

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014666	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/01/2024
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NAME OF PROVIDER OR SUPPLIER PEARL OF ST CHARLES, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 850 DUNHAM RD ST CHARLES, IL 60174
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S 000	Initial Comments	S 000		
S9999	<p>Second Probationary Licensure Survey</p> <p>Final Observations</p> <p>Statement of Licensure Violations I of III: 300.615e)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information.</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and observations, the facility failed to submit background checks, check the Illinois Department of Corrections (IDOC) website, and check the Illinois State Police (ISP) website within 24 hours of admission. This applies to 2 of 10 residents (R4, R11) reviewed for criminal background checks.</p> <p>The findings include:</p>	S9999		

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

Electronically Signed

TITLE

(X6) DATE
08/08/24

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>R4's EMR (Electronic Medical Records) showed that she was admitted on March 23, 2023. The background check was submitted on July 30, 2024, the same day the administration was requested for the information.</p> <p>R11's EMR showed that he was admitted to the facility on June 2, 2023 and his background check was done on June 12, 2023, 10 days later, with hits for offenses.</p> <p>On July 30, 2024 at 12:46 PM, V10 (Admissions Director) validated that R4's CHIRP (Criminal History Information Response Process) was done only on July 30, 2024. V10 stated that she did not have access to CHIRP when R4 was admitted as the liaison who was with the previous ownership was doing the task to check the website. V10 stated that she is not aware why the liaison did the CHIRP for R11 on June 12, 2023.</p> <p>Facility policy and procedure titled "Resident Background Checks" included as follows: General: To provide guidelines for running background checks on all new admissions. Guidelines: 1. When a resident is admitted to the facility, an electronic name-based UCIA [Illinois State Uniform Conviction Information Act] background-check must be ordered within 24 hours, unless the resident was admitted from a hospital AND the hospital notified the facility that the UCIA name check was ordered.</p> <p>"C"</p> <p>Statement of Licensure Violations II or III: 300.625c)2)</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Section 300.625 Identified Offenders c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to schedule finger printing when a resident had a qualifying offense. This applies to 3 of 10 residents (R1, R11, R13) reviewed for a criminal history.</p> <p>The findings include:</p> <p>R1's EMR (Electronic Medical Records) showed that he was admitted to the facility on November 14, 2022 and was identified as an identified offender based on background checks. R1's CHIRP (Criminal History Information Response Process) was done on November 16, 2022, with</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>hits for offenses. R1 signed a consent for fingerprinting on June 13, 2023 but was not sent out for fingerprinting.</p> <p>R11's EMR showed that he was admitted to the facility on June 2, 2023 and his CHIRP was done on June 12, 2023 with hits for offenses. R11's EMR included that R11 signed a fingerprint consent form on June 13, 2023 but was not sent out for fingerprinting.</p> <p>R13's EMR showed that he was admitted to the facility on June 7, 2024 and his CHIRP was done on June 10, 2024 with hits for offenses. Facility did not have R13 sign a form for consent for fingerprinting.</p> <p>During separate interviews on July 30, 2024 at 1:32 PM and 1:35 PM, V10 (Admissions Director) stated that she does the CHIRP search and V9 (Social Service Director) stated that she schedules the fingerprinting. Both V9 and V10 stated that they were under the impression if there are hits, the verbiage will specify whether or not to do fingerprinting.</p> <p>On July 30, 2024 at 2:03 PM, V1 (Administrator) stated that on enquiry, the Regional Social Service Director updated the facility that if the background checks comes back with an offense that matches the qualifying list, these residents have to be sent out for fingerprinting. V1 validated that R1, R11 and R13 did have qualifying offenses when their background checks were done and were not sent out for fingerprinting.</p> <p>Facility policy and procedure titled "Resident Background Checks" included as follows: General: To provide guidelines for running background checks on all new admissions.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Guidelines: 4. Once the facility determines the resident is an Identified Offender, the facility must arrange for the resident to undergo a live scan State and FBI (national) fingerprint-based Fee Applicant criminal history check within 72 hours.</p> <p>a) Fill out the attached Nursing Home Resident Fingerprint Inquiry Consent Form completely.</p> <p>b) Follow the instructions on the form for processing.</p> <p>"C"</p> <p>Statement of Licensure Violations III of III: 300.2100</p> <p>Section 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to maintain food storage and food prep areas in a sanitary condition. This applies to 83 residents that receive food prepared in the facility kitchen.</p> <p>The findings include:</p> <p>Facility provided information that the census on July 29, 2024 was 84 residents with 1 resident on NPO (nothing by mouth status).</p> <p>On July 29, 2024 at 10:09 AM, during initial tour of the facility kitchen, the following observations were made.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>The coffee and juice station (at entrance of kitchen) had counters that were cracked with open seams.</p> <p>The 3-door reach in Freezer showed +3 degree Fahrenheit with ice crystals and water condensation on parts of the shelving. When contents of random cardboard boxes containing frozen vegetables, onion rings, sweet potato fries were checked, the items inside the boxes were thawed and soft to touch. Some of the vegetables were noted to be thawed and refrozen as evidenced by water crystals formed on them. Additional items that were thawed included multiple apple pies, lemon meringue pie, dinner rolls and individual sized portions of frozen dessert.</p> <p>The walk-in refrigerator had multiple bowls containing jello (Gelatin) stored on a free-standing cart open to air and with no covers. The ceiling of the cooler had gray fuzzy substance, which was right above the stored bowls of jello. On closer look in the walk-in cooler at a later time, it was observed that the grayish fuzzy substance seen earlier was on random areas of the walls of the cooler and the ceiling. When wiped with a paper towel, grayish substance came off as streaks on the paper towel. V4 (Food Service Manager) identified this as dust bunnies.</p> <p>The food prep counters and bussing carts contained food particles, dust, and miscellaneous grime. The shelves under these counters, which had washed dishes stored inverted on them, had extensive dust and miscellaneous grime. Storage bins containing flour and sugar (stored near prep area) also had dust and grime over the lid.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>On July 29, 2024 at 10:15 AM, V4 stated that the maintenance is working on the freezer and an outside company had inspected the freezer and stated that the 3-door freezer needs to be replaced. When asked, why the items were not removed from the freezer if it was not working properly, V4 stated that he does not have another freezer to store the items in.</p> <p>On July 29, 2024 at 10:33 PM, V1 (Administrator) stated that she was aware of the issues with the reach in freezer. V1 stated that the freezer company had come in on Wednesday (July 24, 2024) and were scheduled to be back on Tuesday (July 30, 2024). V1 added that the electrical issue with the freezer was fixed on Friday (July 26, 2024). V1 was made aware of the defrosted food in the freezer.</p> <p>On July 30, 2024 at around 9:15 AM, V1 added that items of the freezer have been removed as it was not operable.</p> <p>On July 31, 2024 at 11:29 AM, V13 (Dietitian) stated that if the freezer is not working and the food is thawing, it should have been transferred to another working freezer.</p> <p>Facility policy titled "Sanitation" included as follows: Policy: The food service area shall be maintained in a clean and sanitary manner. Procedure: 1. All kitchens, kitchen areas, and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects. 2. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks, and chipped areas.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>13. Clean equipment and work areas after use. Facility policy titled "Freezers and Refrigerators" included as follows: Policy: The facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation and, will observe food expiration guidelines. Procedure: 1. Acceptable temperatures should be 35 degrees to 41 degrees for refrigerators and less than 0 degrees for freezers. 6. The Dietary Manager will take immediate action if the temperatures are out of range. Actions necessary to correct the temperatures will be recorded on the tracking sheet, including the repair personnel and/or department contacted. 9. Dietary Manager will inspect refrigerator(s) and freezer(s) monthly for gasket condition, fan condition, presence of rust, excess condensation, and any other damage or maintenance needs. Necessary repairs will be initiated immediately.</p> <p>"C"</p>	S9999		