

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 05/08/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45303</p> <p>Based on interview and record review, the facility failed to follow their abuse policy and immediately report an allegation of abuse to the abuse coordinator.</p> <p>This applies to 1 of 3 residents (R1) reviewed for abuse in the sample of 3.</p> <p>The findings include:</p> <p>R1's EMR (Electronic Medical Record) showed R1 was admitted to the facility on [DATE], with multiple diagnoses including chronic obstructive pulmonary disease, peripheral vascular disease, chronic kidney disease, and right below the knee amputation.</p> <p>On May 7, 2025, at 12:16 PM, V4 (CNA/Certified Nursing Assistant) said he was providing incontinence care to R1 on May 6, 2025. V4 said R1 told V4 during the previous shift, when V3 (CNA) was providing care to R1, V3 (CNA) told R1 to shut up multiple times. V4 said he told R1 to report this to his sister or a manager because it was verbal abuse, and staff should not talk to residents that way. V4 said he did not report the allegation to anyone because he doesn't know V3 and didn't know if V3 would do something to V4 for reporting him.</p> <p>On May 7, 2025, at 12:40 PM, V1 (Administrator) said his expectation is facility staff should immediately report any allegation of abuse to either V1 or V2 (DON/Director of Nursing). V1 said he is the abuse coordinator. V1 said V4 did not report an abuse allegation to V1 or V2 on May 6, 2025. V1 said V4 should have reported R1's allegation immediately.</p> <p>The facility's undated policy titled Abuse Prevention Training Program showed, Objective of Abuse Policy: The objective of the Abuse Prevention Program is to comply with the seven-step approach to abuse and neglect detection and prevention. The Abuse Prevention Program will be reviewed on an annual basis or more frequently and will be integrated into the facility Quality Assurance and Performance Improvement (QAPI) program . B. Internal Reporting: Employees are required to report any allegation of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator . Any employee who knows or suspects that abuse has occurred and makes and makes an immediate report out of a legitimate concern shall not be penalized or reprimanded for making such report .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145689
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