

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032
---	--

(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 Complaint Investigation 1918120/IL117223	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.610a) 300.1210b) 300.1210d)2) 300.1210d)3) 300.3220f) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/25/19
--	-------	---------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/13/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PEARL PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032
---	--

(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>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.</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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure physician prescribed</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/13/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PEARL PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032
---	--

(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>anticoagulant medication was administered to a resident with a history of blood clots for one of five residents (R1) reviewed for medications. The facility failed to provide emergency treatment and services for a resident exhibiting signs and symptoms of a pulmonary embolism. This failure contributed to R1 developing a pulmonary embolism resulting in R1's death.</p> <p>This applies to 1 of 3 (R1) residents reviewed for improper nursing care in the sample of 3.</p> <p>The findings include.</p> <p>R1's face sheet printed on November 5, 2019 showed he was admitted to the facility on October 22, 2019 with diagnoses to include peripheral vascular disease, activated protein C resistance (creates an increased risk of venous thrombosis which can cause pulmonary embolism), long term use of anticoagulants, other primary thrombophilia (blood clots), and a personal history of transient ischemic attack, cerebral infarction (stroke), Diabetes Mellitus type 2. R1's Face Sheet showed him to be a Full Code.</p> <p>R1's 10/18/19 hospital records which were sent to the facility on 10/21/19 at 11:20 AM, (the day prior to R1's admission to the facility) showed a physician note at 11:02 PM, "...diagnosed with a large PE (Pulmonary Embolism) late Sept/early Oct 2019..." The physician note showed R1 was admitted to the hospital due to an acute kidney injury and a "large" pulmonary embolism. The physician note continued, "No lower extremity edema (swelling)" and "no calf tenderness..."</p> <p>R1's physician visit nursing home progress note entered by V10 (R1's Physician) with visit date of October 24, 2019 showed R1 had recently been</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/13/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PEARL PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032
---	--

(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>admitted to the facility for embolism and was started on an anticoagulant.</p> <p>R1's physician order sheet printed on November 5, 2019 showed an order for apixaban 5 milligram tablet (an anticoagulant medication) to be given two times each day.</p> <p>R1's eMAR (electronic medication administration record) showed R1 did not receive the prescribed anticoagulation medication from his admission date of October 22, 2019 through his transfer to the acute care hospital on October 25, 2019.</p> <p>On November 12, 2019 at 8:25 AM, V2 (Director of Nursing/DON) said, "[The anticoagulant] is important due to [R1's] diagnoses and his recent pulmonary embolism. We noticed the issue on November 1."</p> <p>On 11/5/19 at 2:50 PM, V9 (Licensed Practical Nurse/LPN) stated she recalled her evening shift from 10/24/19 to the morning of 10/25/19. V9 stated, "I remember (R1); he was a younger gentleman, very talkative, and nice. He had no complaints of shortness of breath, no pain. He had no complaints of not feeling well; he wasn't cold or clammy." V9 stated R1 told her that when he does have pain it is in his chest and thigh; however, he did not complain of any pain during her shift. V9 said, "I did a set of vitals and they were fine." R1's 10/25/19 Narrative Note documented by V9 at 4:56 AM showed, "Resident denies pain this shift...reports appetite as fair...Pleasant and cooperative with staff..." R1's 72 Hour Charting done by V9 at 4:21 AM showed a Regular Pulse at 92 beats per minute (BPM) and a respiratory rate of 16 breaths per minute.</p> <p>On 11/1/19 at 9:10 AM, V4 (Certified Nursing</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032
---	--

(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>Assistant/CNA) stated she visited R1 on the morning of 10/25/19 from approximately 6:15 AM to 6:30 AM. V4 stated R1 was "sweaty, clammy, and not feeling good and he wanted me to ask the nurse to check his blood sugar." V4 stated, "R1 said 'I can't seem to catch my breath.'" V4 said she told V3 (Licensed Practical Nurse/LPN) that R1 was not feeling well and he seems to have a hard time breathing. V4 said V3 instructed her to do vital signs at around 7:00 AM. V4 stated, "When I went back in to do his vitals he was cold and clammy to the touch and he had ripped his hoodie (sweatshirt) off and unbuckled his belt because he said he had to use the bathroom. His breathing was rapid, labored, and you could tell he was having a very hard time breathing. He said his legs were killing him." V4 stated she did not check R1's oxygen level. V4 stated R1 had put his call light on at approximately 7:50 AM that morning and V4 told V3 that R1 wanted to see V3. V3 replied, "If he's well enough to turn his call light on, he can wait till I'm done up here to see him." V4 stated at approximately 8:00 AM she followed V3 to R1's room. V4 stated R1 was complaining of leg pain at a ten out of ten and R1 said "I can't take this anymore" and he wanted to be sent to the hospital. V4 stated, "His breathing was the same; very labored, he wouldn't even open his eyes to talk to us... Based on his condition at that time and how he was behaving, I could tell he needed to be sent out." V4 stated at 9:28 AM she was handed an oxygen saturation monitor and she was instructed to measure R1's oxygen saturation (no documentation this had been done prior to this point). V4 stated when she entered R1's room, "He was just lying there, pale, and yellow. I checked his pulse and there was none." V4 stated she notified staff and then she (V4) went back to his room and began CPR.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032
---	--

(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>On 11/1/19 at 2:10 PM, V4 stated, "I was in the kitchen finishing breakfast around 8:15 AM or 8:20 AM and I was in there for maybe 15 mins. I asked (V3) right after I got out of the kitchen if she was going to send him out? She said 'I'm figuring that part out.' So I went down and told him that. He was still the same; he was huffing and puffing and swearing. The room smelled different. It could have been a fruity smell." V4 stated she believed R1's first blood sugar to be 102 or 107. V4 stated V3 rechecked his blood sugar at approximately 7:30 AM and it was at least 320. V4 stated, "Right before breakfast is when I noticed he was really having difficulty breathing; he just told me he couldn't catch his breath, he was breathing faster. I don't know what his respiratory rate was at that time. I did tell (V3) at that time, that he was having difficulty breathing; she didn't really say anything to that when I told her."</p> <p>On 11/1/19 at 10:52 AM, V3 stated, "(V4) did approach me and tell me that he (R1) had his call light on and he wanted to see me. I did go see him at that time. I would have to say it was after the 7:00 AM blood sugar check...he said he didn't feel good." V3 said she asked R1 to elaborate and he said "I don't know my legs hurt." V3 said, "I asked him, 'Do you need to go to the hospital?' He said yes. I asked him for the leg pain or something else and he said 'I'm not sure.'" V3 said, "He was not having difficulty breathing. To me, he was hyperventilating. His breathing was rapid at the time and if he could just slow down and tell me what was going on." R1's charting showed no progress notes from V3 on 10/25/19. On 11/1/19 at 3:30 PM V3 stated she rechecked R1's blood sugar and there was a "significant jump" up in the value. V3 said "nothing was done"</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032
---	--

(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 6</p> <p>for R1 from approximately 8:00, when the second blood sugar was done, until the EMS (Emergency Medical Services) was called at 9:22 AM. V3 said V10 (R1's Physician) was first notified about R1's condition about the time she called EMS (9:22 AM).</p> <p>On 11/1/19 at 12:16 PM, V6 (Local ambulance dispatcher) stated, "I was working that day (10/25/19). The first and only call we received was at 9:22 AM and our crew was dispatched right away and was on the scene at 9:28 AM." V6 stated they were called to transport a person who was a full code to the Emergency Department for leg pain. V6 stated her crew arrived on the scene just as the facility was dialing 911 (R1 was found unresponsive by V4 at 9:28 AM). V6 stated the municipal fire department/EMS crew responded to the 911 call.</p> <p>On 11/1/19 at 1:39 PM, V8 (R1's Healthcare Power of Attorney/Sister) stated (while reviewing her cell phone call log), "(R1) called me on October 25, (2019) at 7:07 AM and he asked me to call (the facility). He said his one leg was hurting him real bad. I knew he was short of breath, because he was scared and worked up. I could tell he was out of breath on the phone. At 7:10 AM, I called (R1) back because I couldn't get anyone at (the facility) and he couldn't really talk because he was in so much pain." V8 stated she spoke with the facility through R1's phone at 9:11 AM and "they asked if that was normal for him to have pain."</p> <p>On 11/5/19 at 1:28 PM, V2 (Director of Nursing/DON) stated the timeline provided was done on 10/25/19 at approximately 10:00 AM or 11:00 AM and the times provided could be "off." The timeline is as follows: "I held a debrief with</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032
---	--

(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 7</p> <p>myself (V2), (V3), (V5 CNA), and (V4) for the code that happened this morning. Here is a timeline of events: Around (7:30 AM) Resident stated he didn't feel good, nauseated and refused breakfast. Stated he had pain in his legs and was SOB (Short of Breath). (V3) informed me and I told her to call the physician and POA (phone calls were not made until approximately 9:20 AM; no documentation in R1's medical record of these phone calls) to determine next steps as he was A & O (Alert and Oriented) at baseline and vitals were (blood pressure 106/79; Temperature 98.7; Pulse 123 (31 BPM higher than last time documented); Respiratory Rate 26 (10 higher than last documented); Blood Sugar 106. Around (7:45 AM) (V3) re-took (blood sugar) and it was at 343, resident stated his legs were still hurting...and was breathing heavily. Around (9:00 AM) resident and (V3) called (V8 POA) from resident's cell phone. (V8) explained to (V3) that last time the resident presented to the ER (Emergency Room) he was diagnosed with blood clots in both legs bilaterally. (V3) informed me of this and I instructed her to call an ambulance and send him to the ER and to get a PO2 (oxygen saturation)."</p> <p>On 11/1/19 at 2:35 PM V2 stated, "No one told me about (R1's) condition when I came in; I do rounds when I first get here and I hadn't heard. I don't recall the exact time but (V3) told me that he (R1) stated he wasn't feeling well...it was around 8:30 AM or 9:00 AM. She (V3) said he was having some leg pain and some shortness of breath." V2 stated a Pulmonary Embolism is a medical emergency and signs and symptoms include: "shortness of breath, pain, weakness, sweating, restlessness, anxiety, and increased heart rate."</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/13/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PEARL PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032
---	--

(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 8</p> <p>On 11/6/19 at 9:42 AM, V10 (R1's Physician) stated if he was notified of R1 having an increased heart rate, shortness of breath, being cold and clammy, and having leg pain, "I would have told them to call 911 immediately and get him to the emergency room right away. I would suspect blood clots with him given that information." V10 said, "He has poor health and very little reserves; if he did have a blood clot, that is big deal. His reserve capacity to compensate is very low, compared to a healthy adult, so anything like response time is a factor for him. A heart rate of 123 is a significant jump for him. A blood sugar jump, without food, is his body's reaction to a stressor; it was trying to fix something." V10 said a blood clot "induces the flight or fight response which triggers adrenaline and causes blood sugar to go up. He is at an increased risk for blood clots given his history of clots and his clotting disorder. I did tell them when I saw him (10/24/19) that he has a history of blood clots." V10 stated he has no record or recollection of a phone call from the facility on 10/25/19 regarding R1. V10 said, "If there was a problem they can call the on call doc (doctor) or just send out to the ED (Emergency Department)."</p> <p>R1's 10/25/19 Emergency Department (ED) physician note showed when EMS arrived R1 was unresponsive, CPR in progress, and he was in asystole. R1 developed PEA (Pulseless Electrical Activity) without return of spontaneous circulation. R1's downtime was slightly greater than 25 minutes upon arrival. The note continued, "Apparently the patient was complaining of some pain and numbness of his right lower extremity earlier today and his blood sugar was quite elevated." R1's ED records showed a blood sugar of 465.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032
---	--

(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 9</p> <p>On 11/7/19 at 2:40 PM, V11 (ED Medical Director/Physician) stated, "He (R1) was one of those patients who was dead when he got here. He had no brainstem reflexes." V11 said with symptoms of increased heart rate, significant rise in blood sugar, shortness of breath, being cold/clammy "certainly with those symptoms you would worry that he had a clotting issue. Given those symptoms and his history, I would have expected he be sent in right away, especially given his history. We see people come in for a lot less." V11 said, in regards to treatment for pulmonary embolism, "Time is a factor."</p> <p>R1's State of Illinois death worksheet showed R1's date of death as October 25, 2019 and cause of death to be pulmonary embolism.</p> <p>The facility provided a Medication Error Report dated November 1, 2019 which showed R1 did not receive his anticoagulant medication from October 22 through October 25 due to the medication not being sent from the pharmacy. The same form also showed authorization was needed from the facility to send the medication due to the medication having a high cost and authorization was not received.</p> <p>The facility's policy with issue date of July 2019 titled Administering Medications showed, "...Purpose: To ensure safe and effective administration of medication in accordance with physician orders and state/federal regulations."</p> <p>The facility's policy with effective date of October 25, 2014 titled Ordering and Receiving Non-Controlled Medications from the dispensing pharmacy showed, "...Medications and related products are received from the dispensing</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/13/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PEARL PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032
---	--

(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 10</p> <p>pharmacy in a timely basis... B. 1) A licensed nurse: ...c. promptly reports discrepancies and omissions to the issuing pharmacy and the charge nurse/supervisor."</p> <p>(AA)</p> <p>2 of 2</p> <p>300.610a) 300.1210b) 300.1210d)3) 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>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.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032
---	--

(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 11</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by: Based on interview and record review the facility failed to assess a resident on admission to the facility.</p> <p>This applies to 1 of 3 (R7) residents reviewed for improper nursing care in the sample of 3.</p> <p>The findings include.</p> <p>The Minimum Data Set of October 9, 2019 shows R7 was cognitively intact and required assistance of 1 staff with bed mobility, transfers, ambulation, dressing, toileting, and personal hygiene. This assessment shows R7 had a history of falls and used oxygen.</p> <p>R7's Admission Record shows she was admitted on October 2, 2019. R7's Nurse Notes dated</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/13/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PEARL PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032
---	--

(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 12</p> <p>10/13/19 at 2:13 AM shows "Resident sent to ED due to low oxygen saturation at 0000 (midnight). Resident was resting in bed with CPAP machine on and notified staff of 74% oxygen level. Removed CPAP and replaced with oxygen via nasal cannula @ 3L ...@ 0015 (12:15AM) resident oxygen level was 69%. Resident requested to go to the hospital." The nurse note dated 10/22/19 at 2:54PM shows "Resident returned to the facility today at 1400 (2:00PM). Upon doing the skin assessment resident oxygen was 45% on pulse ox. 911 was called and DON was informed. Resident was picked up at 1420 by the ambulance and taken back o the hospital. Resident was admitted to the hospital with diagnosis of COPD (chronic obstructive pulmonary disease) exacerbation and respiratory distress."</p> <p>The next nurse note was documented on October 28, 2019 at 11:35PM. The note shows "patient was placed on trilogy mask with 4L of oxygen, call light in place. Bed in low position. At 2335 while attending to another patient this nurse heard patient yelling for help. Patient was found on floor lying face down bleeding from forehead. Pressure was placed on wound. Patient states, "I was trying to go to the bathroom..."EMS arrived at 2350 patient was sent to hospital..."</p> <p>There was no nurse note documenting when (date or time) R7 re-admitted to the facility from the hospital stay starting October 22, 2019. There are no assessments for R7's condition, vital signs, etc. when R7 returned from the hospital and readmitted to the hospital on October 28, 2019.</p> <p>On 11/12/19 at 11:13 AM, V2 (Director of Nursing/DON) said she was unsure when R7</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003339	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/13/2019
NAME OF PROVIDER OR SUPPLIER PEARL PAVILION		STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032		
(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 13</p> <p>returned to the facility on 10/28/19. V2 said the nurse should have assessed the resident when she re-admitted to the facility and checked her vitals. V2 said there is an admission screener that should be completed and an assessment of the resident is done at that time. At Approximately 4:00PM, V2 said R7 re-admitted at 7:05PM on 10/28/19. There were no assessments, vital signs, or nurse notes obtained or entered on R7 for over 4.5 hours after she was admitted to the facility. The only nurse note documented from R7's admission on 10/28/19 is when R7 fell at approximately 11:35pm on 10/28/19.</p> <p>The facility Policy "Charting and Documentation" reviewed 5/2019 states Additional documentation requirements will be followed: New Admission - documentation every shift for the first 72 hours.</p> <p>(A)</p>	S9999		