STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145803	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl of Evanston,the	820 Foster Street Evanston, IL 60201

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to follow its Enhanced Barrier Precaution (EBP) guidelines by not wearing Personal Protective Equipment (PPE) during high-contact care activities. This applies to 3 of 5 residents (R3, R4, and R5) reviewed for infection control practices in a sample of 6. The findings include:1.R3 is a [AGE] year-old male with cognition intact as per the MDS dated [DATE].On 4/21/26 at 9:50 AM, observed R3's room door with an enhanced barrier precaution sign requiring gloves and a gown for high-touch activities with the resident.On 4/21/26 at 9:50 AM, observed V3 inside R3's room without having a gown with a Hoyer lift at bedside and R3 on a cardiac chair. V3 stated, I just transferred R3 by myself using the mechanical lift. I didn't know I should have worn a gown to transfer R3 from bed to wheelchair.On 4/21/25 at 9:55 AM, V10 (Licensed Practical Nurse / LPN) stated, R3 has an indwelling urinary catheter, and that's why he is on EBP.' Our staff is supposed to wear gloves and a gown while providing a transfer.2.R4 is a [AGE] year-old male with severely impaired cognition as per the MDS dated [DATE].On 4/21/26 at 10:45 AM, observed V12 (LPN) and V13 (CNA) providing wound dressing change to R4 without wearing a gown.On 4/21/26 at 10:50 AM, V14 (Nurse Supervisor) stated, R4 is on enhanced barrier precaution due to his wounds, and staff were supposed to wear gloves and a gown during wound care.3.R5 is a [AGE] year-old male with a mild cognitive impairment as per the MDS dated [DATE].On 4/21/26 at 10:55 AM, V18 (LPN) stated that R5 is on EBP due to Extended-Spectrum Beta-Lactamase (ESBL) in urine.On 4/21/26 at 10:58 AM, observed V15 (Phlebotomy tech) drawing R5's blood without wearing a gown.On 4/21/26 at 11:00 AM, V15 stated, I had gloves, and nobody told me to wear a gown.On 4/21/26 at 1:45 PM, V2 (Director of Nursing / DON) stated, Our staff is supposed to follow the EBP guidelines with high contact resident care activities. I am going to start an in-service to educate my staff.The facility presented the EBP policy revised on 1/14/26 document: EBP is an approach to targeted gown and glove use during high-contact resident care activities, designed to reduce transmission of Staphylococcus Aureus and multidrug-resistant organisms (MDROs).Examples of high-contact resident care activities:DressingWound careTransferChanging linenProviding hygiene

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