

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 09/26/2024
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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>29562</p> <p>Based on observation, interview, and record review, the facility failed provide a clean, comfortable, homelike environment.</p> <p>This applies to 6 of 6 residents (R1, R2, R3, R4, R5, R6) reviewed for clean, comfortable, homelike environment in the sample of 6.</p> <p>The findings include:</p> <p>On September 25, 2024, from 9:30 AM through 2:00 PM, environmental observation was conducted. The bedroom floors of R1, R2, R3, R4, R5, and R6, were all dull and dirty, with accumulated dirt and dust debris which adhered to the floor. The floors were stained or marked with patches of dry spilled unidentified fluids. Additionally, the bedroom floors were littered with small pieces of plastics from the packaging of gowns (personal protective equipment/PPE). Interviews were conducted as well with residents and family members. R1, R4, R6, and V7 (R5's family) also said their bedroom floor was dirty and needs a thorough cleaning.</p> <p>On September 25, 2024, at 12:54 PM, V6 (Housekeeper) was observed cleaning R6's bedroom; it had accumulated debris of dust and other things like plastic from PPE wrapper and dry food debris. V6 said the second floor is her regular floor. They just assigned her on the 1st floor today to clean, and she was aware it was dirty. V6 also said they were supposed to sweep and mop the floors every day, and she could see some of the bedrooms have not been swept for days.</p> <p>The Resident Council Meeting from June through August 2025 has documentation of bedrooms and floors needing to be cleaned.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>29562</p> <p>Based on observation, interview, record review, the facility failed to provide timely incontinence care, and failed to ensure a resident who requires total assistance is being assisted to get up from bed.</p> <p>This applies to 3 of the 6 residents (R1, R2, R3) reviewed for activities of daily living (ADL) care in the sample of 6.</p> <p>The findings include:</p> <p>1. On September 25, at 1:15 PM, V4 (Certified Nursing Assistant/CNA) rendered incontinence care to R3, who was saturated with urine, and had a bowel movement which was pasty. The urine was dark yellow. V4 said the last time she changed R3's incontinence brief was about 9 AM.</p> <p>2. On September 25, at 1:22 PM, V5 (CNA) rendered incontinence care to R2. R2's brief was saturated with urine, dark in color, he had a small bowel movement that was somewhat pasty. R2 was unable to recall when he had the bowel movement. V5 said the last time she changed R2's incontinence brief was after breakfast, about 9:00 AM.</p> <p>3. On September 25, 2024, from 9:30 AM to 2:00 PM, R1 was observed resting in bed. At 1:46 PM, V4 (CNA) and V3 (Respiratory Therapist) rendered incontinence care to R1. After R1 was cleaned, they did not offer or assist R1 to get up from bed. Both V3 and V4 stated R1 doesn't like getting up from bed, and she does not like sitting in the recliner for long period of time. When R1 was asked by surveyor if she wants to get up, R1 said she does.</p> <p>At 2:00 PM, V3 and V4 transferred R1 from bed to wheelchair via mechanical lift.</p> <p>On September 25, at 2:20 PM, R1 stated the last time she was assisted to get up from the bed to the recliner was early last week, either Monday or Tuesday. The staff does not offer to get her up from bed. R1 used to ask the staf to assist her to get up from bed, but there were always excuses that either they would come back for her, or they are busy. So, she stopped asking them. Sometimes she wants to stay in the recliner for only a short period of time, but it doesn't mean she does not want to get up at all.</p> <p>R1's, R2's, and R3's most recent Minimum Data Set (MDS) shows these residents are alert and oriented, and require extensive to total dependence with ADL care for hygiene/grooming and transfer.</p> <p>On September 25, 2024, at 4:13 PM, V2 (Director of Nursing/DON) stated, The staff must check and change residents for incontinence every 2 hours and as needed to ensure that skin would be kept dry and intact, for cleanliness, comfort, and dignity. The resident has the right to sit in the chair unless there is a doctor's order that they shouldn't get up.</p>		