

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31642</p> <p>Based on observation, interview and record review the facility failed to ensure dignity was maintained when one resident (R2) was subjected to two staff members making inappropriate statements within hearing distance of the resident. R2 is one of 16 residents reviewed for dignity on the sample list of 16.</p> <p>Findings include:</p> <p>R2's Minimum Data Set, dated dated dated [DATE] documents R2's Brief Interview of Mental Status score of 15 out of 15, no cognitive impairment.</p> <p>The facility Resident Council minutes dated November 4, 2021 document the following: Residents feel the staff (unidentified) are using inappropriate language. The facility Resident Council minutes dated 12/6/21 document This issue in not resolved.</p> <p>On 12/16/21 at 2:00 pm V16, Activity Assistant stated V16 was a previous door monitor-screener. V16, Activity Assistant stated V16, Activity Assistant had reported V27, Maintenance Supervisor and V28, Maintenance Supervisor Assistance previously for yelling and using bad language. V16 stated she reported this to V1, Administrator even though there were no residents that heard V27 and V28. V16, Activity Assistant also stated I work activities now. The last time (V27, Maintenance Supervisor) and (V28, Maintenance Supervisor Assistance) were yelling and dropping the (expletive) bomb was this past Monday (12/13/21). I (V16) was working with (R2) on a puzzle in the chapel, which is right close to the dining room. (V27 and V28) were yelling as they went through the chapel and the dining room cussing. They were heard by (R2). Several residents in the dining room (unidentified) could hear them too. (R2) got very upset and anxious. (R2) said they (V27 and V28) made (R2) very uncomfortable. (R2) said they (V27 and V28) have had to come into her room, and they (V27 and V28) talk the same way. (R2) said she is not afraid of them (V27 and V28) but does not think they should be so rude or loud, and cursing. I (V16, Activity Assistant) went to (V1, Administrator) and (V8, Human Resource Director) our previous Administrator, again. I (V16) reported this as verbal abuse of (R2) and our other residents. (V1, Administrator) went and talked to (V27 and V28). (V1) told (V27 and V28) that I made the complaint (reported). (V27 and V28) told me they knew I reported them. I (V16) think (R2) is afraid of them (V27 and V28). I know her well and know she got really anxious when it happened and has talked to me about the situation several times since. She (R2) says she is not afraid but also said she did not want to talk to (V1, Administrator) about what happened.</p> <p>(continued on next page)</p>

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/16/21 at 2:40 pm V1, Administrator/Abuse Coordinator stated the following: I know what (alleged verbal abuse) you are talking about with (V27, Maintenance Supervisor) and (V28, Maintenance Supervisor Assistance). I have addressed this (allegation of verbal abuse) with them both, twice. I did not write them up. I have no records of either event. The first time it (allegation of verbal abuse) wasn't around any residents. The back-door screener (V16, Activity Assistant), who now works in activities reported a month or so ago that (V27 and V28) used foul language and raised their voice back by the screener (V16). I educated them on using a moderate tone of voice and to not swear. V1 also stated (V16, Activity Assistant) reported Monday (12/13/21), (V27 and V28) were walking through the chapel by (R2) and in earshot of other (unidentified) residents who were in the dining room. (V27 and V28) were yelling and using bad language again. I talked to (V27 and V28). I told them again to use a moderate voice and to refrain from swearing, especially around residents. It shouldn't happen in this facility.</p> <p>On 12/16/21 at 2:55 pm R2 was seated in her wheelchair in R2's room. R2 did not express anxiety or fearfulness of staff. R2 stated R2 is not afraid of anybody in the facility. R2 also stated the following: It was just the other day (12/13/21), I (R2) was with (V16, Activity Assistant) in the chapel doing a puzzle. Two of the maintenance men (V27 and V28) came by us yelling obscenities. I (R2) am sure I (R2) was not the only resident that heard them. There were other residents (unidentified) in the dining room (which is) just on the other side of the chapel. It is wide open. I was first startled. Then, I felt disrespected, a little anxious and uncomfortable.</p> <p>The facility Abuse Prevention Program-Policy dated November 22, 2017 documents the following: Handout A:</p> <p>Sensitivity to Resident Rights and Resident Needs</p> <p>The most important job each of us has is to make the residents of our nursing home feel safe, secure and well cared for. We do that by treating and speaking to residents with respect, friendliness, and expressing concern about their feelings.</p> <p>Upon admission to the facility, residents and their families are given a copy of Residents' Rights for People in Long Term Care Facilities. This booklet, written and distributed by the Illinois Department on Aging's Ombudsman's Office, outlines the legal rights a nursing home resident has under federal and state laws. It is your obligation as a nursing home employee and caregiver to our residents to protect and encourage the exercise of those rights. To be able to encourage our residents to exercise their rights, you must know them yourself. Please take the time to read over and discuss Residents' Rights for People in Long Term Care Facilities.</p> <p>Besides protecting and encouraging resident rights, the way you talk to and interact with residents as you are providing care is crucial to their dignity and well-being. If you are a person, needing to have someone help you walk or eat or get dressed or change you when you soil yourself, this experience can be embarrassing, frightening and de-personalizing.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31642</p> <p>Based on record review, observation and interview the facility failed to ensure R10 was not subjected to witnessed mental and physical abuse by R3. R3 and R10 are two of five residents reviewed for abuse on the sample list of 16.</p> <p>Findings include:</p> <p>R3, Minimum Data Set (MDS) dated [DATE] (prior to 11/16/21 abuse incident) documents the following: R3 has a diagnoses of Alzheimer's Disease. R3 has a Brief Interview of Mental Status score of 14 out of 15, no cognitive impairment. R3 walks in R3's room and on the unit ([NAME] Memory Care) with supervision and set-up only. R3 has no limitation in range of motion in upper or lower extremities. R3 is able to stabilize without staff assistance with all transitions; walking turning around, sitting to standing and surface to surface, and uses no mobility device.</p> <p>R3's Physical Incident report dated 11/16/21 at 8:45 am, signed by V11, Licensed Practical Nurse (LPN), documents the following: Nursing Description: This nurse (V11, Licensed Practical Nurse) witnessed this resident (R3) coloring in the sun room when another resident (R10) was walking out of the sunroom talking loudly. This resident (R3) got up and followed resident (R10) and proceeded to tell her to 'shut up' and pushed (R10) down from behind. The same report documents R3 was alert and oriented to person, situation, place and time, had no injury and was placed on one on one observation.</p> <p>R10 Minimum Data Set (MDS) dated [DATE] documents the following: R10 has a diagnosis of Unspecified Dementia Without Behavioral Disturbance. R10 has severe cognitive impairment. R10 walks in R10's room and on the unit ([NAME] Memory Care) with supervision and set-up only. R10 has no limitation in range of motion in upper or lower extremities. R10 is able to stabilize without staff assistance with all transitions; walking turning around, sitting to standing and surface to surface, and uses no mobility device.</p> <p>R10's Physical Incident report dated 11/16/21 at 8:45 am, signed by V11, Licensed Practical Nurse (LPN) documents the following: Nursing Description: This nurse (V11, Licensed Practical Nurse) witnessed this resident (R10) walking around and talking loudly in the sun room. This resident was walking back when another resident (R3) got up from (R3's) chair following (R10), told (R10) to 'shut up' and pushed (R10) from behind. The same report documents (R10's) nose was bleeding and (R10) had a scratch on the bridge of (R10's) nose. R10 is documented on the same report as disoriented and confused.</p> <p>The facility facsimile Final Report dated 11.19.21 at 1:30 pm documents Resident Incident /Accident Investigation Forms documents an interview stating V11, LPN was the only eye-witness to the physical altercation of R10 by R3. The same report documents that R3 stated the alleged physical abuse was an accident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/23/21 at 12:05 pm, V11, LPN stated the following: The incident on 11/16/21, I stand by what I wrote. (R3) got up out of his chair in the sunroom. (R10) was leaving the sun room. (R10) does yell sometimes. (R10) was not yelling, but was talking loud. (R3) came up behind her (R10) and put both hands up chest high. (V11, LPN opens V11, LPN's hands and brings V11's hands chest high. V11's fingers where separated, hands were open wide. V11, LPN facing forward demonstrated a forceful push from V11's chest). (R3) told (R10) to 'shut up' and pushed her hard. It was with enough force to push her down to the ground and cause her nose to bleed. She (R10) ended up with a scratch across her nose too. I saw it as an act of aggression on (R3's) part. I told (V1, Administrator), and the (V2, Director of Nursing) it was intentional. (R3) has stuck to a story that it was an accident. It wasn't. I saw what I saw, and I reported it. The doctors (unidentified) were notified and I know (R10's) POA (unidentified) was called after the incident.</p> <p>The facility Abuse Prevention Program-Policy dated November 22, 2017 documents the following: Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This includes but is not limited to corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>31642</p> <p>Based on record review and interview the facility failed to operationalize their abuse prevention policy for ensuring a resident was not subject to physical abuse, failed to recognize an allegation of verbal abuse, failed to report verbal abuse to state agency, failed to investigate an allegation of verbal abuse in a timely manner which resulted in failure to removing the alleged perpetrators, failed to accurately record the timing of the removal of the alleged verbal abuse perpetrators to the State Agency, and failed to accurately disclose the physical contact in the alleged physical abuse to the State Agency. These failures relate to four of five R2, R3, R10, and R12 residents reviewed for abuse in the sample of sixteen.</p> <p>Findings include:</p> <p>1.) The facility facsimile Initial Report to Illinois Department of Public Health dated 11.16.21 at 8:30 am, was reported by V1, Administrator/Abuse Prevention Coordinator regarding an alleged physical abuse of R10 being pushed down to the ground by R3.</p> <p>R10's Physical Incident report dated 11/16/21 at 8:45 am, signed by V11, Licensed Practical Nurse (LPN) documents the following: Nursing Description: This nurse (V11, Licensed Practical Nurse) witnessed this resident (R10) walking around and talking loudly in the sun room. This resident was walking back when another resident (R3) got up from (R3's) chair following (R10), told (R10) to 'shut up' and pushed (R10) from behind. The same report documents (R10's) nose was bleeding and (R10) had a scratch on the bridge of (R10's) nose. R10 is documented on the same report as disoriented and confused.</p> <p>On 12/23/21 at 12:05 pm, V11, License Practical Nurse (LPN) confirmed V11, LPN's observed R3 intentionally pushing R10 from behind and down to the ground. V11, LPN stated the push was with enough force to push R10 down to the ground and cause R10's nose to bleed.</p> <p>2.) On 12/16/21 at 2:55 pm R2 was seated in her wheelchair in R2's room R2 stated the following: It was just the other day (12/13/21), I (R2) was with (V16, Activity Assistant) in the chapel doing a puzzle. Two of the maintenance men (V27, Maintenance Supervisor and V28, Maintenance Supervisor Assistant) came by us yelling obscenities. I (R2) am sure I (R2) was not the only resident that heard them. There were other residents (unidentified) in the dining room (which is) just on the other side of the chapel. It is wide open. I was first startled. Then, I felt disrespected, a little anxious and uncomfortable.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/16/21 at 2:40 pm V1, Administrator/Abuse Coordinator confirmed the alleged verbal abuse of R2 by V27, Maintenance Supervisor and V28, Maintenance Supervisor Assistant occurred on 12/13/21 and was reported by V16(AA), Certified Nursing Assistant as a verbal abuse allegation to V1, Administrator/Abuse Coordinator the same day. V1, Administrator/Abuse Coordinator acknowledged V27 and V28 provide maintenance to the entire facility and had full access to all units in the facility until the investigation of the alleged verbal abuse of R2 by V27 and V28 was not initiated 12/16/21 (three days after the occurrence). V1, stated V1, Administrator/Abuse Coordinator stated V1 did not recognize the allegation as verbal abuse when V16, Certified Nursing Assistant, reported V1, Administrator/Abuse Coordinator. V1 also acknowledged V1, did not report to Illinois Department of Public Health until 12/16/21 at which time V1, Administrator/Abuse Coordinator initiated an investigation and suspended V27 and V28. V1 acknowledged the facility failed to follow their abuse prevention policy.</p> <p>The facility Illinois Department of Public Health Reportable Event is identified as the initial report of alleged verbal abuse of R2 by V27 and V28, facsimile dated 12/16/21 at 4:00 pm (three days after the allegation/incident occurred and was reported to V1 by V16). The same initial report documents V16, Activity Assistant reported on 12/13/21 at 1:00 pm, on the day the alleged verbal abuse occurred. A second facsimile dated 12/16/21 at 6:14 pm documents an addendum:Both employees (V27 and V28) were removed from the building until the investigation (initiated 12/16/21 as V1 acknowledged above) is completed.</p> <p>3.) On 12/22/21 at 10:35 am, V1, Administrator/Abuse Prevention Coordinator stated V1, Administrator/Abuse Prevention Coordinator received another physical abuse allegation. V1, Administrator/Abuse Prevention Coordinator stated I reported (to the State Agency) one (allegation of physical abuse) regarding (V42, Certified Nursing Assistant/CNA) who allegedly grabbed (R12's) wrist during resident care overnight.</p> <p>The corresponding Facility Incident Report dated 12/18/21 at 12:09 pm by facsimile stamp documents Employee (V42, CNA) to Resident (R12) reportable event. The initial comment of the same facsimile section documents the following:DON (V2, Director of Nursing) received a report from first shift CNA (V50, Certified Nursing Assistant) and reported to (the) Abuse Coordinator (V1, Administrator) that a CNA with (identifying hair color), (V42, Agency CNA) gave inappropriate care while changing or re-positioning (re-assigned resident number (R12), during (the) previous overnight shift (does accurately disclose the alleged physical abuse/contact of grabbing R12's wrist). (V42) was immediately suspended pending investigation. A head-to-toe assessment was completed. No injuries, bruising, or skin discoloration was noted. (Local) PD (Police Department), POA (unidentified) and MD (unidentified Physician) were notified. A full investigation will follow.</p> <p>On 12/22/21 at 1:10 pm V1, Administrator/ Abuse Prevention Coordinator stated I prefer to be forthright, but my Clinical Supervisors (V44, Chief Executive Officer and V45, Corporate Clinical Director) change my words. (R12's) allegation reads inappropriate care when I (V1, Administrator/Abuse Coordinator) was more specific and stated the CNA (R42) grabbed (R12's) wrist. My supervisors (V44 an V45) changed the words.</p> <p>The facility Abuse Prevention Program-Policy dated November 22,2107 documents the following:</p> <p>Purpose:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	

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)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The purpose of this policy and the Abuse Prevention Program is to describe the process for identification, assessment, and protection of residents from abuse, neglect, misappropriation of property, and exploitation. This will be accomplished by:</p> <ul style="list-style-type: none"> * conducting pre-employment screening of employees and pre-admission screening of residents; * orienting and training employees on how to deal with stress and difficult situations, and how to recognize and report occurrences of abuse neglect, exploitation, and misappropriation of property; * establishing an environment that promotes resident sensitivity, resident security and prevention of mistreatment; * identifying occurrences and patterns of potential mistreatment; * immediately protecting residents involved in identified reports of possible abuse, neglect, exploitation, mistreatment, and misappropriation of property; * implementing systems to promptly and aggressively investigate all reports and allegations of abuse, neglect, exploitation, misappropriation of property and mistreatment, and making the necessary changes to prevent future occurrences; * assuring that physical restraints are used sparingly and properly, and that chemical restraints are not used; and * filing accurate and timely investigative reports. <p>The facility prohibits abuse, neglect, misappropriation of property, and exploitation of its residents, including verbal, mental, sexual or physical abuse; corporal punishment; and involuntary seclusion. The facility has a no tolerance philosophy; persons found to have engaged in such conduct will be terminated.</p> <p>The same Abuse Prevention Program-Policy documents the following:</p> <p>I. Identification and Internal Reporting</p> <p>A. Identification.</p> <p>The direct care staff is responsible for reporting the appearance of suspicious bruises, lacerations, or other abnormalities of an unknown origin as soon as it is discovered. The report is to be documented on a facility incident report and provided to the nursing supervisor, administrator or designated individual. Following the discovery of any suspicious bruises, lacerations or other abnormalities of an unknown origin, a nurse shall complete a full assessment of the resident for other bruises, laceration, or pain.</p> <p>Documentation in the resident's chart should reflect the resident's physical and emotional status as well as any medical and nursing interventions implemented.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>If the resident complains of physical injuries or if resident harm is suspected, the resident's healthcare provider with prescriptive authority is contacted for further instructions.</p> <p>A. Internal Reporting.</p> <p>Employees are required to report any allegation of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator. In the absence of the administrator, reporting can be made to an individual who has been designated to act in the administrator's absence. Any employee who knows or suspects that abuse has occurred and has not reported the abuse or makes false allegations of abuse will face possible termination. Any employee who knows or suspects that abuse has occurred and makes an immediate report out of a legitimate concern shall not be penalized or reprimanded for making such report.</p> <p>All residents, visitors, volunteers, family members or others are encouraged to report their concerns or suspected incidents of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property to the administrator or an immediate supervisor who must then immediately report it to the administrator or the designated individual in the administrator's absence. Such reports may be made without fear of retaliation. Anonymous reports will also be thoroughly investigated.</p> <p>Reports will be documented and a record kept of the documentation.</p> <p>The resident's physician and representative, if necessary, shall be notified of any incident or allegation of abuse, neglect, exploitation, mistreatment or misappropriation of resident property.</p> <p>II. Protection</p> <p>The facility will remove any alleged perpetrator(s) of abuse or neglect from any further contact with residents pending an investigation.</p> <p>A. Employee. If the alleged perpetrator is an employee, the employee will be sent home and/or advised not to return to work until further notice. If that employee shall be immediately suspended without pay from employment at the facility, not having any further resident contact, pending the outcome of an investigation. If the allegation is found unsubstantiated, the employee will be reinstated with back pay. If the allegation is substantiated, the facility will take all appropriate steps under the circumstances, which may include re-education, discipline, termination and/or reporting to local authorities and/or licensing agencies.</p> <p>B. Resident. If the alleged perpetrator is a resident, the resident will be separated from the alleged victim and the resident's condition will be evaluated as soon as reasonably possible to determine the most suitable therapy and placement for the resident. This will be done taking in consideration the safety of other residents and employees of the facility.</p> <p>C. Family Member. If the alleged perpetrator is a visitor, family member, volunteer or other third party not employed by the facility, the facility shall prohibit unsupervised access to facility residents pending the investigation.</p> <p>III. Investigation</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	

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)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>As soon as possible after an allegation of abuse, neglect, mistreatment, misappropriation of resident property, or exploitation, the administrator or designee will initiate an investigation into the allegation which may include the following elements:</p> <ul style="list-style-type: none"> * Interviewing all persons who may have knowledge of the alleged incident, including, but not limited to: <ul style="list-style-type: none"> * All persons who reported the suspicion, allegation or incident; * The alleged victim (if the victim is unable to be interviewed, this shall be documented); * The alleged perpetrator (if the alleged perpetrator is a resident who cannot be interviewed, this shall be documented); * Any witnesses or potential witnesses to the alleged occurrence or incident; * Any staff having contact with the resident during the period of the alleged incident; * Roommates, other residents, family or visitors; * A review of the medical record, including care plan; * A review of all circumstances surrounding the incident; and * Physicians will be notified of any incident and any medical treatment will be done as ordered. <p>The investigation shall conclude whether the allegation of abuse, neglect, mistreatment, misappropriation of resident property, or exploitation can likely be sustained. Records of the investigation shall be maintained.</p> <p>IV. Reporting and Response</p> <p>A. Representative and Physician. The administrator or designee will notify the resident's representative and physician of the alleged incident and the investigation.</p> <p>B. Police. The administrator or designee shall notify the local police of any suspicion of a crime or in the event of resident death other than by disease process.</p> <p>A. Initial Report. An initial report to the State licensing agency, Illinois Department of Public Health, shall be made immediately after the resident has been assessed and the alleged perpetrator has been removed.</p> <p>i. Report contents. The initial report shall include: the name of the resident allegedly harmed; when the allegation was received; the time and date of the alleged incident; who was notified and when; and the steps the facility has taken in response to the allegation, including the steps to protect the resident. A copy of this initial report shall be maintained.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>B. State Agencies. If the perpetrator is an employee and the allegation is substantiated, the administrator or designee will report the employee to the appropriate licensing agency, as required by state law.</p> <p>C. Final Report & Follow Up. Within five days after the report of the occurrence, a complete written report of the conclusion of the investigation, including steps the facility has taken to respond to the allegation, will be sent to the Department of Public Health.</p> <p>iii. Report Contents. The final report shall include the following, as appropriate: name, age, diagnosis and mental status of the resident allegedly abused, neglected, exploited, mistreated, or from whom property was misappropriated; the original allegation (note day, time, location, the specific allegation, the alleged perpetrator, witnesses to the occurrence, circumstances surrounding the occurrence and any noted injuries); a summary of facts determined during the process of the investigation, review of medical record and interview of witnesses; and conclusion of the investigation based on known facts.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31642</p> <p>Based on record review and interview the facility failed to recognize and report an allegation of verbal abuse of one resident (R2) by V27, Maintenance Supervisor and V28, Maintenance Supervisor Assistant to the State Survey Agency, in a timely manner. The facility also failed to accurately report the alleged verbal abuse of R2 by V27 and V28 and accurately report the alleged physical abuse of R12 by V42, Certified Nursing Assistant (CNA) to the State Agency. These failures affected two of five residents (R2 and R12) reviewed for abuse on the sample list of 16.</p> <p>Findings include:</p> <p>1.) R2's Minimum Data Set, dated dated [DATE] documents R2's Brief Interview of Mental Status score of 15 out of 15, no cognitive impairment.</p> <p>On [DATE] at 2:00 pm V16, Activity Assistant stated I work activities now. The last time (V27, Maintenance Supervisor) and (V28, Maintenance Supervisor Assistance) were yelling and dropping the (expletive) bomb was this past Monday ([DATE]). I (V16) was working with (R2) on a puzzle in the chapel, which is right close (near proximity) to the dining room. (V27 and V28) were yelling as they went through the chapel and the dining room cursing. They (V27 and V28) were heard by (R2). Several residents in the dining room (unidentified) could hear them too. (R2) got very upset and anxious. (R2) said they (V27 and V28) made (R2) very uncomfortable. (R2) said they (V27 and V28) have had to come into her room, and they (V27 and V28) talk the same way. (R2) said she is not afraid of them (V27 and V28) but does not think they should be so rude or loud, and cursing. I (V16, Activity Assistant) went to (V1, Administrator) and (V8, Human Resource Director) our previous Administrator, again. I (V16) reported this as verbal abuse of (R2) and our other residents (unidentified). (V1, Administrator) went and talked to (V27 and V28). (V1) told (V27 and V28) that I made the complaint (reported). (V27 and V28) told me they knew I reported them. I (V16) think (R2) is afraid of them (V27 and V28). I know (R2) well and know she (R2) got really anxious when it happened and has talked to me about the situation several times since. She (R2) says she is not afraid, but (R2) also said she did not want to talk to (V1, Administrator) about what happened.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 2:40 pm V1, Administrator/Abuse Coordinator stated the following: I do not have a log of maintenance requisitions, the maintenance department responds right away to any resident or building (facility) needs and request.V1 Administrator/Abuse Coordinator also stated I know what you are talking about with (V27, Maintenance Supervisor) and (V28. Maintenance Supervisor Assistant). I have addressed this with them both, twice. I did not write them up. I have no records of either event. The first time (V27 and V28), (alleged verbal abuse) wasn't around any residents. The back-door screener (V16, Activity Assistant/door Screener), who now works in activities reported a month or so ago that (V27 and V28) used foul language and raised their voice back by the screener (V16). I educated them (V27 and V28) on using a moderate tone of voice and to not swear. V1 also stated (V16, Activity Assistant) reported Monday ([DATE]) that (V27 and V28) were walking through the chapel by (R2) and in earshot of other (unidentified) residents who were in the dining room. (V27 and V28) were yelling and using bad language again. I (V1) talked to (V27 and V28). I told them again to use a moderate voice and to refrain from swearing, especially around residents. It shouldn't happen in this facility. V1 also stated: I (V1) recognize this could be perceived as verbal abuse if any resident was afraid or anxious hearing (V27 and V28) raise their voice and swear. V1 also stated I (V1) did not investigate this as an abuse allegation. I did not interview any staff or residents. I probably should have. V1 also stated I am new to the facility and thought of this as a customer service issue. V1 also stated I will follow our abuse prevention policy now ([DATE]), report (alleged verbal abuse of [DATE]) to IDPH (Illinois Department of Public Health/State Survey Agency) and start my (V1, Administrator/ Abuse Prevention Coordinator) investigation.</p> <p>The facility Illinois Department of Public Health Reportable Event facsimile dated [DATE] at 4:00 pm (two days after the allegation/incident occurred and was reported) documents, and identified as the initial report of alleged verbal abuse of R2 by V27 and V28. The same initial report documents V16, Activity Assistant reported on [DATE] at 1:00 pm, on the day the alleged verbal abuse occurred. A second facsimile dated [DATE] at 6:14 pm documents an addendum under the initial report of alleged verbal abuse: Both employees (V27 and V28) were removed from the building until the investigation (which was not initiated until [DATE] as noted above in V1, Administrator/Abuse Coordinator stated) is completed.</p> <p>2.) R12's Clinical Admission Evaluation dated [DATE] at 5:00 pm, documents the following: Mental Status: Alert & Oriented times three (self, time, and place), communicated verbally, speech is clear, is able to understand and be understood when speaking.</p> <p>R2's current Medical Diagnoses List includes the following: Cerebral Infarction (Ischemic stroke) due to Embolism (blood clot) of Right Middle Cerebral Artery Acute Neurologic (affecting the nerves and nervous system), Essential Primary Hypertension, Atherosclerosis of Native Arteries of Extremities with Intermittent Claudication (pain), Unspecified Extremity, and Acute Embolism and Thrombosis of Unspecified Veins of Lower Extremities, Bilateral.</p> <p>On [DATE] at 10:35 am, V1, Administrator/Abuse Prevention Coordinator stated V1 received a physical abuse allegation. V1 also stated I reported (to the State Agency) one (allegation of physical abuse) regarding (V42, Certified Nursing Assistant/CNA) who grabbed (R12's) wrist during resident care overnight.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The corresponding initial Facility Incident Report dated [DATE] at 12:09 pm by facsimile stamp documents Employee (V42, CNA) to Resident (R12) reportable event. The initial comment of the same facsimile section documents the following: DON (V2, Director of Nursing) received a report from first shift CNA (V50, Certified Nursing Assistant) and reported to (the) Abuse Coordinator (V1, Administrator) that a CNA with (identifying hair color), (V42, Agency CNA) gave inappropriate care while changing or re-positioning (R12) during (the) previous overnight shift (does not accurately disclose the alleged physical abuse/contact of grabbing R12's wrist). (V42) was immediately suspended pending investigation. A head-to-toe assessment was completed. No injuries, bruising, or skin discoloration was noted. (Local) PD (Police Department), POA (unidentified) and MD (unidentified Physician) were notified. A full investigation will follow.</p> <p>On [DATE] at 1:10 pm V1, Administrator/ Abuse Prevention Coordinator stated I prefer to be forthright, but my Clinical Supervisors (V44, Chief Executive Officer and V45, Corporate Clinical Director) change my words. (R12's) allegation reads inappropriate care when I (V1, Administrator/Abuse Coordinator) was more specific and stated the CNA (R42) allegedly grabbed (R12's) wrist. My supervisors (V44 and V45) changed the words.</p> <p>On [DATE] at 12:20 pm, R12 stated the following: I was only here two days, when a night shift, (identifying color) haired CNA (V42, Certified Nursing Assistant/CNA) came in and took me (R12) off the bed pan. I don't know her (V42, CNA) name and have not seen (V42, CNA) since. She (V42, CNA) grabbed my wrist and pushed my hip. I told her to stop. It surprised me that she (V42, CNA) would do that. I (R12) thought why would she (R42)jeopardize her job by doing that. I reported it the next morning. I am not afraid of anybody here. I don't feel it was abuse but being that rough caused me pain. I have some pain at all times anyway. This situation is totally unacceptable and could lead to an abusive situation.</p> <p>On [DATE] at 2:35 pm V42, Agency Certified Nursing Assistant (CNA) stated V42 CNA worked Friday night [DATE] into [DATE] morning. V42, CNA also stated Me (V42, CNA) and (V43, CNA) were very busy trying to get rounds done. We had a resident (unidentified) death that night. I worked [DATE], 10:00 pm to 6:00 am. We had to get the resident (unidentified) that died cleaned up. I am sorry I don't remember the name. I go to a lot of facilities. I remember that night because we were so busy. (V43, CNA) put (R12) on the bed pan. (R12) was a new admit, that is why I remember her (R12). (V43, CNA) went on a break, so I helped (R12) off the bedpan when she (R12) turned on the call light. I don't remember (R12) saying anything about me hurting her or I would have apologized and reported to my nurse (unidentified). V42 also stated I (V42) was really rushed. I would never intentionally hurt anybody. (R12) did not say anything to me that night. I don't remember grabbing her wrist, but I may have guided (R12) by the wrist when I turned (R12) over to remove the bed pan. I was really busy trying to answer call lights with everything else going on. I don't remember any unusual ouch or response from (R12).</p> <p>On [DATE] at 2:55 pm, V50, CNA stated I am the CNA that (R12) reported the abuse (alleged physical) to. V50 also stated (R12) said that (V42, Agency CNA) came in to reposition (R12). When (V42) turned (R12) to the side, (V42) grabbed (R12's) wrist and (R12's) side. (R12) said she told (V42) she (V42) was hurting (R12). (R12) said (V42) would not stop, and proceeded to finish getting (R12) off the bed pan. (R12) said this was not comfortable, (V42) hurt (R12's) wrist. I went immediately to (V1, Administrator) and reported it as (R12) reported it to me.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility Abuse Prevention Program-Policy dated [DATE] documents the following: Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This includes but is not limited to corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms. Purpose:</p> <p>The purpose of this policy and the Abuse Prevention Program is to describe the process for identification, assessment, and protection of residents from abuse, neglect, misappropriation of property, and exploitation. This will be accomplished by:</p> <ul style="list-style-type: none"> * (second bullet point) orienting and training employees on how to deal with stress and difficult situations, and how to recognize and report occurrences of abuse neglect, exploitation, and misappropriation of property; * (third bullet pint) establishing an environment that promotes resident sensitivity, resident security and prevention of mistreatment; * (eighth bullet point) filing accurate and timely investigative reports. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	

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)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>31642</p> <p>Based on record review and interview the facility failed to investigate an allegation of staff to resident (R2) mental/verbal abuse for one of five residents reviewed for abuse in the sample of sixteen.</p> <p>Findings include:</p> <p>On 12/16/21 at 2:00 pm, V16, Activity Assistant also stated I work activities now. The last time (V27, Maintenance Supervisor) and (V28, Maintenance Supervisor Assistance) were yelling and dropping the (expletive) bomb was this past Monday (12/13/21). I (V16) was working with (R2) on a puzzle in the chapel, which is right close (near proximity) to the dining room. (V27 and V28) were yelling as they went through the chapel and the dining room cussing. They were heard by (R2). Several residents in the dining room (unidentified) could hear them too. (R2) got very upset and anxious. (R2) said they (V27 and V28) made (R2) very uncomfortable. (R2) said they (V27 and V28) have had to come into her room (for maintenance), and they (V27 and V28) talk the same way. (R2) said she is not afraid of them (V27 and V28) but does not think they should be so rude or loud, and cursing. I (V16, Activity Assistant) went to (V1, Administrator) and (V8, Human Resource Director) our previous Administrator, again. I (V16) reported this as verbal abuse of (R2) and our other residents. (V1, Administrator) went and talked to (V27 and V28). (V1) told (V27 and V28) that I made the complaint (reported). (V27 and V28) told me they knew I reported them. I (V16) think (R2) is afraid of them (V27 and V28). I (V16) know her (R2) well and know she (R2) got really anxious when it happened and has talked to me about the situation several times since. She (R2) says she is not afraid but also said she did not want to talk to (V1, Administrator) about what happened. V16 also stated The facility educates staff (online and in person at staff meetings on abuse. I followed what I learned (abuse education) but nothing happened. They (V27 and V28) did not even get sent home Monday (12/13/21).</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/16/21 at 2:40 pm V1, Administrator/Abuse Coordinator stated the following: I do not have a log of maintenance requisitions, the maintenance department responds right away to any resident or building (facility) needs and request.V1 Administrator/Abuse Coordinator also stated I know what you are talking about with (V27, Maintenance Supervisor) and (V28. Maintenance Supervisor Assistant). I have addressed this (inappropriate language and tone)with them both, twice. I did not write them up. I have no records of either event. The first time (V27 and V28), (alleged verbal abuse) wasn't around any residents. The back-door screener (V16, Activity Assistant/door Screener), who now works in activities reported a month or so ago that (V27 and V28) used foul language and raised their voice back by the screener (V16). I educated them (V27 and V28) on using a moderate tone of voice and to not swear. V1 also stated (V16, Activity Assistant) reported Monday (12/13/21) that (V27 and V28) were walking through the chapel by (R2) and in earshot of other (unidentified) residents who were in the dining room. (V27 and V28) were yelling and using bad language again. I (V1) talked to (V27 and V28). I told them again to use a moderate voice and to refrain from swearing, especially around residents. It shouldn't happen in this facility. V1 also stated:I (V1) recognize this could be perceived as verbal abuse if any resident was afraid or anxious hearing (V27 and V28) raise their voice and swear. V1 also stated I (V1) did not investigate this as an abuse allegation. I did not interview any staff or residents. I probably should have. V1 also stated I am new to the facility and thought of this as a customer service issue. V1 also stated I will follow our abuse prevention policy now (12/16/21), report (alleged verbal abuse of 12/13/21) to IDPH (Illinois Department of Public Health/State Agency) and start my (V1, Administrator/ Abuse Prevention Coordinator) investigation.</p> <p>The facility Illinois Department of Public Health Reportable Event facsimile dated 12/16/21 documents, and identified as the initial report of alleged verbal abuse of R2 by V27 and V28. The same initial report documents V16, Activity Assistant reported on 12/13/21, on the day the alleged verbal abuse occurred (as noted above V1 interview, the investigation did not begin until 12/16/21).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31642</p> <p>Based on record review, observation and interview the facility failed to provide increased supervision for a resident (R11) with known history of falls. This failure resulted in a fall for R11 who sustained a head laceration, facial fracture, and subarachnoid hemorrhage, that required treatment and hospitalization . The facility also failed to provide a safe environment to prevent a fall for R9 which resulted in an ankle fracture. R11 and R9 are two of three residents reviewed for falls on the sample list of 16.</p> <p>Findings include:</p> <p>1.) R11's current Medical Diagnoses List includes the following: Hemiparesis and Hemiplegia (severe or complete loss in strength or paralysis on one side of the body) Following Cerebrovascular Accident (Stroke) Left Side Affected, Parkinson's Disease (Neurological) , Need for Assistance With Personal Care, Difficulty Walking, Overactive Bladder, and Anxiety</p> <p>R11's Minimum Data Set (MDS) dated [DATE] documents the following:</p> <p>Brief Interview for Mental Status (BIMS) score of 9 out of 15 (moderate cognitive impairment). The same MDS documents R11 requires supervision when ambulating in R11's room, one person physical assist with toileting, has frequent incontinence of bladder, and had a history of two falls.</p> <p>The facility Resident Council minutes dated November 4,2021 document the following: Old business: Residents feel that call lights are not being answered in a timely manner. The facility Resident Council minutes dated 11/4/21 and 12/6/21 document this issue is not resolved.</p> <p>The facility Resident Council minutes dated November 4,2021 document the following:Residents feel they are at times waiting to go to the bathroom. The facility Resident Council minutes dated 12/6/21 document this issue is not resolved.</p> <p>R11's Incident by Incident Type dated 8/22/21 - 12/22/21 documents R11 has had four falls dated 9/4/21, 9/16/21, 11/27/21, and 12/15/21.</p> <p>R11's Fall Risk Assessment 11/27/21 documents R11's has intermittent confusion and is at High Risk for falls.</p> <p>R11's Care Plan current, documents an updated fall intervention was added 9/27/21 as follows: Falling Star (increase observations). The same Care Plan documents a fall intervention as follows: Educate resident (R11), (R11 has moderate cognitive impairment as documented on the above MDS), family, and caregivers (facility staff) about safety reminders and what to do if a fall occurs. The same Care Plan documents: Remind (R11) to surroundings for getting up in the middle of the night. Offer (R11) toileting assist.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R11's Facility Incident Report Form facsimile to Illinois Department of Public Health Final Report dated as 12/21/21 documents (unidentified staff) were alerted of R11's fall 12/15/21, by R11's roommate R16 who called out for help.</p> <p>R11's Incident Note dated 12/15/2021 at 7:47 pm, documents the following: Incident Note,</p> <p>Note Text: This nurse (V12, Licensed Practical Nurse/LPN) (was) called to res' (residents, R11) room, per CNA (unidentified Certified Nursing Assistant), to note (notice) res (resident, R11) laying on floor, on right side, head partially under bed. Res (R11) noted to have blood on hand et (and) blood noted to (on) floor under (R11's) head. Upon assessment, blood coming from right brow on (R11's) forehead. [NAME]/ROM (Moves All Extremities/ Range of motion) without diff (difficulty), hand grips equal bialt (bilateral). Res (R11) slid out from under bed et (and) head assessed, laceration noted to right eye brow, cleansed et (and) cold compress (was) applied. 911 (Emergency Medical Service) called for transport to (Local) ER (emergency room) for eval/tx (evaluation/treatment), for possible internal injuries and/or sutures. POA (Power of Attorney/ Residents Representative unidentified) notified et gave consent. (V47, Physician,) on-call for (Physician Medical Director), notified et gave order (Physician). Amb (Ambulance) arrived et left without diff (difficulty). No c/o (complaints) voiced from res (R11). Report called to (Local) ER.</p> <p>R11's (Local Hospital) emergency room report dated 12/15/21 at 8:20 pm documents the following: Chief Complaint: Patient (R11) brought to ED (Emergency Department) via EMS (Emergency Medical Service/ Ambulance) post unwitnessed fall, lac (laceration)/obvious swelling to right eye. The same report dated 12/15/21 at 9:56 pm documents ED Course Fracture at the superior lateral aspect of the right orbit, five millimeter fragment is displaced into the orbit (upper facial bones). Right extraconal orbital hematoma measuring up to four millimeters thickness. The right globe is minimally proptotic (bulging eyeball) relative to the left globe (eyeball), however the posterior aspect of the right globe still intersects the interzygomatic line (horizontal line of the anterior cheek bone). Trace amount of subarachnoid hemorrhage in right frontal lobe. No mass-affect. Fracture at the superomedial aspect measuring up to four millimeters thickness. The same report documented at 10:00 pm,as follows: All imaging reviewed by myself (V51, Physician) and the radiologist (V52, unidentified). I discussed the case with Trauma Surgeon (V53) from (distant hospital) who accepts the transfer (from local hospital to distant hospital). He (V53, Trauma Surgeon) has viewed all images. Of note, we (local hospital) are unable to fly a helicopter due to inclement weather and our ambulances are out on calls transporting previous trauma patients. There may be a delay in transfer. Patient (R11) is hemodynamically stable and mentating appropriately. The same report documents on 12/16/21 at 1:23 am Patient (R11) has left our facility (local hospital) in route to (distant hospital) without incident. Vital signs are stable upon departure. The same report summarizes R11's diagnoses as follows: Multiple Face Fractures- Primary - Onset 12/15/21, and Subarachnoid Hemorrhage- Primary- Onset 12/15/21.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/22/21 at 12:45 pm, V2, Director of Nursing (DON) reviewed fall investigations and stated the following: (R11) has had four falls (since annual survey 8/23/21). (R11's) last fall was unwitnessed and was reportable (fall with major injury). We (the facility) reported to IDPH (Illinois Department of Public Health). (R11) was first sent out to (Local) Hospital then transferred to (Distant Hospital) for head injury, and a facial fracture. I (V2, DON) investigated this one (R11's fall 12/15/21) and have my (V2, DON) full investigation completed. I give reportables (falls with serious injury) to (V1, Administrator) when I (V2, DON) have finished my investigation. R11 was in his closet and lost his balance turning around. This fall was unwitnessed. R11 BIMS (Brief Interview of Mental Status) is recorded as a nine which shows some cognitive impairment but on any given day he can be a lot higher on his BIM's. He knows to put on his call light and just doesn't. V2 also stated The Falling Star program is to increase staff awareness to check on the residents more often due to increased risk for falls. (R11) on the Falling Star (documented on above Care Plan) program.</p> <p>On 12/23/21 at 12:30 pm R11 was lying in R11's bed. R11 had dark blue bruising under R11's right eye and a one-and-a-half-inch scab over the right eye. R11 also stated the following: When I (R11) fell in my (R11) room the other night and got the stitches (12/15/21), I (R11) was trying to go to the bathroom then too. R11 stated I (R11) have had several falls but usually I end up on my (R11) butt. R11 also stated, I (R11) can't remember to put on my call light, when I have to go (use the bathroom), I have to go. There is no time for waiting. I really can't tell you anything more, I just know I didn't end up on my butt that (fall 12/15/21) time and got this (points to facial injury).</p> <p>On 12/23/21 at 12:40 pm R16, R11's roommate stated The staff don't come in</p> <p>here (R11 and R16's room) to check on us unless we put on the call light. I don't need much help. Usually (R11) does need some help going to the bathroom. I (R16) saw (R11) on the floor (12/15/21) and I had to go down to get a nurse. No one (staff) responded to the call light when I put it on to come down here and help him (R11). I heard him fall but I didn't see him till (until) he (R11) was on the floor next to his bed bleeding.</p> <p>2.) R9's Minimum Data Set (MDS) dated [DATE] documents R9 requires supervision and setup with walking and toileting. The same MDS documents R9 is continent of bowel and bladder. The same MDS does not document that a Brief Interview of Mental Status assessment was completed.</p> <p>On 12/28/21 at 1:20 pm V7, Social Service Director (SSD) stated the MDS requirement is to conduct the BIMS one day before up through one day after, and R9 was not available during that time frame. V7, SSD stated (R9) is alert and oriented. On 12/28/21 at 1:30 pm V7 returned and had completed a BIMS assessment for R9. dated 12/28/21. R9's BIMS score is documented as 15 out of 15, cognitive intact.</p> <p>R9's Care Plan Focus area for Falls was initiated on 11/30/20 and continued through the last revision 11/16/21, which documents the following: (R9) is at risk for falls and has had a fall related to weakness, depression, hypertension, unspecified glaucoma, and unspecified cataract. The same Care Plan documents an intervention for the Fall Focus area initiated 11/30/20 and still an active intervention that includes: (R9) needs a safe environment with even floors, free from spills and/or clutter: adequate glare free light; a working and reachable calllight, and personal items within reach.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/17/21 at 10:33 am, R9 was laying in bed with a cast on R9's lower left leg. R9 stated the following: I do not use the bathroom (uses bed pan) anymore. I fell in the bathroom and fractured my ankle. I slipped on the wet floor. (R1, R9's roommate) had an accident (incontinence episode). I (R9) had surgery around 11/12/21 (per hospital report 11/9/21). R9 also stated (R1) is very meticulous about her things and keeps everything in order. (R1) even tries to clean the bathroom when (R1) finishes in there (bathroom). It is okay for us (R1 and R9) to ask the staff to do the same (keep the bathroom clean).</p> <p>On 12/22/21 at 12:25 pm V2, Director of Nursing (DON) reviewed the fall log and fall investigations regarding R9's fall 11/8/21. V2, DON stated the following: (R9's) fall was unwitnessed. (R9) went to (local) hospital after an X-ray here in the facility. It (R9's fall 11/8/21) was reported to IDPH (Illinois Department of Public Health). (R9) had a fracture to (R9's) ankle (left). Interventions were reviewed. She (R9) is independent (MDS above documents ambulatory with supervision) and alert and oriented. She (R9) said she (R9) slipped in her roommate (R1) b m (feces).</p> <p>R9's Fall Incident note dated 11/8/21 at 1:15 am documents the following: (R9) is alert and oriented to person, situation, place and time, had an unwitnessed fall in the bathroom which resulted in left ankle swelling. The same Fall Incident note documents the following: Summary of events/situation: (R9) is alert and oriented and has been independent in ambulation (above MDS with supervision and set-up) in room. She (R9) got up during the night to go to the bathroom. Prior to her (R9) getting up she was observed by staff in bed asleep. Per resident she (R9) slipped in between the toilet and sink on what she (R9) believes was her (R9's) roommate (R1) feces. Staff (unidentified) entered the room and found (R9) on the floor. Nurse (unidentified) completed assessment and resident was complaining of pain to ankle (not specified) and stated she (R9) thought she (R9) had sprained it (left ankle). Physician (unidentified) was notified with orders for an X-Ray. X-Ray was completed revealing a fracture and resident was sent to the hospital. Root Cause: Resident slipped on bathroom floor.</p> <p>R9's (local hospital) Discharge Summary dated 11/10/21 documents the following: Visit Summary Discharge Diagnoses: Bimalleolar Fracture of (the) Ankle-Primary and Acute Urinary Tract Infection. Hospital Course: (age) year old patient (R9) who lives at (this facility), with a history of glaucoma, open angle glaucoma as well as dyslipidemia and hypothyroidism accidentally tripped on something, fell to the ground and had a Bimalleolar fracture of the left ankle on 11/8/21. She (R9) was admitted to the hospital. (R54, Physician) did an open reduction internal fixation (orthopedic surgical procedure to repair the fractured bone) of her ankle on 11/9/21, without any complications. She (R9's left ankle) is casted now.</p>		