STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000640	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PEARL OF DOWNERS GROVE	3450 SARATOGA AVENUE , DOWNERS GROVE, Illinois, 60515

(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) COMPLETION DATE
S0000	Initial Comments Complaint Investigation: 2577410/IL2584031 330.780 a)b)c) cited.	S0000		
S9999	Final Observations Statement of Licensure Violations: 330.780 a)b)c) Section 330.780 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c)The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 330.785, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. (Source: Amended at 37 Ill. Reg. 2315, effective February 4, 2013)	S9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 This REQUIREMENT was NOT met as evidenced by: Based on interview and record review, the facility failed to maintain and report of a resident's fall incident, which resulted in an acute injury of a subdural hematoma. This applies to 1 of 3 residents (R1) reviewed for incidents. The findings include: On 8/27/2025 at 5 PM, V10 (R1's Daughter/Power of Attorney) said she received a call from the facility on 8/31/2024 informing her R1 had to be transferred to the hospital because she was noted with acute facial injuries and bleeding. V10 said R1 had sustained an acute subdural hematoma (brain bleed) and was at risk for acute seizures. V10 said R1 deteriorated at the hospital and was provided hospice services. V10 said R1 subsequently died on 9/06/2024 at the hospital. V10 said R1 had a known high-risk for falls because of her progressive dementia with behaviors. V10 continued to say she remained unsure what had occurred because the facility did not contact her regarding their investigation into R1's fall incident of 8/31/2024. On 8/27/2025 at 3 PM, V1 (Administrator) said she reviewed the facility's reportable incidents, and there was no incident for R1's fall with major injury on 8/31/2024. V1 said she also contacted the prior managing consulting company, and they were unable to find R1's reportable incident. V1 continued to say the Director of Nursing (at that time) and V8 (Nurse on Duty) were no longer employed at the facility. V1 said they were able to locate V8's witness statement involving R1's incident. V1 said the facility should have investigated R1's incident and followed the regulations on maintaining and reporting incidents for residents residing in the shelter care unit. R1's progress note dated 8/31/2024 at 7:35 AM, said "Resident was noted by writer and CNA with moderate amount of dried blood on her face (nose and mouth). The bridge of resident's nose was swollen and there was a laceration approx. 1 inch long and 1/2 inch wide to the end of her nose. There was dried blood to lips, chin, and mouth area…Call placed to 911 at 7:55 AM to transport resident to ER due to apparent fall." R1's progress note dated 8/31/2024 at 11:46 AM, said the hospital was contacted for an update, and the facility confirmed R1's admitting diagnosis was for a	S9999		

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S9999	Continued from page 2 subdural hematoma. The note further said the facility's Director of Nursing was notified. V8's (Nurse) witness statement dated 8/31/2024, said at approximately 7:35 AM on 8/31/2024, R1 was observed sitting in her rocking chair with facial injuries, and there was blood on the floor next to her bed. The statement said R1 was confused and unable to explain what occurred. V8 continued to say she did not receive report from the prior shift regarding R1's incident. R1's death certificate, dated 9/06/2024 said her primary cause of death was related to a "subdural hematoma." The facility's Fall Prevention and Intervention Policy dated 4/10/2025, said "Purpose to ensure the safety of all residents in our Illinois Sheltered Care facilities by preventing and managing falls, documenting incidents, and complying with 77 Ill. Adm. Code Part 330.780…Serious Incident/Accident (330.780): Any event (including falls) causing physical harm or injury to a resident, requiring medical attention or hospitalization…Documenting & Reporting Internal: Complete Fall Incident Report within 2 hours of discovery. File report in Resident Chart and Incident/Accident File. External (IDPH): Provide notice to the required department of any "serious injury." Use the official LTC Incident Reporting Form. Submit within 24 hours of discovery." (C)	S9999		