

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

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 05/06/2026
NAME OF PROVIDER OR SUPPLIER Pearl Pointe Nursing Rehab & Care		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)		
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** Based on observation, interview, and record review the facility failed to provide shower assistance for residents who are dependent upon staff for assistance. This applies to 2 of 3 residents (R1, R2) reviewed for Activities of Daily Living in the sample of 4. The findings include: 1. R1's admission Record (Face Sheet) showed she was admitted to the facility on [DATE] with diagnoses to include but not limited to Chronic Obstructive Pulmonary Disorder (COPD, chronic lung disease), seizures, legal blindness, schizophrenia, and depression. R1's 4/13/26 Quarterly Minimum Data Set (MDS) showed moderate cognitive impairment with a Brief Interview for Mental Status (BIMS) score of 12 out 15. The MDS showed she was dependent upon staff shower showering. On 5/6/26 at 11:49 AM, V12, V13, and V14 Certified Nursing Assistants stated they were unable to complete showers when only two CNAs were assigned to the first floor, which is the typical number of CNAs. V14 then stated R1 and R2 have not received their showers for a couple of weeks. On 5/6/26 at 1:04 PM, R1 stated I've been having trouble with my showers. R1 stated her shower days are Monday and Friday mornings. R1 said, Let's see .so today is Wednesday so I did get a shower on Monday, but before that, it's been a while. It does happen where I don't get a shower on either Monday or Friday. I don't think two showers a week is asking too much. It just happened a couple of weeks ago where I didn't get a shower the entire week. They tell me they can't do it because they are too busy. They will do a bed bath instead, but it's not the same. I don't think you get as clean and they don't wash my hair. The shower is also relaxing; I like the warm water running over me it just feels good. I've had problems with not getting my showers quite a bit lately. I have been a resident here since 2018 and I have noticed some changes in staffing, but it's been okay. I would say the staff can be lazy and they could work a little harder. The showers are great if you could just get them to do it, they just don't seem like they want to do it. On 5/6/26 at 1:45 PM, V1 Administrator stated there are no shower sheets and the staff document showers in the electronic health record system. V1 provided a one-month shower history for R1. R1's Shower history showed from 4/6/26 through 5/6/26 showers were provided on 4/10/26, 4/27/26, and 5/4/26. The record showed a refusal on 4/19/26. (9 showers should have been provided during this time per the residents requested two showers per week.) On 5/7/26 at 5:15 AM, V3 Director of Nursing (DON) stated showers are once or twice per week depending on resident preferences. V3 said showers can be therapeutic and hygienic. V3 said it can feel good to have the water flow over you; it feels good both mentally and physically. The facility's Resident Shower policy (undated) showed, It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice .Residents will be provided with showers as per request or as per facility schedule protocols and based up resident safety . 2. R2's admission Record (Face Sheet) showed she was admitted to the facility on [DATE] with diagnoses to include Chronic Obstructive Pulmonary Disorder (COPD, chronic lung disease), diabetes, and bipolar disorder. R2's 3/28/26 Quarterly Minimum Data Set (MDS) showed moderate cognitive impairment with a Brief Interview for Mental Status (BIMS) score of 11 out 15. The MDS showed she required substantial/maximal assistance for showering. On 5/6/26 at 11:49 AM, V12, V13, and V14 Certified Nursing Assistants stated they were unable to complete (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145234
		If continuation sheet Page 1 of 2

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	showers when only two CNAs were assigned to the first floor, which is the typical number of CNAs. V14 then stated R1 and R2 have not received their showers for a couple of weeks. On 5/6/26 at 12:50 PM, R2 was in her wheelchair in her room. R2's hair was combed; however, it appeared greasy and unwashed. On 5/6/26 at 12:50 PM, R2 stated I'm supposed to get a shower at least once a week, but I haven't gotten one in a couple of weeks. My shower day is Wednesday in the evening. Sometimes they tell me I'm not getting a shower, and they tell me the reason I'm not getting a shower is because they are short of help. I have gotten a bed bath, but I prefer the shower and when they do the bed bath, I don't get my hair washed. I prefer a shower. I like the water running over me; I feel more clean and my hair gets cleaned. This has been going off and on for quite a while now. On 5/6/26 at 1:45 PM, V1 Administrator stated there are no shower sheets and the staff document showers in the electronic health record system. V1 provided a one-month shower history for R1. R1's Shower history showed a refusal on 4/22/26 and a bed bath was provided no other showers were documented as being done/offered after this date. On 5/7/26 at 5:15 AM, V3 Director of Nursing (DON) stated showers are once or twice per week depending on resident preferences. V3 said showers can be therapeutic and hygienic. V3 said it can feel good to have the water flow over you; it feels good both mentally and physically. The facility's Resident Shower policy (undated) showed, It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice .Residents will be provided with showers as per request or as per facility schedule protocols and based up resident safety .		