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 03/03/2021

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 Complaint Investigation 2161332/IL131350	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1010h) 300.1210b) 300.1210d)3) 300.1210d)5) 300.3240a) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest	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 03/03/2021

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 decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure	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 03/03/2021

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 sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on observation, interview and record review the facility failed to report pressure wound changes to the physician and family, failed to provide prescribed pressure ulcer treatment and pressure relieving devices, failed to manage pain during dressing change, and failed to develop care plan interventions to promote wound healing for residents. These failures affect two (R1 and R2) of three residents reviewed for pressure wounds in a sample list of 3 residents. These failures resulted in R1's pressure wound developing then deteriorating to an unstageable wound requiring hospitalization and intravenous antibiotics. Findings include: 1. R1's skin assessment upon admission (12/22/20) documents R1 as at mild risk for pressure sores with skin warm, dry and intact. R1's skilled evaluation dated 12/23/20 documents R1 as continent of urine and stool. R1's order dated 12/23/20 documents barrier cream to buttocks for redness. R1's skin assessment dated 1/14/21 documents	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 03/03/2021

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	S9999		

R1 as at mild risk for pressure sores. R1's skilled evaluation dated 2/6/21 documents R1 as incontinent of urine and uses an adult brief.

R1's shower sheet dated 2/18/21 documents no wounds or excoriation on R1's body. On 3/1/21 at 1:10 PM V11 (Licensed Practical/LPN/Wound Nurse) stated, "I was told that (V13 Wound Doctor) needed to look at R1's skin because it was excoriated." R1's wound evaluation dated 2/19/21 documents a stage three wound of the right buttock measuring 0.6 x 2.5 x 1centimeter (cm). R1's wound was debrided and a treatment order was given for dressing the wound with calcium alginate and silicone foam dressing every day.

R1's shower sheet dated 2/22/21 documents "Sore on right buttock with strong odor;" no nurse follow up was documented on the forms signature line. R1's progress notes do not document notification of 2/22/21 shower sheet "foul odor" of wound to R1's physician.

R1's order dated 2/22/21 documents "Calcium alginate with silicone foam dressing to wound daily" was not documented as done on 2/22/21 and 2/23/21. On 3/3/21 at 11:21 AM V2 (Corporate Director of Nursing) stated, "If it wasn't documented, then it wasn't done."

The facility policy dated 12/5/20 documents "Weekly skin assessments will be completed for residents who are at mild and moderate risk for breakdown and daily skin assessments will be completed for residents who are at high and severe risk for breakdown."

On 3/2/21 at 12:00 PM V2 stated, "We don't have (R1's assessments)."

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 03/03/2021

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 The facility policy dated 12/5/06 documents "Each facility will develop an interdisciplinary wound committee and minutes of each meeting will be recorded and maintained." On 3/3/21 at 11:20 AM V2 stated, "We don't have a wound meeting, we are starting that tomorrow." The facility policy dated 12/5/06 documents "#7 Care Plans will be developed for any resident who is identified at risk (mild/moderate/high/severe) according to the Braden risk assessment score." R1's most recent care plan dated 1/18/21 does not document skin integrity or interventions until 3/1/21, five days after R1 was transferred out of the facility to the hospital. On 3/1/21 at 3:30 PM when asked why the care plan had been changed, V1 (Administrator) stated, "We were trying to clean up the care plans once we knew what you were looking at." R1's progress note dated 2/25/21 documents R1 was sent to (a local hospital) for evaluation." On 3/1/21 V12 (Physician Assistant) stated, "I saw (R1's) right buttock wound when (R1) came into the hospital. The wound was at least a stage three and possibly unstageable. We consulted surgery to see if it needed to be debrided. (R1) was difficult to arouse when (R1) came in. The wound was infected with three types of bacteria. We put her on two different types of (intravenous) antibiotics and now (R1) is just on one, Merrem. I believe that this infection in (R1's) coccyx is what caused her decline and hospitalization and to require (intravenous) antibiotics. Today (R1) is on day five of her antibiotics and is doing much better. (R1) is now alert."	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 03/03/2021

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	S9999		

On 3/1/21 at 8:30 AM V15 (Power of Attorney for R1) stated, "The hospital physician asked me if I knew about R2's wound. I did not. I have never been informed that (R2) had a wound. All they told me was that she had some cream for redness. I won't be sending her back to that facility."

The Facility Policy Prevention of Pressure Ulcers revised 8/2008 documents, "#6 the facility should have a system/procedure to assure assessments are timely and appropriate and changes in condition are recognized, evaluated, reported to the practitioner, physician, and family and addressed."

2. R2's Minimum Data Set Care Area Worksheet dated 12/15/20 documents, "At risk for pressure ulcer, none noted at this time, has pressure relieving mattress and cushion to wheelchair."

The facility policy dated 12/5/21 documents "Weekly skin assessments will be completed for residents who are mild and moderate risk for breakdown and daily skin assessments will be completed for residents who are high and severe risk for breakdown."

R2's Progress Note dated 1/7/21 documents "Resident noted to have a small open area to right hip 0.3 x 0.3. Area cleansed (and) calcium alginate with foam dressing applied. Change daily (and) as needed. (Nurse Practitioner) is in the facility (and) agrees with (treatment). (Power of Attorney) is aware." On 3/2/21 at 11:45 AM V1 (Administrator) stated, "We didn't do any skin assessments for R2." On 3/2/21 at 12:00 PM V2 (Corporate Director of Nursing) stated, "We don't have any skin assessments for R2."

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 03/03/2021

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 6 On 3/2/21 at 1:25PM V2 (Director of Nursing) stated, "(R2) is on a turning and repositioning program every two hours, but we have got to get the Certified Nursing Assistants (CNA's) to start documenting again, the documentation looks like (due to lack of documentation, the turning and repositioning) was only done a couple times this month." R2's wound evaluation and management summary documents the following: 1/15/21 documents a stage one pressure wound of the right hip. The wound size measures 5 cm x 4 cm x not measurable. A physician order for "Silicone bordered foam dressing three times per week for 30 day" was placed. 1/23/21 documents a stage one pressure wound of right hip. The wound size measures 2 cm x 1 cm x not measurable. The physician documented the wound is improving. 1/29/21 documents an unstageable deep tissue injury of the right hip. The wound size measures 1.2 cm x 0.5 cm x 0.1 cm. The physician documented the wound has improved. Surgical excision debridement was performed. 2/5/21 documents a stage three pressure wound of the right hip. The wound measures 1.5 cm x 1 cm x 0.1 cm. The physician documented that the wound has deteriorated. Surgical excision debridement was performed. A new physician order for "calcium alginate three times per week for 30 days with a silicone foam dressing" was placed. 2/12/21 documents a stage three pressure wound of the right hip. The wound measures 1.5 cm x 1 cm x 0.1 cm. The physician documented no change in wound. R2's wound evaluation dated 2/19/21 documents	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 03/03/2021

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 7 a stage three pressure wound of the right hip. Wound size 3 x 2.2 x 0.3cm. The wound has deteriorated. Surgical excision and debridement procedure was performed. The Physician ordered "Add honey to wound bed three times a week as needed." R2's wound evaluation dated 2/27/21 documents "a stage four pressure wound of the right hip. Size 11 x 7 x 0.3cm. Deteriorated. Surgical excision debridement procedure." The order was changed to Thera-honey sheet apply three times per week with silicone foam and transparent film. On 3/2/21 at 12:10 PM V2 stated, "We got (R1) the alternating air mattress two weeks ago." On 3/3/21 at 1:11 PM V2 stated, "I would expect the facility to request a specialty mattress after doing an initial (1/15/21) skin assessment." On 3/1/21 at 10:00 AM R2 was sitting at the nurse's station in positioning chair. No cushion or positioning aid was observed in the chair. On 3/1/21 at 1:00 PM R2 was sitting at the nurse's station in the positioning chair without a cushion or positioning aid observed. On 3/1/21 at 1:10 PM V7 (Licensed Practical Nurse/Assistant Director of Nursing) stated, "Sitting in a chair for hours isn't ideal for (R2's wound)." On 3/2/21 at 8:45 AM V9 (Certified Nursing Assistant) stated, "(R2) has declined. (R2) has to be in a positioning chair because (R2) can't sit in the wheelchair and (R2) tries to crawl out of bed. He is so thin and bony, and he wants to lay on his right side, no matter how we position him. We usually put him in his recliner in his room if we can. I don't know why they had him up so long yesterday." On 3/2/21 at 8:50 surveyor observed R2 in bed	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 03/03/2021

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 8 laying on right side with no cushion in R2's recliner. On 3/2/21 at 10:30 AM V7 stated, "We need to get more creative with positioning (R2) off of his wound." The Facility Prevention of Pressure Ulcers Policy dated 8/2008 documents, "#3 If Pressure Ulcers are not treated when discovered, they quickly get larger, become very painful for the resident and often times become infected." R2's Care Plan dated 12/15/20 documents "(R2) is at risk for pain or discomfort." On 3/2/21 at 9:10 AM V3 (LPN) and V9 (CNA) rolled R2 in bed to perform stage four wound dressing change. R2 cried out loudly and wailed when the wound was touched. R2 yelled "Let me die!" The wound was open with bone visible. The outer surface of the wound was red and draining yellow/red exudate. On 3/2/21 at 9:15 AM V3 stated, "I will call the doctor and get him some pain medicine." On 3/2/21 at 10:16 AM V11 (Licensed Practical Nurse/Wound Nurse) stated, "Anytime that you touch (R2's) wound, he is in pain. It looks pretty awful." (A)	S9999		