STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007488	A. BUILDING: _____ B. WING _____	C 01/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS SENIOR LIVING	400 WEST WASHINGTON CHRISMAN, IL 61924

(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 FRI of 12/14/2022\IL154726	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b)5 300.1210d)6 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 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.	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007488	A. BUILDING: _____ B. WING _____	C 01/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS SENIOR LIVING	400 WEST WASHINGTON CHRISMAN, IL 61924

(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	Continued From page 1 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These Requirements were NOT MET as evidenced by: Based on observation, interview, and record review the facility failed to provide supervision and toileting assistance for one (R6) of three residents reviewed for falls. This failure resulted in R6 falling and sustaining a right hip fracture, right orbital (eye socket) fracture, and right wrist fracture. The facility also failed to implement post fall interventions for one (R6) of three residents reviewed for falls in the sample list of six. Findings include: R6's Diagnosis List dated 1/3/23 documents R6 has Dementia. R6's Minimum Data Set dated 11/4/22 documents: R6 has a Brief Interview for Mental Status score of 3, indicating severe cognitive impairment. R6 requires limited assistance of one staff person for transfers,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007488	A. BUILDING: _____ B. WING _____	C 01/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS SENIOR LIVING	400 WEST WASHINGTON CHRISMAN, IL 61924

(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	Continued From page 2	S9999		

walking, dressing, and toileting. R6 uses a walker, is not steady, and only able to stabilize balance with staff assistance when turning around, moving on/off the toilet, and for surface to surface transfers.

R6's Care Plan dated 11/7/22 documents R6 is at risk for falls related to confusion, gait/balance problems, Chronic Obstructive Pulmonary Disease, Type 2 Diabetes Mellitus, Osteoporosis, overactive bladder, and reflux disease. R6's care planned fall interventions do not include the use of an alarming device.

R6's Nursing Notes document the following: On 12/15/22 at 12:46 PM R6 had an unwitnessed fall in a resident room. R6 was found lying on the floor holding R6's head. R6 had a laceration to R6's right eye, right face 5 cm (centimeters) long by 1.27 cm wide by 0.3 cm deep, right wrist, and right forearm 3.5 cm long by 1 cm wide by 0.1 cm deep. R6's right wrist was flaccid (limp). R6's right eye was swollen shut and R6 was unable to open R6's eye. "This nurse (V10 Licensed Practical Nurse) applied pressure with ABD (abdominal) pads to orbital socket to stop hemorrhaging." R6 was transported by ambulance to the emergency room. Contributing factors include R6 was not using R6's cane/walker "as instructed" and R6 has diagnoses of Dementia and an unsteady gait.

R6's undated Fall Investigation documents the following: R6's fall occurred in another resident room. V11 Certified Nursing Assistant (CNA) saw R6 in the bathroom approximately 3 minutes prior to the fall. V11 thought R6 "was trying to put on different pants because resident's (R6's) pants were in the bathroom." R6 requires limited assistance of one person for activities of daily living and transfers. "Root Cause: it is probable

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007488	A. BUILDING: _____ B. WING _____	C 01/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS SENIOR LIVING	400 WEST WASHINGTON CHRISMAN, IL 61924

(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	Continued From page 3 resident (R6) was attempting to dress without assistance resulting in (R6) becoming off balance and falling." "Based on investigation, it is probable that resident (R6) took herself to the bathroom and took off her pants. Resident (R6) had a different pair of pants around her ankle upon staff assessment." R6 was transferred to the emergency room and diagnosed with a right hip, wrist, and orbital bone fracture. R6's Hospital Emergency Room Note dated 12/15/22 at 1:32 PM documents R6 had an unwitnessed fall at the nursing home and presented with right eye bruising/bleeding, right hip pain, right facial injuries, and fractured right wrist. R6's right wrist x-ray and right hip x-ray dated 12/15/22 document "There is an acute dorsally impacted fracture distal metaphysis of the radius. There is an acute avulsion fracture styloid process distal ulna." "Right hip x-ray shows a fracture in the subcaptial region extending to the mid cervical region medially." "Acute pathology is right wrist fracture and right hip fracture." R6's head/facial bone Computed Tomography scan dated 12/15/22 documents "Right orbital rim fracture". On 12/29/22 at 10:52 AM R6 was lying in bed on a motion sensor bed alarm. R6 had a cast to R6's right forearm and bruising/scabbed area to R6's right check. R6 did not remember falling and was unable to recall details of R6's fall. At 11:15 AM V12 and V6 CNAs used a gait belt and transferred R6 from the wheelchair into the shower chair. R6 had dark blue bruising to R6's right side and lower back/hip. At 1:51 PM R6 was sitting in a recliner in R6's room. R6 did not have a motion sensor alarm in R6's recliner. On 12/29/22 at 1:54 PM V12 CNA stated V12 was	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007488	A. BUILDING: _____ B. WING _____	C 01/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS SENIOR LIVING	400 WEST WASHINGTON CHRISMAN, IL 61924

(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	Continued From page 4 not sure who transferred R6 into the recliner. V12 confirmed R6's recliner did not have a motion sensor alarm. "I put one (alarm) in (R6's) chair this morning and (R6) uses it (alarm) in bed. We have a binder at the desk that tells us fall interventions/alarms." On 12/29/22 at 1:57 PM the fall intervention binder did not contain information regarding R6's fall interventions. V9 Licensed Practical Nurse (LPN) confirmed the binder did not contain fall interventions for R6. V9 stated V9 was not sure if R6 uses motion sensor alarms and V9 would have to look up the information. V9 reviewed R6's Physician Orders and stated "there is no order for R6 to have an alarm. There would be an order if (R6) was suppose to have one." On 1/3/23 at 10:18 AM V11 CNA stated: V11 was walking with R6 to the dining room (on 12/15/22). R6 told V11 that R6 needed to go to the bathroom. V11 told R6 to go ahead and go to the bathroom, and V11 would return later. V11 went to assist another employee with a resident transfer, and upon return R6 was found on the floor near the closet of another resident's room. V11 had last seen R6 sitting on the toilet in the adjoining bathroom of that room a few minutes prior. R6 was found to have on different pants that did not belong to R6. R6's walker was in the bathroom and not in the resident room near R6. V11 does not work R6's hall much, but R6 was "pretty independent with toileting." The post fall intervention was not to leave residents in the bathroom by themselves. R6's fall probably could have been prevented if someone was in the bathroom assisting R6. R6 "gets confused and mixed up". R6 was in the closet getting clothes to change into, because R6 was incontinent.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007488	A. BUILDING: _____ B. WING _____	C 01/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS SENIOR LIVING	400 WEST WASHINGTON CHRISMAN, IL 61924

(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	Continued From page 5 On 1/3/23 at 10:45 AM V10 LPN stated V10 heard a scream and found R6 lying face down in another resident room. R6 was bleeding, R6's orbital socket had a "big gash" and R6's right wrist was limp. V10 supported R6's wrist with R6's fingers. R6 was unable to open R6's right eye due to swelling and a hematoma. Prior to the fall R6 was confused, had an unsteady gait, and required assistance of one staff person for transfers, ambulation, and toileting. R6 was not safe to be left in the bathroom by herself due to R6's confusion. On 1/3/23 at 1:25 PM V2 Director of Nursing stated R6 should have a motion sensor alarm in use when R6 is sitting in the recliner in R6's room. This information should be updated on R6's care plan and included in the binder at the nurse's station. V2 stated through investigation it is probable that R6 was attempting to pull up R6's pants that R6 had obtained from the room and fell. V12 stated V11 had witnessed R6 in the bathroom approximately 3 minutes prior to the fall, and staff should assisted R6 since R6 required one assist for activities of daily living. On 1/3/23 at 2:39 PM V4 Physician confirmed R6's injuries are consistent with a fall. The facility's Falls - Clinical Protocol revised August 2008 documents: "Based on the preceding assessment, the staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address risks of serious consequences of falling." (A)	S9999		