| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145350 | A. Building<br>B. Wing | 11/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pearl of Rolling Meadows,the | 4225 Kirchoff Road<br>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) |
|---|---|
| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>Based on observation, interview, and record review the facility failed to revise and update the comprehensive care plan for one resident identified with injury of unknown origin. This deficiency has the potential to affect 1 of 3 residents (R1) reviewed for Injury of Unknown Origin in a sample of 3. Findings Include:R1 admitted to facility on 11/6/2018. Diagnosis information includes senile degeneration of brain, Alzheimer's disease, primary generalized osteoarthritis, vascular dementia. On 11/25/2025 at 10:43AM, R1 in the second-floor dining room, seated on the wheelchair with pillow on her back and no protective (geri) sleeves worn was observed.Review of Illinois Department of Public Health (IDPH) final report, date 8/25/2025, State Report indicate R1's intervention include staff to place pillows on her sides when up on wheelchair, to provide additional support or cushion when leaning on hard surface. Will provide Gerisleeves to both arms. Review of comprehensive care plan report did not indicate the occurrence and revision/updated interventions of R1's injury of unknown origin date of 8/20/2025.On 11/25/2025 at 10:21 AM V2 (Director of Nursing) and V3 (Restorative Nurse) both stated there was no plan of care revision/update for R1 addressing pillows to be placed on the sides while sitting on the wheelchair and R1 to wear bilateral protective (geri) sleeves. V2 stated care plan should have been updated after concluding her investigation of R1's injury of unknown origin, date 8/25/2025 to reflect the new plan of care. V2 stated resident care plan is updated when there are changes, quarterly, and after investigation of injury of unknown origin.On 11/25/2025 at 10:55 AM V4 (Registered Nurse) stated she's aware of R1's injury of unknown origin (bruising on the left cheek) but doesn't know the new interventions on her care plan. V4 said she reviews care plan at the start of her shift. Policy and ProcedureTitle: Comprehensive Care Plans, Reviewed 9/18/2025Policy Statement: To meet the resident's physical, psychosocial and functional needs, facility will develop and implement a comprehensive, person-centered care plan for each resident that includes measurable objectives and target goals.Procedure:10. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. |

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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