STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145473	A. Building B. Wing	06/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl of Orchard Valley	2330 West Galena Boulevard Aurora, IL 60506

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 0580 Level of Harm - Actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15845 Based on interview and record review, the facility failed to successfully notify the physician of a significant change in condition in a timely manner and failed to notify administration when the physician's answering service did not respond. As a result of this failure, there was a delay in obtaining treatment and pain relief for R1 for 2 days after swelling and pain was noted. R1's radiology revealed a supracondylar fracture with anterior angulation of the fracture site and a supracondylar fracture of the distal femur with anterior angulation at the fracture site. This applies to 1 of 3 residents (R1) reviewed for pain and injuries of unknown origin. The findings include: The EMR (Electronic Medical Record) shows R1, was a [AGE] year-old, admitted to the facility on [DATE]. The EMR also shows R1's diagnosis that included heart failure, other disorders of psychological development, cardiomyopathy, restlessness and agitation, encounter for palliative care, underweight, personal history of Covid-19, osteoarthritis, fracture right femur (5/10/2024), and mild protein calorie malnutrition. The most recent MDS (Minimum Data Set) dated 12/15/2023 showed R1's ADL's (Activities of Daily Living) regarding functional level. The MDS showed that R1 required extensive assistance for bed mobility, transfer, dressing and toileting. R1 was also assessed as severely impaired with decision making. The nurses' notes dated 5/9/2024 at 3:40 A.M. showed that R1 was noted yelling and was guarding her right leg. The documentation also showed that V3(Registered Nurse/RN) had called V18 (R1's Attending Physician) for 4 times regarding R1's pain but there was no response from V18. On 5/29/2024 at 7:30 P.M., V4 (Certified Nurse Assistant/CNA) said that on 5/9/2024 at around 3:30 A.M., R1 was yelling I am wet!!. V4 said she assisted R1 out of bed, transferred to wheelchair and to the toilet seat. V4 added that she then assisted R1 back to the wheelchair nearby the toilet seat using a pivot transfer. V4 added that she then propelled R1 next to the bed. V4 added that immediately after she propelled R1 next to bed, R1 complained of pain and saying non-stop my leg, my leg, it hurts. V4 said it was unusual of (R1), so I informed (V3 Registered Nurse) immediately. (continued on next page)

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
	145473	A. Building B. Wing	06/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl of Orchard Valley	2330 West Galena Boulevard Aurora, IL 60506

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 0580 Level of Harm - Actual harm Residents Affected - Few	On 5/29/2024 at 8:30 A.M., V3 (RN) stated said that she placed a call to V18's (Attending Physician) answering service when R1 had a significant change regarding the pain to the right leg and that it needed medical attention. V3 also added that she had not received a return call from V18 nor any on call physician. V18 said she did not call administration for further directives when V18 had not returned the call. On 5/30/2024 at 1:00 P.M., V12 (Licensed Practical Nurse) said she took care of R1 the evening of 5/8/2024. V12 said that R1 was at her baseline, no complaints of pain, or swelling of the right leg, no bruises to the leg and left arm. On 5/28/2024 at 9:25 P.M. V6 (CNA) said that she took care of R1 on 5/8/2024 during the dinner time. V6 said that R1 did not complained of right leg pain, no swelling on the right leg, no bruise to the left arm, no skin tear to the left arm. V6 added that on 5/9/2024 around 8:00 A.M., she heard R1 yelling of right leg pain. V6 said she saw R1's right leg that was swollen from right mid-thigh through the mid leg area. V6 also noted a reddish-purplish discoloration of the right leg, and on R1's left arm that had extended from the armpit through the elbow. V6 also said that she called V13 (Licensed Practical Nurse/LPN/Wound Treatment Nurse) to have a look at R1 on 5/9/2024 around 8:00 A.M. V6 added that she saw R1 again on 5/10/2024 around 8:00 A.M. and at this time, R1 was sitting in her wheelchair in her room. V6 said that R1 was still yelling of right leg pain. V6 said she again told V13, and both informed V9 (Registered Nurse). On 5/28/2024 at 1:16 P.M., V13 said that on 5/9/2024 at around 8:00 A.M., V6 called her because R1 was having any pain of the right leg. V6 said that together with V6, they both went to see R1. At that time, R1 was in her room. R1 was sitting in her wheelchair. V13 said that R1 continuously yelling my leg my leg. V13 said she saw R1's right leg that was swollen and described it double the size of the left leg. V13 also said that the swollen area was from mid-thigh down to mid lower leg. V13 also said that the swollen right leg was discolored, bruised with reddish purplish discoloration. On 5/28/2024 at 1:40 P.M., V9 said had not report from the outgoing nurse regarding R1's swollen right leg/pain and bruises. V9 said it was V6 and V13 that had informed her regarding R1. V9 then immediately informed V2 (Director of Nursing), V17 (Physician Assistant of V18) regarding R1's injury. V9 said that R1's face sheet/profile sheet was up to date with contact number of providers including V17 and V18. V9 added that when she called V17 at 8:29 A.M. on 5/10/2024, V9 had responded at once. The incident report dated 5/10/2024 at 3:55 P.M. showed that incident report made regarding R1's swollen bruised knee. The incident also showed that it was only on 5/10/2024 that the following were notified: -R1's POA (Power of Attorney) was notified at 10:46 A.M. -V2 (Director of Nursing) at 8:29 A.M. -V17 (V18's Physician Assistant) at 8:29 A.M. The x-ray of the knee was done on 5/10/2024 with result as follows: -right knee: supracondylar fracture with anterior angulation of the fracture site (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145473	A. Building B. Wing	06/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl of Orchard Valley	2330 West Galena Boulevard Aurora, IL 60506

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 0580 Level of Harm - Actual harm Residents Affected - Few	-right femur: supracondylar fracture of the distal femur with anterior angulation at the fracture site. On 5/28/2024 at 2:50 P.M., V17 (Physician Assistant) said that the facility should have known that I am always available by 7:00 A.M., either they call or text me a message I always available. However, I have not received notification from the facility not until 5/10/2024 from (V9). This was my first time to hear that they called answering service and no one had called back. If the answering service did not call back, they know better to call or message me at 7:00 A.M. on 5/9/2024 since I am always available. On 5/28/2024 at 4:50 P.M., V18 (R1's Attending Physician) said that this was the first time I heard that the facility had called the answering service, and no one had called back. I will find out what happened. This was a definite change in medical condition and facility should have called us on 5/9/2024. Maybe they made a mistake with phone numbers. This obviously had caused a delay of treatment such as x-ray and pain management. The facility's policy entitled Resident Change in Condition Notification dated 2/18/2021 shows: Policy Statement: Our facility will ensure and provide appropriate services and treatment to help residents .to extend possible. 1. The nurse will notify the resident's physician, on call, or NP when there has been a significant occurrence, accident, or incident involving a resident's physical, medical and mental condition .7. If a significant change in the resident's physical, medical or mental condition occurs, a comprehensive assessment of the resident's condition will be required.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145473	A. Building B. Wing	06/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl of Orchard Valley	2330 West Galena Boulevard Aurora, IL 60506

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15845 Based on interview and record review, the facility failed to utilize a gait belt when transferring a resident and failed to revise R1's plan of care after an earlier fall incident. This applies to 1 of 3 residents (R1) reviewed for fall and injuries. The findings include: The EMR (Electronic Medical Record) shows R1, was a [AGE] year-old, admitted to the facility on [DATE]. The EMR also shows R1's diagnosis that included heart failure, other disorders of psychological development, cardiomyopathy, restlessness and agitation, encounter for palliative care, underweight, personal history of Covid-19, osteoarthritis, fracture right femur (5/10/2024), and mild protein calorie malnutrition. The most recent MDS dated [DATE] showed R1's ADL's (Activities of Daily Living) regarding functional level. The MDS showed that R1 required extensive assistance for bed mobility, transfer, dressing and toileting. R1 was also assessed as severely impaired with decision making. The Fall assessment dated [DATE] showed that R1 scored 20 which was a high risk for fall. The incident report log showed for the past 3 months showed that R1 had a fall incident on 3/1/2024. R1 had slid off from her wheelchair. The care plan that was initiated dated 6/2/2016 with revision date of 5/21/2024 showed no revision of approaches to prevent additional falls after a fall documented on 3/1/2024. The plan of care did not address additional fall risks related to R1's recent hearing loss and blindness and behaviors of hitting and swaying when staff provided care. On 5/29/2024 at 7:30 P.M., V4 (Certified Nurse Assistant/CNA) said that on 5/9/2024 at around 3:30 A.M., R1 was yelling that she was wet. V4 said she assisted R1 out of bed, transferred to wheelchair and to the toilet seat. V4 added that she then assisted R1 back to the wheelchair nearby the toilet seat using a pivot transfer. V4 also said that she did not used a gait belt when she transferred R1 from bed to wheelchair, then wheelchair to toilet and vice versa. V4 said I pulled her brief and pants to lift and transfer her. It is sturdier that way than using a gait belt. The facility's policy entitled Fall Prevention and Management dated 10/29/2021 shows: Policy Statement: Facility is committed to its duty of care of residents and patients in reducing risk, the number and consequences of falls including those resulting in harm and ensuring that a safe patient environment is maintained. 1. FALL RISK SCREENING; d. High risk residents for falls will receive individualized interventions .7. FALL INTERVENTIONS MONITOR: b .fall assessment and fall interventions will be reviewed, revised, and updated . The facility's policy entitled GAIT BELTS dated 5/20/2024 shows: General: Gait belts are used to prevent injury of staff and residents during transfer and ambulation 1. Gait belts should be used by all staff when ambulating or transferring a resident. 3. Apply gait belt around resident's waist .9. To transfer a resident, assist to standing position by holding belt at waist and pivot resident to the chair.