STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145980	A. Building B. Wing	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl of St Charles, The	850 Dunham Rd St Charles, IL 60174

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** 40798 Based on interview and record review, the facility failed to ensure residents were free from resident-to-resident verbal abuse. This applies to 3 of 6 residents (R1, R2, and R3) reviewed for abuse in the sample of 6. The findings include: On 11/1/24 at 10:36 AM, R1 said R2 and R3 told him to get out of the city, they don't want Mexicans here. On 11/1/24 at 11:45 AM, R3 was propelling backward in his wheelchair using his right leg. R3's left side appeared to be non-functional. R3 said he called R1 a p***y and R1 called him one arm. R1's current care plan provided by the facility shows R1 may have an increased susceptibility to abuse and is considered a vulnerable adult. R1 is to be treated with respect and dignity and will reside in the facility free of abuse. R1's Minimum Data Set (MDS) dated [DATE] shows R1 is cognitively intact and has no behaviors including hallucinations, delusions, physical or verbal behavioral symptoms directed toward others, rejection of care, or wandering. R1's Progress Notes dated 10/31/24 at 11:11 AM shows SS discussed with R1 his behaviors of aggression, antagonizing, combativeness, instigating, manipulation, provoking, threatening, swearing, and racial slurs at peers during designated smoking times on the patio. R1's behavior note on 10/29/24 at 3:46 PM shows R1 was yelling at another resident and using derogatory language when referencing other residents. R1's behavior note on 10/28/24 at 2:40 PM shows staff reported R1 antagonizing the other residents and using derogatory and offensive language. On 11/1/24, R2 was out of the facility during the investigation. R2's current care plan provided by the facility shows R2 may have an increased susceptibility to abuse and is considered a vulnerable adult. R2 is to be treated with respect and dignity and will reside in the facility free of abuse. R2's Minimum Data Set (MDS) dated [DATE] shows R2 is cognitively intact and has no behaviors including hallucinations, delusions, physical or verbal behavioral symptoms directed toward others, rejection of care, or wandering. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145980	A. Building B. Wing	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl of St Charles, The	850 Dunham Rd St Charles, IL 60174

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(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	R3's Admission Record dated 11/1/24 shows R3 has hemiplegia and hemiparesis following cerebral infarction affecting his left, non-dominant side. R3's current care plan provided by the facility shows R3 may have an increased susceptibility to abuse and is considered a vulnerable adult. R3 is to be treated with respect and dignity and will reside in the facility free of abuse. R3's MDS dated [DATE] shows R3 is cognitively intact and has no behaviors including hallucinations and delusions, physical or verbal behavioral symptoms directed toward others, rejection of care, or wandering. On 11/2/24 at 12:10 PM, V3 (Certified Nursing Assistant/CNA), said she has heard residents call R1 names and R1 call other residents names. V3 said she has told V1 (Administrator) and V2 (Director of Nursing/DON). V3 said R1 told R3 he is a white man with a little d***. R1 told R2 and R3 they are white supremacists, (organization name), little d***s and they are going to f*** each other in the a**. V3 said she heard R2 and R3 call R1 a Mexican that needs to go back to Mexico. V3 said the bickering goes on every time she takes the residents out to smoke, and she has told V1, V2 and the nurses all about what has been going on during the smoke breaks. V3 said if the residents started fighting (physically), she would break it up and separate the residents. If it's just verbal, she tells them to stop and she doesn't want to hear it; she is tired of being a referee. On 11/1/24 at 1:04 PM, V4 (Unit Manager/Restorative Nurse) said R1 has been having many incidents lately with his behavior and is having outbursts against R2 and R3. V4 said R1 says racist things against R2 and R3. V4 said she does not know if R2 and R3 say anything to R1. V4 said V3 and V5 (CNA) reported incidents between R1, R2 and R3 to her and they have been reported to V1 and V2 and the whole IDT (interdisciplinary team) knows about it. V4 said if residents are calling each other names, it is abuse. On 11/1/24 at 8:50 AM, V2 (DON) said R1 has been inappropriate with other residents. On 11/1/24 at 11:15 AM, V2 said a CNA goes out with the residents when they smoke and V3 (CNA) called her recently because R1 was on the patio arguing with R2, R3, and R6 and would not come inside. On 11/1/24 at 1:28 PM, V2 said R1 said R3 is racist to him. V2 said if name calling between residents is reported, they would investigate and figure out if anything needed to be reported, and what else would need to be done. On 11/1/24 at 1:31 PM, V1 (Administrator) said R1 will report that a person is bothering him and when she tries to investigate, he won't give specifics, he will say you know who and your friend, the white supremacist, you know what happened. V1 said R1 has arguments with people in the dining room, he calls other residents white supremacists, and he told a resident he was going to dig their mother up and F*** her. V1 said R1 started swearing at other residents on the patio. V1 said they argue, and name call with each other according to R1. V1 said there are seven types of abuse including verbal abuse and verbal abuse includes name calling. The facility's Abuse Prevention Program-Policy (undated) shows verbal abuse is the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents including threats of harm.