

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145844	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Pearl of Montclare, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2833 North Nordica Avenue Chicago, IL 60634	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41925</p> <p>Based on observation, interview and record review, the facility failed to ensure residents who depend on staff assistance for their ADL (Activities of Daily Living) care received grooming care, showers, personal hygiene and feeding assistance. This affects three residents (R1, R2, R3) of three residents reviewed for ADL care.</p> <p>Findings include:</p> <p>1. According to the Electronic Health Record (EHR) R1 had diagnoses including congestive heart failure, chronic obstructive pulmonary disease, coronary artery disease with history of stents, Parkinson's disease, depression, peripheral vascular disease, anxiety, gastro-esophageal reflux disease and urinary retention.</p> <p>The Minimum Data Set (MDS) dated [DATE], shows R1's cognition was intact with a fifteen out of fifteen points on the Brief Interview for Mental Status (BIMS). Section GG documents R1 requires partial/moderate assistance with oral hygiene; is dependent on staff for shower/bathing; and requires substantial/maximal assistance with personal hygiene. Care Plan showed R1 had an Activities of Daily Living (ADLs) self-care performance deficit related to impaired mobility, decrease in ADLs, Physical limitations: Balance problems, gait, strength, endurance.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/19/2024 at 10:27 AM, R1 was observed in bed, on high back rest, being fed by V4, Certified Nursing Assistant/CNA. R1 was wearing a hospital gown, observed with overgrown beard reaching past the chin and mustache touching the upper lip, observed with dry, flaky scalp. R1 stated he hasn't been shaved in a very long time; the last time was about a month ago during one of his therapy sessions. R1 also stated he got a bed bath yesterday, which was the first time in 3 weeks only because he complained about it to the Resident Council president when the other surveyor was here. R1 stated the CNA who gave him a bed bath yesterday did not do a good job because the CNA did not wash his hair nor was, he shaved. R1 stated he is just eating his breakfast right now because the staff forgot about him, apparently his meal tray was delivered to a different unit of the facility. R1 stated, The CNAs here don't shave me. I had bed bath yesterday which was the first time in 3 weeks, they didn't wash my hair, my hair is so dry. The last time they washed my hair was three weeks ago. When the CNA gave me a bed bath yesterday, I told the CNA I had a bowel movement. The CNA just changed my diaper but did not clean or wipe my back. V4, Certified Nursing Assistant stated, I am the one in charge of R1 today. I did not wash his face or brush his teeth, R1 needs assistance with eating. I don't know where the toothbrush supplies are, so I didn't brush R1's teeth, nor did I wash his face. Even the linen rooms, I couldn't open it. I came to work on this floor a while ago, so I know where it's at, but I tried to open it today and it was locked, the nurse was busy. I didn't ask her for the supplies.</p> <p>On 4/19/2024 at 11:01 AM, V5, Licensed Practical Nurse, stated R1 needs assistance with most Activities of Daily Living (ADLs). V5 stated, For eating R1 requires 1:1 assist except for pizza. For all other ADLs, grooming, we must provide everything but R1 can brush his teeth. R1 is incontinent of both bowel and bladder functions. For bed mobility, R1 is dependent on staff for repositioning. For showers, R1 is dependent on 1 staff for bed baths and showers. R1 requires a Hoyer lift with 2 staff for transfers. R1's shower schedule is Thursday PM shift and Sunday PM shift. The CNAs fill up the Shower Sheet and the [NAME] Palette, a newly created form for the CNAs to distinguish any new skin impairments. They would check it and let the nurse know and the nurse will do an assessment if there are any new skin changes.</p> <p>On 4/19/2024 at 1:26 PM, R1 was observed up in the Geri chair, wearing personal clothing with crumbs all over his upper garment, with spilled juice all over the floor, his lunch meal consisting of bun with a patty was spilled all over the table beside him. R1 was trying to reach for his food. R1 stated he is very hungry, and no one has come to assist him with his lunch meal yet. R1 stated he has been waiting for 45 minutes for the staff to assist him with his meal tray. R1 stated he tried to pick up his hamburger to eat but it just fell on top of the bedside table, and he knocked his cup of juice down while trying to reach for it. Surveyor summoned V5, LPN, and V4, CNA to R1's room. V4 stated his meal tray was delivered around 12:30 PM and then she went to check another resident. When asked why R1 has not eaten yet at this time and why no one is assisting R1 eat his lunch, V5 stated V4, Certified Nursing Assistant/CNA, knew R1 needed assistance with eating and V4 is not supposed to leave R1 while he is eating especially since the resident V4 mentioned she was helping was ready already. V5 stated, If I was given my lunch late and if nobody was assisting me with feeding, I would be upset and would feel helpless also. I will make sure R1 gets another tray and is assisted with feeding. R1 appeared distraught and kept saying, Leave me alone, I don't want to talk to anybody anymore, I just want to transfer to a different hallway. This keeps happening to me. Leave me alone, I don't want to talk anymore.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R1's Shower sheets exclude documentation R1 received a d bath or shower on 4/4/2024 and 4/11/2024 as scheduled. Review of Point of Care Documentation in R1's EHR excludes any documentation bed bath or shower was given for the whole month of April. Review of R1's progress notes excludes any documentation R1 was refusing showers, bed baths or shaving.</p> <p>2. According to the Electronic Health Record (EHR) R2 had diagnoses including chronic obstructive pulmonary disease, muscle weakness, need for assistance with personal care, acute respiratory failure, acute kidney failure, localized edema, atherosclerotic heart disease of native coronary artery, hypertensive heart disease without heart failure, hyperlipidemia, dementia, bipolar disorder, generalized anxiety disorder, major depressive disorder, monoplegia of upper limb affecting left nondominant side, arthritis, psychotic disorder and personal history of COVID-19. The Minimum Data Set (MDS) dated [DATE], shows R2's cognition was moderately impaired with a nine out of fifteen points required on the Brief Interview for Mental Status (BIMS). Section GG documents R2 has an impairment on one side of the upper extremity. Care Plan showed R2 had an Activities of Daily Living (ADLs) self-care performance deficit related to impaired mobility, decrease in ADLs, Physical limitations: Balance problems, gait, strength, endurance.</p> <p>On 4/19/2024 at 10:02 AM R2 was observed sitting in her wheelchair. V2 stated she has not been receiving her showers and the only time she gets showers is when her friend comes to visit her. R2 stated, If the CNAs give her a shower, they don't do a good job, they just pour water over me and does not clean me up very well.</p> <p>Review of Point of Care Documentation in R2's EHR excludes any documentation bed bath or shower was given for the whole month of April. Review of R2's progress notes excludes any documentation R1 was refusing showers or bed baths.</p> <p>3. According to the Electronic Health Record (EHR) R3 had diagnoses including muscle weakness, osteomyelitis, chronic obstructive pulmonary disease, asthma, type 2 diabetes mellitus, hyperlipidemia, dementia, bipolar disorder, major depressive disorder, iron deficiency anemia, cocaine abuse, gastrointestinal hemorrhage, chronic kidney disease and gastritis without bleeding. The Minimum Data Set (MDS) dated [DATE], shows R3's cognition was intact with a fifteen out of fifteen points required on the Brief Interview for Mental Status (BIMS). Section GG documents R3 requires partial/moderate assistance with shower/bathing and supervision/touching assistance with upper body dressing. Care Plan showed R3 had an Activities of Daily Living (ADLs) self-care performance deficit related to impaired mobility, decrease in ADLs, Physical limitations: Balance problems, gait, strength, endurance.</p> <p>On 4/19/2024 at 10:10 AM, R3 was observed ambulating in the room, appeared disheveled, upper garment was worn inside out, hair disheveled. R3 stated she can't remember when the last time was, she got a shower. R3 stated nobody helped her dress up this morning.</p> <p>Review of Point of Care Documentation in R3's EHR excludes any documentation bed bath or shower was given for the whole month of April. Review of R3's progress notes excludes any documentation R3 was refusing showers, bed baths or assistance with grooming and dressing.</p> <p>V2, Director of Nursing/DON provided the shower sheets for the month of March and April, which excludes any shower sheets for R2 and R3. V2 informed surveyor did not find any completed shower sheets for R2 and R3, and R1 was missing shower sheets for 4/4/2024 and 4/11/2024 to which V2 responded, I will take a look and give you what I have. No additional shower sheets were provided by V2.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/19/2024 at 1:50 PM, V2, Director of Nursing/DON, stated the expectation is the CNAs will assist residents with their Activities of Daily Living (ADLs), and some residents require more assistance than other. V2 stated the CNAs are expected to complete the Shower Sheet and document in the Electronic Health Record (EHR) the shower or bed bath was completed, and agency staff should at least document in the Shower Sheets. If a resident is refusing showers or bed baths, V2 stated she expects to see documentation on the progress notes regarding the refusal.</p> <p>V2, DON, provided the facility policy titled, Activities of Daily Living dated 1/1/2021 which documents in part:</p> <p>Policy Statement: Facility ensures residents receive ADL assistance and maintains resident 's comfort, safety, and dignity. The goal is to maximize the residents and staff safety, confidence, independence, and ability to handle everyday activities.</p>		