Illinois Department of Public Health FORM APPROVED						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
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•	IL6000327				02/13/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PEARL OF ROLLING MEADOWS, THE 4225 KIRCHOFF ROAD ROLLING MEADOWS, IL 60008						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES OF THE	DBE COMPLETE	
S 000	Initial Comments		S 000			
	Facility Reported Inc IL143231	cident of January 19, 2022				
S9999	9 Final Observations		S9999			
	Statement of Licens	ure Violations:		1		
	300.1010 h) 300.1210 b) 300.1210 d)2) 300.1220 b)7)					
	physician of any acc change in a resident health, safety or well but not limited to, the manifest decubitus u of five percent or mo The facility shall obta plan of care for the c	ledical Care Policies hall notify the resident's ident, injury, or significant 's condition that threatens the fare of a resident, including, e presence of incipient or elcers or a weight loss or gain are within a period of 30 days. ain and record the physician's are or treatment of such ange in condition at the time				
	Nursing and Persona b) The facility sh care and services to practicable physical, well-being of the resident's comp plan. Adequate and p care and personal ca	eneral Requirements for all Care hall provide the necessary attain or maintain the highest mental, and psychological dent, in accordance with prehensive resident care properly supervised nursing re shall be provided to each total nursing and personal			:	
	care needs of the res d) Pursuant to s	ident. ubsection (a), general lude, at a minimum, the		Attachment A Statement of Licensure Violations		

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BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6000327 02/13/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4225 KIRCHOFF ROAD** PEARL OF ROLLING MEADOWS, THE **ROLLING MEADOWS, IL 60008** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) S9999 S9999 Continued From page 1 following and shall be practiced on a 24-hour, seven-day-a-week basis: All treatments and procedures shall 2) be administered as ordered by the physician. Section 300.1220 Supervision of Nursing Services The DON shall supervise and oversee the b) nursing services of the facility, including: Coordinating the care and services provided to residents in the nursing facility. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow physician order and facility policy regarding a stat order for X-ray. The facility also failed to notify the attending physician of the results of the X-ray once obtained until the next day. This failure resulted in a delay of treatment and pain for R1 for over 40 hours. This applies to 1 of 3 residents (R1) reviewed for injuries of unknown origin. The findings include: The EHR (Electronic Health Record) shows R1 was originally admitted to the facility on 10/26/2021. R1's diagnoses includes protein -calorie malnutrition, hypothyroidism, psychosis, depressive disorder, congenital malformation of ear causing impairment of hearing, dysphagia, dementia with behavioral disturbance, unsteadiness of feet, abnormalities of gait and mobility, and anxiety disorder.

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The progress notes, dated 1/18/2022 at 2:45 P.M., shows R1 was guarding R1's left hip due to

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLANOF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED !L6000327 B. WING 02/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4225 KIRCHOFF ROAD** PEARLOF ROLLING MEADOWS, THE **ROLLING MEADOWS, IL 60008** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 2 S9999 S9999 pain when therapy treatment was being provided. Review further of the progress notes shows at 2:50 P.M., R1 was had pain to R1's left hip, and V17 (R1's Attending Physician) was notified. The progress notes shows a physician order for "stat X-ray of the left hip." Review further of the progress notes, dated 1/19/2022 at 6:29 P.M., shows "Followed up with (X-ray provider) regarding STAT x-ray ... Per (x-ray provider), the technician is scheduled to come out tonight to do the X-ray...." The POS (Physician Order Sheet) for the month of January 2022 shows a physician order, dated 1/18/2022 at 2:43 P.M., for R1 to have "STAT -X-ray to left hip due to pain." The EHR under radiology results shows it was on 1/19/2022 at 9:31 P.M that R1's x-ray to the left hip was completed and was reviewed at 9:45 P.M. The result was fracture of the left hip. The progress notes, dated 1/20/2022 at 7:21 A.M., shows R1 was sent to the hospital for further evaluation and treatment for the left hip fracture. The hospital record, dated 1/20/2021, shows R1 has left hip pain during the internal and external rotation of the left hip. R1 underwent ORIF (open reduction Internal fixation) surgery of the left hip on 1/21/2022. R1 was readmitted back to the facility on 1/22/2022. On 2/11/2022 at 12:30 A.M., R1 was lying in bed. R1 was non -verbal. R1 was being assisted by

V13 (Certified Nursing Assistant) for lunch. V13 said R1's baseline was R1 is confused and not

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fracture. V2 further said "it is the facility's policy and practice that stat order for x-ray was to be done within 4 hours from the time it was order."

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