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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145372 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER Pearl of Joliet, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 306 North Larkin Avenue Joliet, IL 60435 | |

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) |
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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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41384</p> <p>Based on interview and record review, the facility failed to implement a physician's order.</p> <p>This applies to 1 of 3 residents (R1) reviewed for having an NPO (Nothing by Mouth) order.</p> <p>Findings include:</p> <p>R1 is a [AGE] year old female admitted to the facility on [DATE], with diagnoses including bilateral cataracts.</p> <p>R1's 4/9/24 physician order showed, NPO from midnight. May have clear liquids until 6:30 AM: take the following medicines if taken in the morning on the day of the surgery with sip of water if taken Pepcid, amlodipine, carvedilol and quetiapine.</p> <p>R1's 4/12/24 Health Status progress note showed resident was scheduled for eye surgery this AM. Appointment had to be rescheduled due to patient was to be NPO and had toast this AM. Daughter is aware and spoke with management today regarding her concern.</p> <p>On 4/17/24 at 1:00pm, R1 said on 4/12/24, the morning of her scheduled cataract surgery, the staff fed her toast and cereal. On 4/17/24 at 11:54am, V1 (Administrator), at 9:34am V2 (Assistant Director of Nursing), at 10:52 am V8 (Nurse), and at 12:40pm V10(Certified Nurses Assistant) said on 4/12/24, R1 was fed toast prior to her surgery when she had an NPO order.</p> <p>The facility's Physician Orders policy dated 1/20/24 showed that Licensed Professional Nurses/Registered Nurses will follow orders from physicians.</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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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41384</p> <p>Based on interview, observation, and record review, the facility failed to maintain residents bed equipment. This applies to 1of 3 residents (R1) reviewed for maintenance of furnishings and equipment in a sample of 3.</p> <p>Findings include:</p> <p>R1 is a [AGE] year old female admitted to the facility on [DATE], with diagnoses including osteoarthritis, type 2 diabetes, and bilateral cataracts.</p> <p>On 4/16/24 at 1:46pm, the cord to R1's bed control was observed with approximately two inches of exposed wires. On 4/17/24 at 9:15am, the cord to R1's bed control was observed with 2 inches of exposed wires. V1 (Administrator) was present at this time.</p> <p>On 4/16/24 at 11:41am, V4 (R1's daughter) said the cord to R1's bed control had frayed wires.</p> <p>On 4/17/24 at 2:00pm, V1 said the bed control to R1's bed was not maintained because the cord to the bed control had exposed wires.</p> <p>On 4/17/24 at 10:52am, V7 (Director of Maintenance) said that he was notified on this day R1's cord for her bed control was with exposed wires.</p> <p>The facility's Safe Environment policy, dated 5/18/23, showed that the facility will provide a safe environment in accordance to state and federal regulations. The facility will maintain all essential, mechanical, electrical, and patient care equipment in safe operating conditions, and provide beds in good condition.</p> | | |