STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145350	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl of Rolling Meadows,the	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interview and record review, the facility failed to ensure signed consents for the use of psychotropic medications (a drug which affects behavior, mood, thoughts, or perception) were obtained from the resident's representative related to the risks and benefits of using psychotropic medications for one of one resident (R2) reviewed for psychotropic medication use. Findings include:On 4/9/2026 at 11:30am this writer reviewed, R2 Physician Orders dated 1/8/2026 Quetiapine Fumarate 25mg, give 0.5 tablet by mouth three times a day for behavioral disturbances and on 1/25/2026 Quetiapine Fumarate 25mg give 12.5mg by mouth STAT for agitation one time only.On 4/9/2026 at 12:30pm V4(Nurse) said I spoke with the Nurse Practitioner concerning R2 behaviors, an increase in R2 psychiatric medication was ordered, I did not obtain a consent, If the nurses take an order for antipsychotic medication, then the nurses should obtain the consent moving forward I will do so.On 4/9/2026 at 1:50pm V2(Director of Nursing-DON) said I expect when a nurse obtains an order for a psychiatric medication that nurse should obtain a consent right away.An order summary report indicated that R2 had an order on 1/8/2026 for Quetiapine Fumarate oral tablet 25mg, give 0.5mg tablet by mouth three times a day for behavioral disturbance hold if drowsiness notes. An order on 1/25/2026 for Quetiapine Fumarate 25mg give 12.5mg by mouth STAT for agitation one time only. Facility Policy: Psychotropic Drug Use 3/20/2020Revised on 6/11/2025General:The purpose is to promote the safe and effective use of psychotropic medications that are used in lowest possible dose and time frame and have indications for use that enhance the resident's quality of life.Responsible Party:RN, LPN, Health Care Provider, PharmacistGuideline:Initiating the Use of Psychiatric Medications:7. If an order is obtained for a psychotropic medication, the resident, family, or POA must be in formed of the risks and benefits of the medication. The facility must obtain informed consent. If the family or significant other is not able to sign the consent, phone consent will be taken by the nurse verifying the consent. This document will be placed in the medical record in the designated area.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145350	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl of Rolling Meadows,the	4225 Kirchoff Road Rolling Meadows, IL 60008

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record reviews, the facility failed to ensure medication were administered as ordered by a Physician for one of three residents (R1) reviewed for medication administration. Findings Include:On 4/7/2026 at 11:40am R1said that she does not receive her medication at 6am and that medication help to balance her thyroid.On 4/7/2026 at 2:00pm this writer reviewed R1 electronic medication administration record indicating that on 3/5/2026, 3/28/2026 and 4/3/2026 at 6am levothyroxine sodium 125mcg. did not have a signature. On 4/9/2026 at 1:00pm V9(Nurse) said I did not work on those days, I think I would have signed them out or maybe I forgot to sign them out.On 4/9/2026 at 1:45pm V2 (Director of Nursing-DON) said I expect the nurses to sign out all medications if it is not signed it was not given.An order summary written on 6/25/2025 Levothyroxine sodium oral tablet 125mcg give 1 tablet by mouth one time a day related to unspecified hypothyroidism. A care plan focus of at risk for manifestations of hypothyroidism AEB, an intervention to administer hypothyroidism medication as per MD order.Facility Policy: Physician Orders Date 7/1/2020, Review date of 3/20/2026.Intent: Facility has a process to ensure that all Physician Orders are documented appropriately.Policy:Licensed Professional Nurses/Registered Nurses will follow orders form a physician and documented in a timely manner.All complete orders are entered in the EHR. Medication Administration 3/20/2020, Review 4/18/2025Policy and Procedure, Subject: Medication AdministrationIntent: All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis.Level of Responsibility:RN, LPNGuideline:Medications are administered by licensed personnel only.18. If medication is not given as ordered, document the reason on the MAR.