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	06/01/2026

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the interview and record review, the facility failed to follow its abuse policy by not protecting residents from resident-to-resident abuse. This applies to 1 of 3 residents (R1) reviewed for physical abuse in a sample of 3.The findings include:R1 is an [AGE] year-old male admitted on [DATE] with mild cognitive impairment as per the Minimum Data Set (MDS) dated [DATE].On 5/29/26 at 9:20 AM, R1 was observed in bed, very alert and oriented x3, and able to state his name, place, and time.On 5/29/26 at 9:20 AM, R1 stated, Last Thursday (5/21/26) night, a resident (R2) came to my room and attacked me. He grabbed my left wrist and pulled my fingers backward, causing pain in the left wrist and hand. They did an X-ray on my left hand; luckily, there is no fracture, except for pain in my left wrist.On 5/29/26 at 1:15 PM, R1 added, To release my hand from R2, I grabbed my water pitcher and swung onto R2, and he got soaked wet, and then the certified nursing assistant (CNA/V8) came to my room, escorted him back to his room, saying to him that he is soaked wet and needs to change his gown. Nobody witnessed the incident. My left hand is still hurting, and I have pain 4 to 5 out of 10. On 5/29/26 at 1:30 PM, V4 (R1's concerned party) stated, I have been working (case worker for insurance company) with R1 for the last two years. I saw him on 5/19/26. R1 called me over the weekend and left a voice message saying that one of the residents attacked him on Thursday night. R1 is very respectful and has never reported any abuse allegations before. As such, I strongly believed that something might have happened to prompt him to report the allegation to me. I reported the incident to the administrator.A review of the abuse reportable document that a resident (R2)-to-resident (R1) physical abuse was reported to public health on 5/21/26 at 11:00 PM.A review of the R1's vitals from 5/10/26 to 5/22/26 documented no pain with R1 on all of these days except 5/22/26, the day after the incident.A review of the left hand 2-view X-ray result dated 5/22/26 documented mild soft tissue swelling with no evidence of recent fracture or dislocations.On 5/29/26 at 9:30 AM, V5 (Nursing Supervisor) stated, R2 has dementia and is very confused. He was sun downing and went to the R1 room on 5/21/26 night and tried to touch him. Nursing staff tried to redirect him. This incident happened when he became more confused. R2 was walking around, and that's why we put him on 1:1 supervision.On 5/29/26 at 11:10 AM, V6 (R1's nurse on 5/21/26 3-11 shift) stated, I received a phone call from R1's partner (V7), and V7 asked me to go to R1's room to check. I went to his room and asked him if everything was OK. He was on the phone with his partner. I heard from a phone conversation, and V7 also told me someone touched him.On 6/1/26 at 2:20 PM, V7 stated, R1 called me on 5/21/26 night saying that a resident (R2) wandered into his room and attacked him. R2 grabbed R1's left wrist and twisted his fingers. R1 said R2 was very strong, and finally, R1 was released after R1 poured water on R2. There was no one to monitor the wandering residents.On 5/29/26 at 1:15 PM, V8 (R1'S CNA on 5/21/26 3-11 shift) stated, On 5/21/26, during the night, I heard R1 say there was a man in his room, and that's how I stopped by R1's room. When I came to R1's room on 5/21/26 at around 10:00 PM, R1 was on his bed, and R2 was standing up in R1's room. R2's gown was soaked, and I re-directed R2 to his room.On 5/29/26 at 12:16 PM, V1 (Administrator) stated that no one witnessed this incident and residents have the right to be free from (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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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	abuse.The facility presented an undated abuse prevention and training program that defines physical abuse as the infliction of injury on a resident that occurs other than accidental means, and that requires medical attention.Nursing home residents have the right to be free from verbal, sexual, physical, mental abuse, exploitation, corporal punishment, and involuntary seclusion.