

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/24/2024
NAME OF PROVIDER OR SUPPLIER  Pearl at the Tillers		STREET ADDRESS, CITY, STATE, ZIP CODE  4390 Route 71 Oswego, IL 60543	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39182</p> <p>Based on interview and record review, the facility failed to ensure a resident was free from financial abuse.</p> <p>This applies to 1 of 4 residents (R1) reviewed for abuse in the sample of 4.</p> <p>Findings include:</p> <p>The facility's June 12, 2024 State Report showed Upon interviews with the policy and facility, [V8-CNA/Certified Nursing Assistant] stated she was providing care to R1 on 6/10/2024 around 5:15 AM. [V8] stated that she and R1 began talking about [V8's] current financial hardships. [V8] stated that R1 said the word 'check' so [V8] provided R1 with her checkbook and then allocated a check written to her [V8] and signed by R1 in the amount of \$4000. [V8] states that R1 stated she 'wanted to help.' [V8] stated she placed the checkbook back into R1's purse and completed her shift. [V8] relayed that she then took the check to her bank and deposited [it] into her account on 6/10/2024. [V8] came to the facility on [DATE], provided facility with the original check .</p> <p>On 6/22/24 at 9:50 AM, R1 stated, she had lost \$ 4000.00. R1 stated, V8 (CNA-Certified Nursing Assistant) went into her purse and wrote a check for herself worth \$ 4000.00. R1 stated, she also took cash \$21.00. R1 stated, the bank called her daughter and that's when the theft was brought to light.</p> <p>On 6/22/24 at 11:30 AM, V1 (Administrator) stated, on 6/12/24, R1's daughter had called V9 (Facility Business Office Manager) and wanted to confirm if one of the facility employees had written out a check for \$4000.00 from R1's checkbook. V1 (Administrator) stated, on investigation, it was found that V8 (CNA) had taken the check from R1. V1 (Administrator) stated, V8 (CNA) was terminated immediately. V1 stated, the facility is waiting for the bank to process and reinstate that amount back into R1's account. V1 (Administrator) stated, if the bank failed to do so, then the facility will reimburse \$4000.00 to R1 and any fees associated with it. V1 (Administrator) stated, facility had reimbursed the \$21.00 to R1.</p> <p>The facility employee handbook was reviewed and it showed, acceptance of gifts from residents is strictly prohibited.</p> <p>The facility complaint log for last 3 months was reviewed and it included R1's grievance of losing \$ 4000.00.</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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F 0602  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	The facility's Abuse Prevention Program policy (11/22/17) showed, Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful temporary, or permanent use of resident's belongings or money without the resident's consent.		