

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  08/06/2025
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)		
F 0804  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.  (continued on next page)		

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview, observation, and record review, the facility failed to maintain palatable and appetizing food temperature when serving meals. This applies to all 121 residents receiving meals from the facility. The findings include: The facility data sheet, dated August 4, 2025, documents 133 residents in the facility, with 121 receiving food from the Dietary department, and 12 residents on NPO (Nothing by mouth) status. From August 4 to August 6, 2025, R1, R4, R7, R10, R11, and R14 were observed at mealtime and interviewed about the facility's food service. R1, R4, R7, R10, R11, and R14 are assessed to be alert and oriented based on their most recent MDS (Minimum Data Set) assessments. R1, R4, R7, R10, R11, and R14 all stated the food was lukewarm or cold, and they would prefer that food be served warmer. R12 was a former resident from the facility. R12 was alert and oriented based on her last MDS prior to discharge. On August 4, 2025, at 1:15 PM, V17 (family member) stated R12 was always complaining to V17 the food in the facility was always served cold. On August 5, 2025, 11:35 AM, the lunch meal was observed on the second floor. There were a few residents in the dining room. A kitchen staff delivered the second food cart in the dining room. V20 (Dietary manager), V21 (Certified Nursing Assistant/CNA), and V22 (CNA) were setting up the trays and serving food in the dining room. At 11:41 AM, the third food cart was delivered. V22 started setting it up, she placed condiments and drinks in each tray. V23 (Wound Care Aid and Central Supply) and V24 (CNA) came in to help. The facility menu was roasted turkey with gravy, cornbread dressing, zucchini, and mandarin fruit for dessert. All the food carts were delivered with a plastic cover that was zippered closed on all the four corners of the carts. The staff unzipped all the four corners of the cover as they started to set up the trays placing condiments and drinks on each tray. The carts were not insulated, nor was a plate warmer in place to aide in maintaining temperatures. At 11:52 AM, the food cart was delivered to the hallway for residents eating in their rooms. On August 5, 2025, at 12:00 PM, R10's lunch tray was tested for food temperature. The cornbread dressing was 50.1 degrees/Fahrenheit (F), and the turkey with gravy was 50.3F. On August 5, 2025, at 12:04 PM, R11's lunch tray was tested for food temperature. The cornbread dressing was 107.6 F and the turkey with gravy was 115.7 F; the zucchini vegetable was 107.5 F. On August 5, 2025, at 12:42 PM, V20 (Dietary Manager) stated they check the food temperature prior to delivering food in the unit. V20 explained food is plated on a ceramic plate and covered with a plastic lid. The food temperature in the kitchen should be at least 135F. V20 added then the trays are placed on a cart, covered with a plastic zippered cover and delivered to each floor or unit. V20 stated the food holding temperature should be 135F. V20 has been a Dietary manager for 20 plus years. They deliver food through tray line. The staff would place food on the ceramic plate and would be covered with a plastic food lid, they deliver the meals via tall food cart which was covered with zippered plastic cover. The holding temperature for the hot food should be 135F, which means that when it's delivered to the residents it should be a little less than 135F. On August 6, 2025, at 12:20 PM, V20 (Dietary Manager) also stated she just started working in the facility on July 14, 2025. Ever since she started, there was no metal heating plate in the trays when they serve the food to the residents. The metal heating plate is important because it can hold the hot temperature longer. The Facility's Policy and Procedure for Food Palatability-Hot Food Temperatures shows: Policy: The healthcare community prepares and serves food and beverages that is palatable, attractive and at safe and appetizing temperature. The healthcare community makes every effort to take all factors into consideration to ensure that hot food and beverages are served at a safe and appetizing temperature.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to follow standard infection control practices with regards to donning of gowns during provisions of care to residents who are on EBP (Enhance Barrier Precautions). This applies to 3 of the 4 residents (R1, R4, R5) reviewed for EBP in the sample of 14. The findings include: 1. On August 4, 2025, at 10:06 AM, there was an EBP signage outside R1's bedroom. V13 and V14 (Both Certified Nursing Assistants/CNA) were providing hygiene care to R1. Both staff were not wearing a gown during the provision of care. R1 is on the facility's EBP list for history of Candida Auris. 2. Face sheet shows tR4 is 77 years-old who has multiple medical diagnoses including end stage renal failure (ESRD). On August 5, 2025, at 12:51 PM, R4 was in bed receiving incontinence care. R4 has an AV (Arteriovenous) fistula in his left arm and an intravenous (IV) midline catheter in his right arm. V25 (Certified Nursing Assistant/CNA) was providing incontinence care to R4, who had a bowel movement. V25 did not wear a gown all throughout the incontinence care. There was a signage outside R4 door which shows R4 is on Enhance Barrier Precaution (EBP). On August 6, 2025, at 2:32 PM, V2 (Director of Nursing/DON) stated R4 is receiving IV antibiotic (Unasyn) for pneumonia. 3. Face sheet shows R5 is 69 years-old who has multiple medical diagnoses including spastic diplegic cerebral palsy, carrier of Carbapenem-Resistant Enterobacteriales, and contact with and (suspected) exposure to other viral communicable disease. On August 4, 2025, at 10:19 AM, during environmental rounds, there was an EBP signage outside R5's bedroom. Upon inspection of the bedroom, V12 (Nurse) was inside R5's room, at R5's bedside, checking R5's vital signs (blood pressure and heart rate). V12 was not wearing a gown during the procedure. Facility's EBP list shows R5 was on the list due to wound, indwelling urinary catheter, and history of KPC (Klebsiella pneumoniae Carbapenemase). On August 5, 2025, at 1:57 PM, V16 (Infection Preventionist Nurse) stated the staff is expected to wear gown and gloves when providing high contact care such as dressing, bathing, showering, hygiene, incontinence care, and changing linens, for an EBP resident. It helps prevent resident from getting infection and prevents spread of infection. The EBP signage shows: Wear gloves and a gown for the following High-Contact Resident Care Activities. Dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care, and wound care. Facility's Enhance Barrier Precautions (EBP) Policy and Procedure with recent review dated of June 2025 shows: General: Enhance Barrier Precautions is an approach of targeted gown and glove use during high contact resident care activities, design to reduce transmission of S. aureus and Multidrug Resistant Organism (MDRO).</p>		