STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0052555	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS SENIOR LIVING	400 WEST WASHINGTON , CHRISMAN, Illinois, 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) COMPLETION DATE
S0000	Initial Comments Complaint Investigation # 2568821/IL2616607	S0000		10/10/2025
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active	S9999		10/10/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0052555	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS SENIOR LIVING	**400 WEST WASHINGTON , CHRISMAN, Illinois, 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) COMPLETION DATE
S9999	Continued from page 1 participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. 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 prevent resident elopement by failing to ensure an exit door was alarmed/monitored to prevent residents from exiting unnoticed and failed to develop and implement a care plan for a resident at risk for elopement for one of three residents (R1) reviewed for elopement on a sample list of five. These failures resulted in R1, a cognitively impaired resident at risk for falls, leaving the facility unsupervised in a wheelchair in the dark. R1 was found three tenths of a mile from the facility in the middle of a country road near railroad tracks by a local citizen who alerted facility staff of R1's location. Findings include: R1's Admission Record dated 9/23/25 documents R1 admitted to facility 8/28/2019. The Admission Record documents R1's medical diagnoses include Congestive Heart Failure with presence of Cardiac Pacemaker, Age-Related Cognitive Decline, Major Depressive Disorder, Chronic Obstructive Pulmonary Disease, Abnormalities of Gait and Mobility, Lack of Coordination, Parkinson's Disease Without Dyskinesia, Need for Assistance with Personal Care, Unsteadiness on Feet, and Insomnia.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0052555	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS SENIOR LIVING	400 WEST WASHINGTON , CHRISMAN, Illinois, 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) COMPLETION DATE
S9999	Continued from page 2 R1's Minimum Data Set (MDS) Section C dated 8/15/25 documents R1 has moderate cognitive impairment. R1's Elopement Risk Assessment dated 12/10/19 identifies R1 at risk for elopement. R1's undated Care Plan documents R1 has confusion and a cognitive communication deficit, R1 is high risk for falls, has a history of falls with major injury, and staff have observed R1 turning off safety alarms. The Care Plan documents R1 has psychosocial well-being issues with reported feelings of isolation, has diagnoses of Major Depressive disorder and Insomnia, is at moderate risk for abuse related to dependence on others, displays inappropriate behaviors, has impaired cognitive function, and has suicidal ideations. R1's undated Care Plan documents Elopement risk was added on 9/6/25 by V4 Social Services Director (SSD) with a goal of R1 will not leave the facility without being escorted by family or staff. The Nurse Practitioner Visit Note dated 8/20/25 documents R1 is a high fall risk, impulsive, needs safety reminders and lists diagnoses of confusional arousals and Altered Mental Status (AMS). R1's Nursing Progress Notes dated 8/26/25 document R1 was found unresponsive with decreased respirations. R1's Physician Visit Note dated 8/27/25 documents R1 had a transient unresponsive episode with bradypnea (abnormally slow breathing) and pallor, which resolved spontaneously. The Note documents to continue to monitor neurological and cardiopulmonary status closely, including level of consciousness, respiratory rate, and skin color, and maintain fall and safety precautions, especially during toileting and transfers. The Psychiatric Nurse Practitioner Visit Notes dated 8/29/25, document R1 reports feeling more depressed for one week. The Notes document staff suspect it could be due to family and staff talking to him about his behaviors. His appetite and sleep are "so-so." Reports ongoing suicidal ideations. When asked if he had a plan, he stated "That's my business, not yours." When educated on notifying staff of any worsening thoughts or development of plan, he stated "I told you it's my business. If I want to do it, I'll figure it out somehow." The Notes document R1 denies homicidal ideations or audio-visual hallucinations and staff are aware of his statements and will continue to monitor closely.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0052555	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS SENIOR LIVING	400 WEST WASHINGTON , CHRISMAN, Illinois, 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) COMPLETION DATE
S9999	Continued from page 3 R1's Psychiatry Visit Notes dated 9/15/25 document staff reported R1 has new behavior of exit seeking with multiple attempts over previous week and R1 confirmed to practitioner that he would continue to exit seek as he does not want to be at facility. On 9/23/25 at 11:41 AM, V6, R1's friend, stated that on Friday night of 9/5/25, he received a phone call from the facility stating they believed R1 had gotten out of the facility and someone in the community had called reporting they had seen him. V6 could not recall the exact time of the call but stated it was dark outside and he was already in bed. V6 stated that approximately an hour after he received the first call, R1 called from facility stating he was back. V6 stated that R1 stated to V6, R1 had to go home to feed the dog, and he didn't want to be in the facility anymore. V6 stated R1's residence prior to living at the facility was an apartment approximately 45 miles north that was right behind the railroad tracks. V6 stated R1 has stated to V6 previously that he would just follow the tracks home. V6 stated R1 knew the exit code because it had been posted on the door for years. V6 stated staff (Unknown) told him where R1 had been found indicating R1 had to travel over uneven, bumpy, railroad tracks to get to the location R1 was found. V6 stated if R1 fell out of the wheelchair he would not have the strength to pull himself back in. On 9/23/25 at 1:15 PM near the area R1 was found there was an audible sound of a railroad train traveling down railroad tracks and a train was observed traveling through the crossing at moderate speed. No warning lights or barriers were present at the crossing. On 9/24/25 at 11:20 AM, R1 was at the front entrance of the facility demanding to be let out to go home. At 3:00 PM on 9/24/25, R1 stated he does not remember much about the night of 9/5/25. R1 stated he knew he wanted to go home to feed his dog Patsy and stated it was very dark, and it was getting cold. On 9/25/25 at 12:10 PM, V12, Certified Nurse Aide (CNA), stated on Friday September 5th at 10:05 PM she received a call from V14, Registered Nurse (RN), to initiate a head count with suspicion of a missing resident. V12, CNA, stated V12 completed the head count on the skilled side and ran up to the front entryway where V15 CNA stated someone called to report that there was a person rolling around in the street in a wheelchair that may live here and that R1 was missing. V12 CNA stated at that time the two nurses on duty, V14 RN, and V16 RN, pulled up in parking lot. One was in a	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0052555	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS SENIOR LIVING	400 WEST WASHINGTON , CHRISMAN, Illinois, 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) COMPLETION DATE
S9999	Continued from page 4 car, and the other was pushing R1 in his wheelchair. V12 CNA stated that one nurse pushed him back in the wheelchair, while the other used the car headlights to see due to no lights on the road, and it was very dark that night. When R1 was inside facility he stated to V12 CNA that he was going home to feed his dog, but it got cold outside. V12 stated R1 was wearing grey sweatpants, and a thin long sleeve zip up jacket. V12 stated R1 stated no one let him out, he just held the handle down for a few seconds and door opened but R1 was unable to recall when he left or how long he had been outside. V12 CNA stated R1 was found near railroad tracks approximately 0.3 miles from the facility and one tenth of a mile away from the highway. V12 CNA stated she began her shift at 6:00 PM that night and doesn't remember hearing any alarms that evening. V12 CNA stated staff should be able to hear the front door alarm. V12 CNA stated R1 has often made statements to her that he doesn't want to be here, and he wants to go home. On 9/24/25 at 11:05 AM V5, Maintenance Director stated all doors have alarms if opened and the alarm sounds in the area of open door as well as sends a notification to the alarm panel. V5 demonstrated doors/hallways that wander guards would trigger an alarm which included the front entrance (door #9). V5 stated the facility added a mag lock about 2 weeks ago which is essentially a video doorbell that can be opened remotely. V5 stated that he recoded the front door about a week ago. On 9/24/25 at 11:29 AM, V11 CNA stated that on 9/5/25 she was the only aide working on R1's hallway. R1 was very restless that evening so she got him up from bed and watched him roll toward the front hallway around 9:00 PM. V11 denied hearing any alarm but stated that another staff member (unknown) had turned the front door alarm off due to multiple visitors coming in that evening and not enough staff to monitor front area. V11 stated at approximately 9:40 PM, the nurse received a phone call from a local resident stating R1 was in her area. V11 stated no one had known R1 left the facility and without the call from the town resident, she is unclear when they would have noticed. The Timecard Report dated 9/5/25 documents between the hours of 9:00 PM and 10:00 PM there was one CNA and one nurse for 37 residents on R1's unit. On 9/24/25 at 11:53 AM V9 RN stated that on 9/5/25 she worked 2:00 PM to 6:00 PM until V14 RN arrived and took over. V9 stated R1 received medication from her at 5:30 PM in his room. V9 stated she noticed over the last week R1's behavior had changed notably. V9 stated R1	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0052555	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS SENIOR LIVING	400 WEST WASHINGTON , CHRISMAN, Illinois, 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) COMPLETION DATE
S9999	Continued from page 5 usually stayed to his room, but lately she noticed R1 sitting in the chapel near the front entrance staring outside. V9 stated when she returned on 9/7/25, the codes to the front door had been changed and the sign on the door with code had been removed. The Facility Investigation File dated 9/6/25 includes one written statement from V14 RN. V14's undated written statement documents that at 9:55PM she received a call from a local town resident stating she had observed someone in a wheelchair in the road near her home that she believed was a resident of the facility. A head count was initiated and R1 was found to be missing. R1 was last been seen heading toward the front hallway in a wheelchair around 9:00 pm. Upon R1's return, no injury was found, and a wander guard was placed on R1's right ankle. The statement documents notifications were made to V1 Administrator, V16 Supervisor, and V6 R1's Representative. At 3:15 PM on 9/24/25, V1 Administrator, stated that she did investigate the incident and that R1 previously had been assessed to go outside on R1's own and the night of 9/5/25, R1 was just checking things out so he did not elope. No assessment or physician order documented in R1's Medical Record documents R1 is able to leave the facility unattended. On 9/25/25 at 10:22AM V8, Nurse Practitioner, stated R1's Parkinson's Disease affects his cognition and safety awareness. V8 stated R1 has intermittent moments of clear speech and memory recall, however his baseline is confused and R1 has no safety awareness. V8, stated R1 is impulsive and has stated on many occasions that he wants to go home. V8 stated R1 has advanced cardiac disease and recently had an internal defibrillator replaced. V8 stated R1 had an unresponsive episode on 8/27/25 due to cardiac issues and has high potential for another. V8, stated R1 would sit outside facility at times but always had staff supervision and should not have ever been outside alone. V8, stated the potential for R1 to have been harmed or have succumbed to the elements during his elopement was highly likely. V8 stated V8 was not notified of the elopement. The facility document entitled Elopement and Search Policy dated 02/2014 documents all nursing personnel are responsible for knowing whereabouts of assigned residents, residents are not permitted to leave the building alone unless a physician order is present, and all personnel are responsible for promptly responding to the location of an alarm to determine the cause. The	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0052555	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS SENIOR LIVING	400 WEST WASHINGTON , CHRISMAN, Illinois, 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) COMPLETION DATE
S9999	Continued from page 6 policy states if elopement occurs, the physician and resident representative are to be notified, and a report is to be sent to the Illinois Department of Public Health (IDPH). (A)	S9999		