

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145045	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2020
NAME OF PROVIDER OF SUPPLIER PEARL OF NAPERVILLE, THE		STREET ADDRESS, CITY, STATE, ZIP 200 MARTIN AVENUE NAPERVILLE, IL 60540	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to follow to provide showers and other hygienic needs for a resident who required extensive assistance with ADL (Activities of Daily Living). This applies to 1 of 3 residents (R1) reviewed for assistance with ADL (Activities of Daily Living) in the sample of 3. The findings include: R1's POS (Physician order [REDACTED]). R1's 7/6/2020 MDS (Minimum Data Set) showed R1 cognition as rarely/never understood. In addition, it showed R1 requires total dependence with hygiene and extensive assistance with bed mobility, transfers, and toileting. On 10/05/2020 at 1:48 PM, R1 was observed along with V3 (Quality Nurse) in bed with the head raised at a 45 degree angle. R1's right hand was in a visibly dirty dark brown discolored splint. R1's feet were unclean with loose and dried dark skin flecks and perspiration. Dried white stains extending from R1's left eye down to R1's chin was also noted. On 10/05/2020 at 1:55 PM, V5 (CNA-Certified Nursing Assistant) arrived with linen and identified self as being assigned to R1. In addition, V5 confirmed her work shift as 6 AM to 2 PM. V5 stated she had checked on R1 before breakfast, but had not provided any care during the rest of the shift. V5 stated she normally washes R1's face, performs mouth care, washes R1's underarms and hands including between the fingers, and stated she has not washed R1's feet and has been regularly assigned to her or provided hair care. V5 then performed the following: Began mouth care while R1 was lying supine Washed the dried white stains from R1's left eye extending down to R1's chin Washed the armpits of R1, which produced brown coloring on the white towels Turned R1 on the left side and used a washcloth to remove moderate amount of yellowish green tinged mucous from the vaginal area. V5 stated to surveyor and V3, the vaginal secretions were normal for R1 Removed R1's bed linens which contained yellow and brown stains that were underneath R1's sacrum and buttocks area. On 10/6/2020 at 10:30 AM, V2 (Director of Nursing) acknowledged being intermittently being present during R1's body assessment and cleaning by V5 on 10/5/2020, and acknowledged the skin was unclean, splint and bedding were dirty and stained. On 10/6/2020 at 12:50 AM, V5 stated often times it is difficult to provide hygiene to all assigned residents because of her workload. V5 stated, I just didn't get to R1 all day yesterday, because I work on 2 different sections and had so much to do. V5 acknowledged she had only seen R1 once during her shift on the previous day and that was after breakfast. V5 acknowledged R1's skin and vaginal area was not clean, R1's splint was dirty, R1 had not received any oral care, R1's face was stained with white drainage from the eye, and stated R1 should be checked and cleaned twice a shift because of all of R1's secretions in different areas. The Facility was unable to show any shower sheets, and was unable to state when R1 last received any shower or bedbath. On 10/6//2020 at 2:45 PM, V3 acknowledged the skin conditions of R1 that included dried white stained face, dirty hand splint, presence of vaginal secretions extending to rectal area, inability to locate shower sheets for R1 and condition of R1's feet. V3 acknowledged R1 should have been checked every 2 hours for assistance as needed. On 10/07/20 at 3:00 PM, V8 (nurse) stated she could not locate any documentation demonstrating R1 has been receiving showers or partial bed baths. V8 stated family has voiced concerns in the past about visualizations through the electronic face calls about R1's hair condition. The undated policy titled ADL Policy showed under the title of Hygiene: showers or baths are scheduled and assistance is provided when required.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.