

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER Pearl of Hinsdale, The		STREET ADDRESS, CITY, STATE, ZIP CODE 600 West Ogden Avenue Hinsdale, IL 60521	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>35267</p> <p>Based on observation, interview, and record review, the facility failed to provide resident wound treatments as ordered by physicians.</p> <p>This applies to 2 of 3 residents (R1 and R2) reviewed for wound treatments in a sample of 5.</p> <p>The findings include:</p> <p>1. Face sheet, printed 5/13/25, shows R1's diagnoses included peripheral vascular disease, osteoarthritis, pain, chronic kidney disease, venous insufficiency, and mild protein-calorie malnutrition.</p> <p>On 5/13/25 at 11:07 AM, V3 (Wound Nurse RN - Registered Nurse) stated R1 had a physician order for wound treatments to be completed every Monday, Wednesday and Friday. V3 stated R1 should have received wound treatments the day prior, on Monday. V4 (Wound Tech CNA - Certified Nursing Assistant) stated she worked with V5 (Wound Nurse RN) the day prior and V5 and V4 did not complete wound treatments on R1's wounds. At 11:32 AM, V4 began to perform wound treatments on R1's wounds.</p> <p>On 5/14/25 at 9:54 AM, V5 stated on 5/12/25 she was being pulled in many directions, had an eye injury, and was unable to complete R2's wound treatments as ordered by the physician. V5 stated she had every intention of performing the wound treatments but was unable to complete them as ordered.</p> <p>Review of R1's TAR (Treatment Administration Record), printed 5/13/25, shows R1 had physician orders for wound treatments to her right heel, right ischial tuberosity, right lateral foot every Monday, Wednesday, and Friday. The TAR shows R1 did not receive any of the physician-ordered wound treatments to her right heel, right ischial tuberosity, or right lateral foot on 5/12/25.</p> <p>Review of R1's TAR, dated 4/2025, shows R1 had physician orders for wound treatments to her right heel, right ischial tuberosity, and right lateral foot every Monday, Wednesday and Friday. The TAR showed R1 did not receive any of the physician-ordered wound treatments to her right heel, right ischial tuberosity or right lateral foot on 4/7/25.</p> <p>Review of R1's TAR, dated 3/2025, shows R1 had physician orders for wound treatments to her right heel, right ischial tuberosity, and right lateral foot every Monday, Wednesday, and Friday. The TAR showed R1 did not receive any of the physician-ordered wound treatments to her right heel, right ischial tuberosity, or right lateral foot on 3/19/25.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/13/25 at 2:32 PM, V2 (Director of Nursing) stated the wound treatments for R1 should be performed every Monday, Wednesday, and Friday as ordered by the physician.</p> <p>Facility policy/procedure, reviewed 3/1/25, shows 1. Licensed Professional Nurses/Registered nurses will follow orders from physicians and documented in a timely manner</p> <p>2. Face sheet, dated 5/13/25, shows R2's diagnoses included pleural effusion, peripheral vascular disease, protein calorie malnutrition, and chronic obstructive pulmonary disease.</p> <p>TAR, dated March 2025, shows R2 had physician orders for wound treatments for right lower extremities and left lower leg to be performed three times a week (every day shift every Monday, Wednesday, and Friday) and as needed. Review of R2's March 2025 TAR shows none of the wound treatments were performed on 3/10/25.</p>		