

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Pearl of Rolling Meadows,the		STREET ADDRESS, CITY, STATE, ZIP CODE 4225 Kirchoff Road Rolling Meadows, IL 60008	

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>49871</p> <p>Based on interview and record review the facility failed to provide Quality of Care/Treatment related to clinical management of Urinary Tract Infection (UTI) affecting 1 of 4 (R3) residents reviewed for Quality of Care/Treatment.</p> <p>Findings Include:</p> <p>On 3/11/2025 at 11:05 AM V3 (Assistant Director of Nursing/IP) stated on 1/13/2025, he received an order from V18 (Nurse Practitioner) to start R3 with antibiotic Bactrim twice a day for 3 days. V3 stated he entered the order into the electronic medication administration (EMAR) to reflect first dose in 1800 to be administered by nurse on duty. Bactrim antibiotic was ordered STAT from Pharmacy and delivered on 1/14/2025 at 12:31AM to facility. V3 stated first dose of antibiotic can be obtained in the facility convenience box (also known as pixes, capsca). V16 (Licensed Practical Nurse/LPN) nurse to give the first dose acknowledged she did not give the Bactrim as ordered on 1/13 at 1800 to R3. V13 (Licensed Practical Nurse), AM shift nurse on 1/14/25, verbally stated she gave the antibiotic Bactrim on 1/14/2025 at 0900 but acknowledged not signing the EMAR. V13 said EMAR is signed as soon as medication is given, I should have signed the EMAR.</p> <p>On 3/13/2025 at 11AM, V2 (Director of Nursing) said medication should be given as ordered and nurse to sign off on the EMAR for record administration.</p> <p>Review of R3's Electronic Medication Administration (EMAR) dated 1/1/2025 - 1/31/2025 indicated no nursing signature of administration on 1/13/2025 in 1800 and 1/14/2025 at 0900.</p> <p>Review of Progress Note Effective date 1/11/2025 at 11:54 Type: Medical Practitioner Note (Physician/NP) read: Late Entry: received a call from nurse that patient is complaining of pain with urination. Okay to collect UA with culture reflex. Nurse to call with results. Review of V14 (Licensed Practical Nurse/LPN) 1/11/2025 Progress Note read: Received new order to collect UA, may straight cath if necessary. Review of Order Summary Report, Order date 1/11/2025 read: Culture, Urine. No other order reviewed for UA (Urinalysis) on 1/11/2025.</p> <p>On 3/13/2025 at 11:28 AM, V18 said she was not aware that the order put in by the nurse on 1/11/25 was only for culture and UA was not done.</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 3/11/2025 at 12:32 PM, V6 (Restorative Nurse) denied the allegation of R3 sustaining a fall due to urinary tract infection (UTI). V6 stated R3's Fall incident on 12/18/24 investigated with root cause analysis of R3 going to bathroom unassisted. On 12/22/24 R3 sustained another fall with root cause of transferring without assist. V6 stated care plan was updated on both fall incident and R3 has not had any fall since the last one in December.</p> <p>Reviewed R3's medical record: Fall Assessments (on Admission, Quarterly, Other) and Care Plan, no concern.</p> <p>Rounds to facility conducted. No resident complaint about Quality of Care/Treatment.</p> <p>Reviewed Facility Policies and Procedure: Fall Prevention and Management, revised 4/8/2024, Medication Administration, revision date 8/1/24, Antibiotic Stewardship, dated reviewed 8/20/22, Resident Change in Condition Notification, date revised 12/18/23, no concern.</p>		