PRINTED: 01/24/2022 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C IL6007488 B. WING 12/28/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST WASHINGTON PLEASANT MEADOWS SENIOR LIVING CHRISMAN, IL 61924 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY)** S 000 **Initial Comments** \$ 000 FRI of 12/15/2021\IL141658 S9999 Final Observations S9999 Statement of Licensure Violations 300.1210b) 300.1210d)6 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: 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

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Based on record review, observation and

that each resident receives adequate supervision

These Requirements were not met as evidenced

and assistance to prevent accidents.

TITLE

Attachment A Statement of Licensure Violations

(X8) DATE

<u>Illinois</u>	Department of Public	Health			FURN	MAPPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007488			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED C 12/28/2021	
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S9999	Continued From pa	ge 1	\$9999				
	supervision for a reshistory of falls. This R11 who sustained fracture, and subara required treatment a	failed to provide increased sident (R11) with known failure resulted in a fall for a head laceration, facial achnoid hemorrhage, that and hospitalization. The facility a safe environment to					
	prevent a fall for R9 fracture. R11 and R	which resulted in an ankle are two of three residents the sample list of 16.					
	Findings include:						
	the following: Hemip (severe or complete on one side of the bo Cerebrovascular Acc Affected, Parkinson's Need for Assistance	edical Diagnoses List includes paresis and Hemiplegia loss in strength or paralysis ody) Following cident (Stroke) Left Side is Disease (Neurological), With Personal Care, veractive Bladder, and					
	documents the follow Brief Interview for Me 9 out of 15 (moderate same MDS document when ambulating in F physical assist with to	ental Status (BIMS) score of e cognitive impairment). The its R11 requires supervision R11's room, one person					
	November 4,2021 do business: Residents t being answered in a t "Resident Council" m	Council" minutes dated cument the following: "Old eel that call lights are not imely manner." The facility inutes dated 11/4/21 and is issue is "not resolved."					

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
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S 9 999	Continued From pa	ge 2	S9999			
	November 4,2021 of following: "Residents to go to the bathroo	s feel they are at times waiting m." The facility "Resident ated 12/6/21 document this				
	12/22/21 documents	ncident Type" dated 8/22/21 - s R11 has had four falls dated 27/21, and 12/15/21.				
	R11's Fall Risk Asse R11's has intermitte Risk for falls".	essment 11/27/21 documents nt confusion and is at "High				
	fall intervention was "Falling Star (increase Care Plan document follows: "Educate resemble moderate cognitive in on the above MDS), (facility staff) about side if a fall occurs." Todocuments: "Reminder	rent, documents an updated added 9/27/21 as follows: se observations)". The same ts a fall intervention as sident (R11), (R11 has mpairment as documented family, and caregivers safety reminders and what to he same Care Pland (R11) to surroundings for dle of the night. Offer (R11)				
	Illinois Department o dated as 12/21/21 do	nt Report Form" facsimile to f Public Heath "Final Report" ocuments (unidentified staff) s fall 12/15/21, by R11's "called out for help."				
	documents the follow Note Text: This nurse Nurse/LPN) (was) ca room, per CNA (unide	dated 12/15/2021 at 7:47 pm, ving: "Incident Note, e (V12, Licensed Practical illed to res' (residents, R11) entified Certified Nursing otice) res (resident, R11)				

PRINTED: 01/24/2022 Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C IL6007488 B. WING 12/28/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **400 WEST WASHINGTON** PLEASANT MEADOWS SENIOR LIVING CHRISMAN, IL 61924 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 laving 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. MAE/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." 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

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(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

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NA	ME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE			
PL	PLEASANT MEADOWS SENIOR LIVING 400 WEST WASHINGTON CHRISMAN, IL 61924							
ΡF	(4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
S		superomedial aspect millimeters thickness documented at 10:0 reviewed by myself or radiologist (V52, unit case with Trauma Shospital) who accept hospital to distant he Surgeon) has viewed (local hospital) are ut to inclement weather on calls transporting. There may be a delay hemodynamically state appropriately. The state 12/16/21 at 1:23 am facility (local hospital without incident. Vita departure." The sam diagnoses as follows Primary - Onset 12/1 Hemorrhage- Primar On 12/22/21 at 12:45 (DON) reviewed fall it following: "(R11) has survey 8/23/21). (R11)	es-affect. Fracture at the cet measuring up to four s." The same report to pm,as follows: "All imaging (V51, Physician) and the dentified). I discussed the urgeon (V53) from (distant to the transfer (from local ospital). He (V53, Trauma d all images. Of note, we mable to fly a helicopter due r and our ambulances are out previous trauma patients. By in transfer. Patient (R11) is able and mentating same report documents on "Patient (R11) has left our ly in route to (distant hospital) I signs are stable upon e report summarizes R11's "Multiple Face Fractures-5/21, and Subarachnoid	S9999				

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(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

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6007488 B. WING 12/28/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **400 WEST WASHINGTON** PLEASANT MEADOWS SENIOR LIVING CHRISMAN, IL 61924 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 (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." 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 eve. 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," (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)." On 12/23/21 at 12:40 pm R16, R11's roommate stated "The staff don't come in 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."

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2.) R9's Minimum Data Set (MDS) dated August 26, 2021 documents R9 requires supervision and

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S 99 99	Continued From pa	ge 6	S9999			
	documents R9 is co The same MDS doe	and toileting. The same MDS ontinent of bowel and bladder. es not document that a Brief Status assessment was				
	Director (SSD) state conduct the BIMS o day after, and R9 witime frame. V7, SSE oriented." On 12/28 and had competed a	pm V7, Social Service ad the MDS requirement is to ne day before up through one as not available during that 0 stated "(R9) is alert and 1/21 at 1:30 pm V7 returned a BIMS assessment for R9. a BIMS score is documented initive intact.				
	on 11/30/20 and con revision 11/16/21, while "(R9) is at risk for fail to weakness, depressing unspecified glaucom. The same Care Plar for the Fall Focus and an active intervention safe environment with and/or clutter: adequate and active intervention and/or clutter: adequate revision and active intervention active intervention active intervention and active intervention active intervent	us area for Falls was initiated attinued through the last hich documents the following: lls and has had a fall related ssion, hypertension, a, and unspecified cataract. In documents an intervention ea initiated 11/30/20 and still in that includes: "(R9) needs a still even floors, free from spills ate glare free light; a working int, and personal items within				
	with a cast on R9's lo following: "I do not us pan) anymore. I fell in my ankle. I slipped on roommate) had an ac episode). I (R9) had (per hospital report 1' '(R1) is very meticulo	B am, R9 was laying in bed ower left leg. R9 stated the se the bathroom (uses bed in the bathroom and fractured in the wet floor. (R1, R9's exident (incontinence surgery around 11/12/21 1/9/21)." R9 also stated ous about her things and order. (R1) even tries to				

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for an X-Ray. X-Ray was completed revealing a fracture and resident was sent to the hospital.

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