, 2023, and October 10, 2025. R8's October 2023 MAR (Medication Administration Record) showed R8 received the PCV20 vaccine in the facility on October 25, 2023. R8's October 2025 MAR showed R8 received the PCV20 vaccine in the facility on October 10, 2025. 2. The EMR showed R12 was an [AGE] year-old resident admitted to the facility on [DATE]. R12's Immunization Report, dated December 17, 2025, showed R12 received the PCV20 vaccine on October 25, 2023, and October 10, 2025. R12's October 2023 MAR showed R12 was administered the PCV20 vaccine in the facility on October 25, 2023. R12's October 2025 MAR showed R12 was administered the PCV20 vaccine in the facility on October 10, 2025. 3. The EMR showed R21 was a [AGE] year-old resident admitted to the facility on [DATE]. R21's Immunization Report, dated December 17, 2025, showed R21 received the PCV20 vaccine on October 25, 2023, and October 10, 2025. R21's October 2023 MAR showed R21 was administered the PCV20 vaccine in the facility on October 25, 2023. R21's October 2025 MAR showed R21 was administered the PCV20 vaccine in the facility on October 10, 2025. 4. The EMR showed R39 was an [AGE] year-old resident admitted to the facility on [DATE]. R39's Immunization Report, dated December 17, 2025, showed R39 received the PCV20 vaccine on October 25, 2023, and October 10, 2025. R39's October 2023 MAR showed R39 was administered the PCV20 vaccine in the facility on October 25, 2023. R39's October 2025 MAR showed R39 was administered the PCV20 vaccine in the facility on October 10, 2025. 5. The EMR showed R50 was an [AGE] year-old resident admitted to the facility on [DATE]. R50's Immunization Report, dated December 17, 2025, showed R50 received the PCV20 vaccine on October 25, 2023, and October 10, 2025. R50's October 2023 MAR showed R50 was administered the PCV20 vaccine in the facility on October 25, 2023. R50's October 2025 MAR showed R50 was administered the PCV20 vaccine in the facility on October 10, 2025. On December 17, 2025, at 10:05 AM, V3 (Infection Preventionist Nurse) said she is responsible for resident vaccinations in the facility. V3 said she thinks residents should receive a pneumococcal vaccine every eight years. V3 said R8, R12, R21, R39, and R50 were offered a second PCV20 vaccine because V3 offers the vaccine every year even if the residents received the PCV20 vaccine already. On December 17, 2025, at 10:48 AM, V7 (Regional Nurse Consultant) said the facility follows CDC guidelines for pneumococcal vaccination timing and utilize the CDC timeline for pneumococcal vaccination. V7 said per CDC guidelines, if a resident received the PCV20 vaccine they should not get a second PCV20 vaccine. V7 said V3 should not have offered residents a second PCV20 vaccine because their pneumococcal vaccination was complete after the first PCV20 vaccine. The CDC's Pneumococcal Vaccine Timing for Adults, dated March 2025, showed adults [AGE] years old and older should receive one PCV20 vaccine. The documentation did not show adults [AGE] years old and older should receive a second PCV20 vaccine. The facility's policy titled Infection Control - Influenza and Pneumococcal Immunizations for Residents, dated June 1, 2025, showed Intent: It is the policy of the facility to ensure that the resident receives Influenza and Pneumococcal immunizations, in accordance with state and federal regulations, and national guidelines. Pneumococcal Immunization. 2. Each resident is offered pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized.

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow their policy and issue a NOMNC (Notice of Medicare Non-Coverage) to residents at the end of their Medicare coverage. This applies to 3 of 3 residents (R34, R48, and R51) reviewed for beneficiary notification in the sample of 20. The findings include:1. The EMR (Electronic Medical Record) showed R34 was admitted to the facility on [DATE]. R34's SNF (Skilled Nursing Facility) Beneficiary Protection Notification Review showed R34's Medicare Part A Skilled episode start date was April 1, 2025, and R34's last covered day of Part A service was May 20, 2025. The facility does not have documentation to show R34 was provided a NOMNC prior to the end of R34's Medicare Part A stay. 2. The EMR showed R48 was admitted to the facility on [DATE]. R48's SNF Beneficiary Protection Notification Review showed R48's Medicare Part A Skilled episode start date was August 22, 2025, and R48's last covered day of Part A service was October 4, 2025. The facility does not have documentation to show R48 was provided a NOMNC prior to the end of R48's Medicare Part A stay. 3. The EMR showed R51 was admitted to the facility on [DATE]. R51's SNF Beneficiary Protection Notification Review showed R51's Medicare Part A Skilled episode start date was October 1, 2025, and R51's last covered day of Part A service was November 26, 2025. The facility does not have documentation to show R51 was provided a NOMNC prior to the end of R51's Medicare Part A stay. On December 16, 2025, at 1:03 PM, V4 (Social Services Director) said she did not issue R34, R48, or R51 a NOMNC. V4 said she did not know she was supposed to issue residents a NOMNC at the end of their Medicare Part A stay and had never issued one to a resident. V4 said R34, R48, and R51 should have been issued a NOMNC because they still had Medicare Part A days remaining. The facility's policy titled Medicare and Insurance Payment Policy, dated April 25, 2025, showed, Medicare and Insurance Payment Policy, Policy Purpose: This policy explains how the facility will handle Medicare and insurance payments for residents and patients, and outlines the use of arbitration agreements as allowed by federal and state regulations. 1. Coverage and Payment: The facility will bill Medicare, Medicaid, or private insurance for covered skilled nursing services, therapy, and other medically necessary care. Residents and families will be notified of any non-covered services and may be financially responsible for those charges. Residents have the right to receive a clear explanation of their benefits and coverage before services are provided. 2. Medicare Guidelines: Skilled nursing facility services are covered under Medicare Part A if eligibility requirements are met (e.g., 3-day qualifying hospital stay, physician certification, and daily skilled need). When the end of Medicare benefits is determined a resident/POA (Power of Attorney) will be notified with a Notice of Medicare Non-Coverage. Resident have the right to appeal Medicare coverage decisions through the Quality Improvement Organization (QIO).

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the PASARR (Pre-admission Screening and Resident Review) program of residents with a newly diagnosed mental disorder. This applies to 2 of 2 residents (R1 and R8) reviewed for PASARR in the sample of 20. The findings include:1. The EMR (Electronic Medical Record) showed R1 was admitted to the facility on [DATE], with multiple diagnoses present on admission including malignant neoplasm, acute lymphoblastic leukemia, leiomyoma of uterus, anemia, anxiety and conversion disorder with seizures or convulsions. The EMR continued to show R1 was diagnosed with unspecified psychosis not due to a substance or known physiological condition on March 17, 2025. R1's admission MDS (Minimum Data Set), dated April 24, 2024, showed R1 had a psychiatric diagnosis of anxiety disorder. The MDS did not show R1 had a diagnosis of a psychotic disorder. R1's Quarterly MDS, dated [DATE], showed R1 had psychiatric diagnoses of anxiety disorder and psychotic disorder. R1's Notice of PASARR Level I Screen Outcome, dated April 20, 2024, showed R1 did not have a known or suspected mental health diagnosis. The PASARR documented, The Level I screen indicates that a PASARR disability is not present because of the following reason: There is no evidence of a PASARR condition of an intellectual/developmental disability or a serios behavioral health condition. If changes occur or new information refutes these findings, a new screen must be submitted. On December 16, 2025, at 11:17 AM, V2 (DON/Director of Nursing) said R1 received a new diagnosis of psychosis in March 2025 and there is documentation in a psychiatric note. The facility does not have documentation to show a new PASARR screening was completed following R1's new diagnosis of psychosis. 2. The EMR showed R8 was admitted to the facility on [DATE], with multiple diagnoses present on admission including benign neoplasm of meninges, prothrombin gene mutation, depression, post-traumatic stress disorder, stoke, and convulsions. The EMR continued to show R8 was diagnosed with bipolar disorder dated September 20, 2024. R8's admission MDS, dated [DATE], showed R8 had psychiatric diagnoses of depression and post-traumatic stress disorder. The MDS did not show R8 had a diagnosis of bipolar disorder. R8's Quarterly MDS, dated [DATE], showed R8 had psychiatric diagnoses of depression, post-traumatic stress disorder, and bipolar disorder. R8's Notice of PASARR Level I Screen Outcome, dated September 16, 2022, showed R8 did not have any known or suspected mental health diagnosis, and R8 was not receiving any mental health medications. R8's PASARR continued to show The Level I screen indicated a PASARR disability is not present because of the following reason: There is no evidence of a PASARR condition of an intellectual/developmental disability or a serious behavioral health condition. If changes occur or new information refutes these findings, a new screen must be submitted. On December 16, 2025, at 12:57 PM, V9 (MDS Coordinator) said when R8 was readmitted to the facility from the hospital in September 2024, the hospital documentation showed R8 had a diagnosis of bipolar disorder. V9 said something must have happened in the hospital for R8 to get a bipolar disorder diagnosis, but V9 is unsure what occurred. The facility does not have documentation to show a new PASARR screening was completed following R8's new diagnosis of bipolar disorder. On December 17, 2025, at 1:00 PM, V4 (Social Services Director) said she is in charge of submitting resident information to the PASARR program if a resident needs to be reevaluated. V4 said R1 and R8's information has not been resubmitted to the PASARR program following their new mental health diagnoses. V4 said R1 and R8 should have had information submitted to the PASARR program at the time of their new mental health diagnosis.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to have sufficient documentation to support a new mental health diagnosis. This applies to 1 of 1 resident (R1) reviewed for professional standards in the sample of 20. The findings include:The EMR (Electronic Medical Record) showed R1 was admitted to the facility on [DATE], with multiple diagnoses present on admission including malignant neoplasm, acute lymphoblastic leukemia, leiomyoma of uterus, anemia, anxiety and conversion disorder with seizures or convulsions. The EMR continued to show R1 was diagnosed with unspecified psychosis not due to a substance or known physiological condition on March 17, 2025. R1's admission MDS (Minimum Data Set) dated April 24, 2024, showed R1 had a psychiatric diagnosis of anxiety disorder. The MDS did not show R1 had a diagnosis of a psychotic disorder. R1's Quarterly MDS dated [DATE], showed R1 had psychiatric diagnoses of anxiety disorder and psychotic disorder. R1's Notice of PASARR Level I Screen Outcome dated April 20, 2024, showed R1 did not have a known or suspected mental health diagnosis. The PASARR continued to show R1 was receiving escitalopram (antidepressant medication) and risperidone (antipsychotic medication) for seizures. On December 16, 2025, at 11:17 AM, V2 (DON/Director of Nursing) said R1 received a diagnosis of psychosis because there was a pharmacy recommendation showing R1 needed a diagnosis for her risperidone. V2 said there is a psychiatry note to correlate this diagnosis. R1's pharmacy recommendation dated February 27, 2025, showed [R1] is receiving risperidone but lacks an allowable diagnosis to support its use (listed on MAR/Medication Administration Record). Please circle the accurate indication for use below for nursing to update: schizophrenia, schizoaffective disorder, psychosis NOS (not otherwise specified), atypical psychosis, brief psychosis, mania, bipolar disorder, depression with psychotic features, treatment refractory major depression or behavioral or psychological symptoms of dementia. The recommendation was signed by V10 (Psychiatric Nurse Practitioner) on March 15, 2025, and add diagnosis of atypical psychosis was written. A Nursing Home Psychiatry Note dated February 10, 2025, at 11:23 AM, by V10 showed R1's review of systems with pertinent positives were Neurological positive: confusion, weakness, vision impairment. Psychiatric positive: anxiety, depression, irritability. The documentation continued to show R1's DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) diagnoses were conversion disorder with seizures or convulsions, unspecified anxiety disorder, and unspecified malignant neoplasm of brain. A Nursing Home Psychiatry Note dated March 17, 2025, at 11:02 AM, by V10 showed R1's review of systems with pertinent positives were Neurological positive: confusion, weakness, vision impairment. Psychiatric positive: anxiety, depression, irritability. The documentation continued to show R1's DSM-5 diagnoses were conversion disorder with seizures or convulsions, unspecified anxiety disorder, unspecified malignant neoplasm of brain, and unspecified psychosis. The documentation did not show any new psychiatric behaviors or symptoms to support a new diagnosis of psychosis. R1's behavior monitoring for the period of February 1, 2025, to April 30, 2025, showed R1 did not have any behaviors of psychosis or depression. On December 15, 2025, at 12:08 PM, V11 (R1's Family) said he visits R1 every other day. V11 said R1 had brain surgery in November 2024, and since then R1 is minimally responsive and only reacts slightly when V11 talks to R1. V11 said R1 has mostly been lying in bed since her surgery and doesn't really interact with anyone. V11 said he has not seen a change in R1 since the surgery in November 2024. On December 17, 2025, at 12:46 PM, V2 said since R1's surgery around November 2024, R1 very rarely gets out of bed. V2 said R1 is not as responsive as before the surgery. V2 said R1 has not had any significant mental change since the surgery. The facility does not have documentation to show any change in R1's symptoms or behaviors at the time of the new diagnosis of psychosis.