

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145234	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/24/2024
NAME OF PROVIDER OR SUPPLIER  Pearl Pavilion		STREET ADDRESS, CITY, STATE, ZIP CODE  900 South Kiwanis Drive Freeport, IL 61032	

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)
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39537</p> <p>Based on interview and record review the facility failed to refund a resident's funds within 30 days of discharge for 1 of 3 residents (R1) reviewed for resident funds in the sample of 6.</p> <p>Findings include:</p> <p>R1's Facesheet printed 5/23/24 showed she was admitted to the facility on [DATE] and discharged from the facility on 4/3/24. This document showed R1 had diagnoses including: chronic obstructive pulmonary disease, diabetes, bipolar disorder, obesity, fibromyalgia, obstructive sleep apnea, nicotine dependence, hypertension, and localized swelling of bilateral lower extremities.</p> <p>R1's facility assessment dated [DATE] showed she was cognitively intact.</p> <p>R1's Progress Notes showed R1 left the facility AMA (Against Medical Advice) and was demanding her money. The progress notes showed on 4/3/24 at 5 PM, R1 was unhappy with the \$60 paid to her. This note showed HR (Human Resources) spoke with her on 4/2/24 to explain how Social Security works and the trust account. R1's progress notes showed R1 or someone on R1's behalf called the facility on 4/5/24 and 4/8/24 requesting money.</p> <p>R1's Resident Fund Management Service (RFMS) Form signed 3/13/24 showed R1 elected to have a Transferring Account (Automatic transfer of deposits to pay for care cost) with \$60 monthly allowance amount . and Direct Deposit - Please enroll my indicated recurring benefit payments for direct deposit. Social Security. Supplement Security Income .</p> <p>R1's Resident Statement Landscape (account statement) showed it Closed on 5/7/24. This document showed on 4/3/24 a Social Security Deposit was made in the amount of \$1091, and the same day there was a Care Cost Auto WDL (withdrawal) for \$1031 and Trust payment of \$60 paid to the resident. This document showed on 5/3/24 a Social Security Deposit was made in the amount of \$1091, and the same day there was a Care Cost Auto WDL (withdrawal) for \$1031. This document showed on 5/7/24 there was a closing balance of \$60.</p> <p>(continued on next page)</p>

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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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/23/24 at 10:41 AM, V3 (BOM - Business Office Manager) said R1 signed the RFMS Form during the admission process, giving the facility permission to manage her Social Security income. V3 said R1 left the facility AMA on 4/3/24. V3 said he's not sure what happens after the resident is discharged . V3 stated, Corporate handles that. V3 said he doesn't fill out a form upon discharge and has no contact with Social Security. V3 said it's all handled by corporate. V3 said the Social Security funds are generally deposited on the 3rd of the month.</p> <p>On 5/23/24 at 11:01 AM, V3 (BOM) provided an email he sent to V5 (Corporate Director of Accounts Receivable) on 5/21/24 at 2:34 PM. This email showed, .We received income for [R1] at the beginning of the month, but she was discharged on [DATE]. How do we go about returning income in cases like this? V3 said he received a call from R1 on 5/21/24 about her Social Security check. V3 said it sounded like R1 contacted the Social Security office about her May 2024 payment and found out the money was sent to the facility. V3 said that's when he emailed V5. V3 said R1 was living in a woman's shelter in the community and this was probably her only source of income. V3 said R1 was pretty upset about it. V3 said the refund process should start after R1 discharged (4/3/24). V3 stated, I'm not sure what the usual process is, but we don't usually have an issue like this.</p> <p>On 5/23/24 at 11:17 AM, V5 (Corporate Director of Accounts Receivable) said R1 discharged from the facility AMA on 4/3/24. V5 said because R1 left the facility AMA, the funds needed to be refunded to Social Security and they would pay R1. V5 said Social Services is alerted to stop payment when R1's account closed. V5 said R1's account was not closed until 5/7/24, that's why we received R1's 5/3/24 Social Security payment. V5 said her office receives a daily census from the facility. V5 said normally she would send an email reminder to staff, the last week of each month. This email is a reminder for them to check the discharges and admissions and ensure all the accounts are up to date. V5 said she usually sends a second reminder on the 1st of the month. V5 said the office was several days at the end of April 2024 for a religious holiday. V5 stated, It's not an excuse. Just full transparency. V5 said R1's account needed to be closed out the day before (5/2/24) by 11:30 AM to stop R1's payment from being sent to the facility. V5 said R1's account was not closed in time. The surveyor asked why R1's account was not closed prior to 5/7/24 and she replied, This is rare that this happens.</p> <p>At 1:05 PM, V1 (Administrator in training), V2 (Director of Nursing - DON) and V11 (Corporate staff) were in the Administrator's office. The surveyor requested clarification on the process for closing resident accounts upon discharge because their seems to be confusion. V1 (Administrator in Training) said I would assume V3 notifies corporate. V11 (Corporate staff) said when the resident's discharged from the RFMS system it alerts Social Security to send the resident benefits somewhere else. V1 (Administrator in training) said R1 had called the facility daily about her money (5/21, 5/22, and 5/23/24). V1 said R1 doesn't have a phone, so we can't contact her. V1 said R1 was living at a local woman's shelter.</p> <p>(continued on next page)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/23/24 at 1:40 PM, V1 (Administrator in training) provided copies of checks, dated 5/23/24, in the amounts of \$2062 and \$60 and a First-Class envelope, stamped 5/23/24, to the Social Security Administration for R1. V1 said he spoke with V5 (Corporate Director of Accounts Receivable) and this was his understanding of the process. V1 stated, There are 2 safety nets for when a resident is discharged . Safety net number one. A form is filled out and sent to corporate. The surveyor informed V1 that V3 said he did not complete a form. V1 replied, I know, he told me the same thing. V1 continued, Safety net two, corporate checks the facility census daily in (the Electronic Medical Record). V1 said he didn't know what happened, but understands that R1's discharge was missed. (R1 was discharged [DATE], but her account wasn't closed until 5/7/24).</p> <p>The facility's Resident Personal Trust Funds Policy and Procedure dated 1/2017 showed, It is the policy of this facility to hold, safeguard, manage and account for personal funds if any resident requests facility to establish personal funds entrusted to the facility on the resident's behalf and deposits money with the facility. Policy Specifications: To establish guidelines and maintain a system for protecting resident funds which assures a full and separate accounting, according to generally acceptable accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. Responsibility: Administrator, Office Manager, Social Services Director and Business Office Personnel .</p>		