

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145689	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Pearl of Elk Grove, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1920 Nerge Road Elk Grove Village, IL 60007	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>35178</p> <p>Based on observation, interview, and record review the facility failed to ensure patient care equipment was maintained to ensure residents were able to get out of bed for 4 of 4 residents (R1,R2,R3,R6) reviewed for full body mechanical sling lifts in the sample of 4.</p> <p>The findings include:</p> <p>On 01/15/2025 at 9:10AM, the #2 full body mechanical sling lift inspection sticker showed inspection was performed October 2024 and is due for re-inspection January 2025. On the lift arm that supported the resident there was exposed wires and what looked like part of a broken cover. At 9:30AM, there was a sign on lift #2 that showed, OUT of ORDER. The #8 full body mechanical sling lift inspection sticker showed, Preventative Maintenance 05/31/19.</p> <p>On 01/15/2025 at 9:20AM, V3 Maintenance said, I have not received any reports from the Nursing Staff on the need for mechanical lift maintenance or repair. There is a portal in our computer system that generates a workorder, that would be the proper way to request maintenance. Usually staff just call me, leave a voice mail, email, or report directly to me, even leave me a note, all those options work well.</p> <p>On 01/15/2025 at 9:30AM, V3 Maintenance said, Lift #2 has an exposed load cell for the scale. There is a sharp areas exposed, it should be covered up. This equipment is used for people. This does not look pretty; it should be a priority for repair. Equipment used for people comes first.</p> <p>On 01/15/2025 at 9:46AM, R1 said, on 01/12/2025 it took three hours for the staff to find a full body mechanical sling lift to get me out of bed. I wanted to go to the activity room to play cards with my friends. By the time they found a lift, it was too late in the evening, so I just stayed in bed. We need more full body mechanical sling lifts in the facility.</p> <p>On 01/15/2025 at 10:20AM, R3 said, I do not always want to get up for meals, but it would be nice to get up for an activity occasionally. I was told they ordered a piece of equipment and are waiting for it to be delivered before they can get me out of bed.</p> <p>On 01/15/2025 at 10:35AM, R2 said, I do not find it hard to get out of bed when I make the request, it's getting staff to put me back to bed with the full body mechanical sling lift. Usually it is two people to transfer me with the lift .every so often the CNA will do it also ., .well, we could use some more staff .not agency staff though.</p> <p>(continued on next page)</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/15/2025 at 10:36AM, R6 said, we need more full body mechanical sling lifts in the facility.</p> <p>On 01/15/2025 at 10:44AM, V6 LPN-Licensed Practical Nurse said, R1 is usually up in the evening. He is very active. There is a group of residents that play cards together every evening. They stay up late, usually going to bed sometime before 11:00PM.</p> <p>The facility's Work Order Policy reviewed 10/21/2024 shows, it shall be the responsibility of the staff to report and department supervisors to fill out and forward such work orders to the Maintenance Director.</p>		