

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000251</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/10/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PEARL OF NAPERVILLE, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 MARTIN AVENUE NAPERVILLE, IL 60540</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Facility Reported Incident of November 25, 2021 IL140906	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610 c)4)F) 300.1210 b) 300.1210 d)6)  Section 300.610 Resident Care Policies c) The written policies shall include, at a minimum the following provisions: 4) A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following: F) Development of strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident.  Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.	S9999	<i>Attachment A Statement of Licensure Violations</i>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000251</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/10/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PEARL OF NAPERVILLE, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 MARTIN AVENUE NAPERVILLE, IL 60540</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was turned safely in bed for cares.</p> <p>This failure resulted in a resident rolling out of the opposite side of the bed from the staff member assisting her and on to the floor, sustaining fractures to her toe and hip joint.</p> <p>This applies to 1 of 3 residents (R1) reviewed for falls.</p> <p>The findings include:</p> <p>R1's Electronic Medical Record (EMR) Face Sheet showed R1 is 86 years old, and admitted to the facility on 11/20/20 with diagnoses including bilateral osteoarthritis of knee, Alzheimer's disease, abnormality of gait, anxiety disorder, atrial fibrillation, type 2 diabetes, and weakness.</p> <p>R1's 11/05/2021 Minimum Data Set (MDS) showed R1's cognition is moderately impaired and R1 requires extensive physical assistance of one person for bed mobility.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6000251	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 12/10/2021
NAME OF PROVIDER OR SUPPLIER  PEARL OF NAPERVILLE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 200 MARTIN AVENUE NAPERVILLE, IL 60540		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>The facility's 12/1/2021 State Report showed "Resident rolled off the bed and fell onto the floor." The Report continued " ...On 11/25/2021 at approximately 9:15 AM, R1 was being assisted .... The nurse was assisting (R1) to turn on her side while guiding her leg, (R1) moved and turned her leg quickly, causing her to slide off the bed ...." The Report further showed an Xray revealed a toe fracture, then " ...On 11/30/2021, (R1) complained of pain, transferred to [Emergency Department], Xray revealed minimally displaced fracture of the anterior acetabulum (hip socket)."</p> <p>On 12/3/21 at 11:00 AM, R1 said on 11/25/2021 when R1 was laying on R1's side in bed, the nurse (V7, Registered Nurse- RN) was putting lotion on R1's sore bottom and said "move over a little more", and "I threw my leg over." R1 stated, "I was on the edge of the bed, I didn't realize I was on the edge and I fell to the floor. Right away my toe, hip and right foot hurt. I have had pain for a long time due to arthritis, but pain in my hip and toe are bad, much worse after the fall." R1 said R1 has a new bed after the fall, "It is bigger and has bed rails, it is much better." R1's bed was observed to be wider than the standard bed, and it had half side rails up on both sides of the bed.</p> <p>On 12/9/21 at 2:25 PM, R1 was transferred into bed by two CNAs from wheelchair using a sliding board. During cares with V11 (CNA), R1 was instructed to use half rails to aid with turning which R1 did without problem. When turned on R1's right side, R1 grabbed the right rail with left hand, when turned to R1's left side, R1 grasped left rail with right hand. R1 stated the rail made it possible for R1 to turn and pull herself over, so it hurt less. R1 again stated R1 fell out of the bed when the nurse was cleaning R1; R1 turned and there was "no more bed" and R1 fell onto the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6000251	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/10/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  
**PEARL OF NAPERVILLE, THE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**200 MARTIN AVENUE  
NAPERVILLE, IL 60540**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>floor. R1 stated R1 broke R1's hip and toe. R1 is noted to be obese, with the bulk of R1's weight around R1's abdomen and hips.</p> <p>R1's Weights and Vitals Summary showed R1 weighed 211.1 pounds on 12/2/21 and R1's height was 64 inches.</p> <p>R1's 11/25/2021 Nursing progress written by V7, RN (who was assigned to R1 at the time of the fall), showed V7 observed R1's call light on, approached room; R1 was laying in bed. R1 said "I need to be changed." R1 noted anxious, has diagnosis of anxiety. V7 asked R1 to assist with turning. R1 quickly turned, over-rotating R1's body, causing R1 to slide off the bed. R1 has impaired safety awareness due to dx Alzheimer's.</p> <p>On 12/8/21 at 1:27 PM, V7 was asked how R1 was positioned in bed when R1 rolled out of bed. V7 said when V7 walked in the room, R1 was on R1's back in the middle of the bed. V7 stated V7 was standing on the left side of R1's bed, and R1 rolled over to the right, away from V7.</p> <p>Radiology results report of 11/25/21 show no acute fracture of right wrist and hand, sacrum and coccyx, right and left hip, right shoulder and right elbow. The right foot shows an acute nondisplaced fracture of the proximal phalanx of the great toe. R1's 11/30/2021 Hospital Records show CT image of left hip finds "moderate to severe hip arthritis. There is lucency with cortical break consistent with a comminuted fracture of the anterior acetabulum ...."</p> <p>On 12/9/21 at 4:55 PM, V12 (Nurse Practitioner) stated R1 is able to make R1's needs known, and does have anxiety issues. V12 stated V12 received a call after R1 fell off the bed. Multiple</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000251</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/10/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEARL OF NAPERVILLE, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 MARTIN AVENUE NAPERVILLE, IL 60540</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>X-rays were ordered on a portable basis. V12 stated in general, portable x-rays are not as accurate or reliable as x-rays done in the hospital. The portable x-rays revealed a toe fracture but no other fractures. When R1 began complaining of hip pain, R1 was sent to the hospital for further evaluation. V12 said the fall did cause the fractured toe, and most likely the fractured hip.</p> <p>R1's High Risk for Falls care plan (revised 12/02/2021) showed R1 is unaware of her safety needs and experiences chronic pain in her left leg. The care plan included "11/25/2021 Resident quickly turned while being assisted, over-rotating her body, causing her to slide off the bed ..." This care plan showed interventions such as "anticipate the resident's needs" (initiated 11/20/2020), and "encourage to transfer and change positions slowly" (initiated 02/17/2021).</p> <p>The facility's Fall Prevention policy and procedure (revised 09/20/2021) showed a Policy Statement of "All residents will receive adequate supervision, assistance, and assistive devices to aid in prevention for falls. Each resident will be evaluated for safety risks including falls and accidents ..."</p> <p>The facility's "Repositioning a Resident" policy and procedure (revised 10/20/2021) showed the Policy Statement as "...to aid in the development of an individualized care plan for repositioning ..." Part 1. a. under "Procedure" showed "Review the resident's care plan to evaluate for any special needs of the resident ...." Part 2.d. showed "Evaluate if resident needs intervention to maintain postural alignment, if weight distribution is even ... Part 3.a. showed "Resident will be assessed and care plan developed and implemented as necessary for</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000251</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/10/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PEARL OF NAPERVILLE, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 MARTIN AVENUE NAPERVILLE, IL 60540</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>turning/repositioning, changing the resident's position, and realigning the body. This will be approached specific to the individual resident ..."</p> <p>The policy showed "Procedure for Repositioning the Resident in Bed (Some steps may change based on special circumstances that would be necessary to ensure safety of staff and/or resident) ...b. Check the care plan, assignment sheet or the communication system to determine resident's specific positioning needs ..." The policy continued "k. Move the resident's top leg and shoulder in the direction of the turn ..."</p> <p>Neither the facility's Fall Prevention or Repositioning a Resident policies and procedures included language regarding the safety of repositioning residents in bed using one assist and turning the resident away from you.</p> <p>(A)</p>	S9999		