PRINTED: 10/17/2023

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING 09/28/2023 IL6007488 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **400 WEST WASHINGTON** PLEASANT MEADOWS SENIOR LIVING CHRISMAN, IL 61924 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID PREFIX COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S 000 S 000 Initial Comments Complaint Survey: 2367683/IL164409 & 2367683/IL164409 S9999 \$9999 Final Observations Statement of Licensure Violations 1 of 2 1. 300.1210b) 300.1210d)2 300.1210d)4A 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: 2) All treatments and procedures shall be administered as ordered by the physician. Attachment A Statement of Licensure Violations 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: illinois Department of Public Health

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

TITLE

(X8) DATE

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6007488 09/28/2023 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** PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (XS) COMPLETE (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) \$9999 Continued From page 1 S9999 A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. These Requirements were not met as evidenced by: Failures at this level required more than one deficient practice statement. A. Based on observation, interview, and record review, the facility staff failed to complete wound dressing changes as ordered by the wound care physician. This failure affects one resident (R17) out of five reviewed for wound care on a sample of 18. This failure resulted in R17's foot wounds becoming infested and infected with parasitic fly larvae (maggots) requiring the use of intravenous antibiotics. B. Based on record review and interview, the facility staff failed to obtain and document resident weights as ordered by the physician for relevant medical diagnoses. This failure affects three residents (R1, R16, R17) out of 12 reviewed for physician orders on a sample of 18. Findings include: a. R17's Census Detail and Minimum Data Set List (undated) documents R17 was originally admitted to the facility 6/20/21, with a subsequent re-admission 1/5/22. R17's Nurses Notes dated 9/24/23 document R17 was discharged to the hospital on 9/24/23 due to shortness of breath, low blood pressure, elevated temperature, elevated heart rate, and low oxygen level. R17's current Diagnosis List (undated)

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: B. WING IL6007488 09/28/2023 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 PROVIDER'S PLAN OF CORRECTION (X4) ID (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) \$9999 Continued From page 2 S9999 documents R17 experiences medical diagnoses including Heart Feilure, Chronic Obstructive Pulmonary Disease, Lymphedema, Diabetes. Anemia, Chronic Kidney Disease, Pressure Ulcer of the Buttock, and Need for Assistance with Personal Care. R17's Wound Care Physician Progress Notes from V16, Wound Care Physician, dated 9/20/23 documents R17 was experiencing multiple open draining lymphedema ulcers on both the right and left legs, in durations of between 1 day and 6 months, requiring combinations of calcium alginate, absorbent pads, and compression wraps. This same Progress Note documents R17 was experiencing open draining stage 3 pressure ulcers on both buttocks, in duration greater than 6 months, requiring treatment with absorbent pads and silicone barrier cream. This same Progress Note documents R17 was experiencing and open draining wounds on the right first toe and left first and second toes requiring a treatment procedure to place calcium alginate between R17's toes. absorbent pads, gauze wraps, and compression wraps to be changed twice daily. The treatment orders and dressing changes for R17's right first toe, initially noted on this progress note as a new wound, was not transcribed onto R17's Physician Order Sheet nor onto R17's Treatment Administration Record. This Progress Note documents R17's left first and second toe wounds were not at goal. R17's Nurses Note dated 8/5/23 at 2:29 PM documents R17 had complained that the dressings on his legs had not been changed in a few days. The responding nurse (V11, Registered Nurse) then found maggots in R17's left foot and documented soaking R17's feet in a (sodium chloride solution) and placing secured wraps on

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 B. WING IL6007488 09/28/2023 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 PREFIX PROVIDER'S PLAN OF CORRECTION Ю (XS) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) \$9999 Continued From page 3 S9999 R17's feet. There was no documentation that the primary physician nor the wound care physician had been notified of the maggots and new open wounds on R17's left toes. R17's Nurses Note dated 8/7/23 at 5:03 PM documents an (unidentified nurse) notified the wound care physician (V16) about the maggots and new wounds discovered on R17's left toes. At this time V16 ordered for both of R17's feet to be soaked in a (sodium chloride solution) daily for 20 minutes, then twice daily to apply gauze soaked in betadine to R17's left toes and wrap with gauze roll. This dressing order was in effect through 8/18/23 when V16 revised the order to apply calcium alginate and absorbent pads twice daily. R17's historical Physician Order Sheet, undated but only including orders current at the time of R17's discharge to the hospital on 9/24/23 which had discontinue dates of 9/25/23, documents R17 was ordered to receive treatment and dressing changes to the left toes with betadine soaked gauze and gauze wrap every 7 days, initiated 12/21/22 and discontinued 8/18/23. This order was revised to include the daily sodium chloride soaks, and dressings twice daily 8/7/23, after nursing staff notified V16 about the maggets found on R17's left foot on 8/5/23, creating an overlap of conflicting orders from 8/7/23 through 8/18/23. R17's historical Physician Order Sheet, undated but only including orders current at the time of R17's discharge to the hospital on 9/24/23 which had discontinue dates of 9/25/23, documents 2 physician orders, one for R17 to receive skin. assessments on shower days every Wednesday and Saturday, and the second for R17 to receive skin assessments on shower days every Tuesday

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: IL6007488 B. WING 09/28/2023 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** PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$9999 Continued From page 4 S9999 and Friday. This same Physician Order Sheet documents a third physician order for R17 to receive daily skin checks due to being a high risk resident. R17's Treatment Administration Record for September 2023 documents two skin assessment orders, one for shower days on Wednesdays and Saturdays, and the other for daily skin checks. This same Treatment Administration Record documents the nursing staff did not complete the daily skin checks on 9/11/23 and 9/22/23. R17's Medication Administration Record for September documents the third skin assessment order to be completed on shower days every Tuesdays and Fridays. This same Medication Administration Record documents the daily skin check was not completed on 9/22/23. On 0/26/23 at 3:03 PM, V11, Registered Nurse, confirmed. "I did see the maggets on (R17's) left foot a while back (8/5/23) and I was assisting R17's primary nurse to soak R17's foot." V11 further stated, "I was R17's primary nurse Sunday night (9/24/23) when I had to send him to the hospital. I did get a report from the emergency room that he had maggots in his foot again but I didn't see them this time." On 9/26/23 at 3:25 PM, V16, Wound Care Physician, stated, "I am not doing maggot therapy for (R17) but I have heard of that. (R17) had the maggets a couple of months before (8/5/23) and that was why I ordered the treatments for his toes to be twice daily (8/7/23). If the nurses were cleaning and changing the dressings twice per day then there would be no way for maggots to grow in there." V16 continued, "After a fly lays

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	hatch and the mag This is an indication dressing were not unfortunate and it	uple of days for the eggs to ggots to get big enough to see, on that the treatments and being completed, it's very looks like some of the nurses he treatment when they don't do				
	stated, "There was (8/5/23) that (R17) wounds on his left getting any dressir	14 AM, V2, Director of Nursing, sone other time in August had maggots in his foot foot, but at that time he wasn't ng changes on his feet, just his d, "(R17's) shower days are lays."				-
	document R17 had dressing treatment gauze with betading	hysician Order Sheets d a physician order for a weekly t for the left foot to receive a roll te to be weaved between the 1/22 and discontinued 8/18/23.				
	continued, "I do kn dressing changes and Saturday for d	4 AM, V2, Director of Nursing, ow that (R17) refused his on Friday evening (9/22/23) ay shift (9/23/23) and if a ares or treatment, the staff enting that."				
	September 2023 ditreatments for R17 the day shift, 9/21/2 one on 9/22/23 on incomplete treatmenurse had complete record in any mann Administration Record the left toes treatment.	dministration Record for ocuments 3 incomplete 's left toes, one on 9/3/23 on 23 on the evening shift, and the day shift. These ents were left blank as no ed the treatment or signed the her. This Treatment ord documents 2 refusals of ent by R17, one on 9/4/23 on on 9/22/23 evening shift.				

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: **B. WING** IL6007488 09/28/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **400 WEST WASHINGTON** PLEASANT MEADOWS SENIOR LIVING CHRISMAN, IL 61924 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (XS) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 6 \$9999 There was one treatment record for a referral to the nurses notes on 9/4/23 day shift, however there was not a nurses note at all in R17's record between 9/1/23 and 9/5/23. All other occasions for the twice daily left toes treatment were checked and initialed by nursing staff as though completed, including the day shift on Saturday 9/23/23 which V2 stated R17 had refused. The treatment for R17's right first toe was absent from the Treatment Administration Record which was ordered by V16 on 9/20/23 and was not transcribed to the Physician Orders nor Treatment Record. On 9/28/23 at 8:40 AM, R17 was laying supine in bed at (hospital), visibly pink in the face and obviously short of breath. R17 was utilizing supplemental oxygen running at 1.5 liters per minute through a nasal cannula and the head of the bed was elevated approximately 45 degrees. R17 was receiving intravenous antibiotics Vancomycin and Cefepime, R17 stated, "It seemed that the care at (the facility) was better back when I first got there, but since it has changed hands, the care has gone down." V17 continued, "I do have some sores on my butt, my legs, and my feet. At (the facility) my legs got wraps that stay on for 7 days, so they take them off on Tuesdays for my showers and that was when the wound doctor (V16) would come in, then on Fridays for my showers they would wrap my leas with bags to keep them from getting wet. I get some creams and salves and pads on my bottom. The nurses were not doing the dressings on my feet twice a day like they were supposed to." R17 further stated, "I did not refuse or decline the dressings on my feet, I generally let them do whatever they need to do. There might have been a few times a nurse came to do my dressings and I said I needed to go to the bathroom first, but

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	sometimes they con it's too late at that tin have these maggots couple of months ag at that time they wer feet at all. Now this tweren't doing the dresupposed to. These thing but they told m they found some beautiful they found some files around they found they for them to them were. These we actual therapy, those extremely sanitary cohouse files around the stated, "The smell and disgusting. I am the fresident rights but who other people, you just going to get you clear	ick to do the dressings, or ne in after 10:00 PM and I say ne." R17 then stated, "I did some other time about a go, the nurse found them, but ren't putting dressings on my time I got them again but they essings like they were maggots are a bad enough e in the emergency room	S9999			
	maggots and said we R17's (hospital) Admi dated 9/24/23 docum	halled when she saw the have to report this." ission History and Physical ents R17 was admitted to ate after presenting to the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C 09/28/2023	
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	Heart Failure, Periphypertension, Histor Anemia, and Radiat R1's Census Detail admitted to the facil hospital 8/1/23 through hospital from 8/17/2 discharge was 9/7/2 R1's historical Physic documents a physic weighed every week (for readmission) and discharge date). This Sheet documents a weekly weights initial and discontinued 8/3 hospital). R1's Weight Record weighed, for original 9/1/23, and 9/7/23, n from on or around 8/27/23. On 9/27/23 at 10:14 stated, "if a resident weight, then it should initiate orders for well upon admissions and (8) 2 of 2 Violations Section 300.1210 Gets.	heral Vascular Disease, by of Malignant Rectal Cancer, ion Induced Diarrhea. (undated) documents R1 was ity 7/24/23 and was in the ugh 8/8/23, then in the ugh 8/8/23, then in the ugh 8/8/23, and final is. cian Order Sheet (undated) ian order for R1 to be if for 4 weeks initiated 8/22/23 in discontinued 9/14/23 (after shistorical Physician Order second physician order for ited 7/24/23 (admission date) is in a readmission date) in a readmission weight in a readmission weight in a readmission weight in a readmission or item (a) in a readmission weight in a readmission or item (a) in a readmission weight in a readmission or item (a) in a readmission weight in a readmission or item (a) in a readmission weight in a readmission or item (a) in a readmission weight in a readmission or item (a) in a readmission weight in a readmission or item (a) in a r	S9999				
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Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: Ĉ B. WING **!L6007488** 09/28/2023 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 PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LISC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) S9999 Continued From page 11 S9999 300.1210b) 300.1210d)8 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 Based on observation, interview, and record review, the facility failed to supervise one dependent resident (R9) for safety to prevent a fall, and falled to complete fall risk assessments for three residents (R14, R15, R17) with known fall risks, out of five reviewed for falls and fall risks on the sample of 18. This Failure left (R9) alone sitting on edge of therapy table with no supervision and history of repeated falls, contributing to (R9) falling to floor causing injury and being sent to hospital.

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 B. WING **IL6007488** 09/28/2023 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 PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 12 89999 Findings include: 1. R9's Census Detail (undated) documents R9 was admitted to the facility 1/10/22. R9's Diagnosis List (undated) documents R9 experiences medical diagnoses including Epilepsy, Repeated Falls, Neuropathy of Right Lower Limb, Cerebral Infarction, Cataracts. Weakness, Need for Assistance with Personal Care. Unsteadiness on Feet, and Cognitive Communication Deficit. On 9/21/23 at 9:25 AM, R9 was seated in the common area by the nurses station on the facility's residential unit 200 Hall. R9 had a large (approximately 4 centimeter) round hematoma with deep purple bruising protruding from the right side of her forehead with dependent deep purple and yellow bruising down surrounding both eyes. R9, obviously exhibiting some level of cognitive deficit, stated, "I took a fall outside, I went face down on the cement. I went outside with someone and they weren't with me and I ended up on the ground." (While R9 did not fall outside, she was off of her usual residential unit and in the therapy room of another unit). R9 continued. "I dld go to the hospital but they really didn't do anything with me, just checked me out and sent me back." R9 further stated, "I would think the people would have been more careful with me. but I will live." R9's Minimum Data Set dated 8/16/23 documents R9 requires extensive assistance of 2 staff members to accomplish bed mobility, surface to surface transfers, and tolleting. This Minimum Data Set documents R9 does not ambulate, and has impairments in range of motion of one upper and one lower extremity. Illinois Department of Public Health

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 09/28/2023 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 PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATIONI DATE TAG **DEFICIENCY** \$9999 Continued From page 13 S9999 R9's Nurses Notes dated 9/15/23 document R9 had fallen off of the therapy table, incurred a large hematoma to the right forehead, was sent to the emergency room for evaluation, and returned to the facility the same day. R9's Care Plan dated 11/11/22 documents R9 is at risk for falls due to medical conditions of confusion, gait/ balance problems, weakness. history of falls, epilepsy, neuropathy of right lower limb, convulsions, hypertension, and has a history of scooting herself out of the wheelchair. The nursing interventions for fall prevention include to use side rails on the bed, handrails on the walls. chair alarm for safety, and dycem (sticky material) in the wheelchair. On 9/21/23 at 11:05 AM, in the therapy room on the facility's Haven Center Unit was a large (approximately 6 feet by 7 feet) flat padded table without raised edges which was 18 inches off the floor in it's lowest position, and 29 1/2 inches from the floor in the highest position. On 9/21/23 at 1:42 PM, V10, Physical Therapy Assistant, stated, "I was working with (R9) the day she fell off the therapy table. I started out working with her doing some range of motion exercises while she was laying flat on the therapy table, then I had her sit up at the edge of the table so I could challenge her to hold her balance while pushing her a little bit side to side. Her legs were over the edge of the table and her feet were flat on the floor and the table was in the lowest position. (R9) was following instructions well and had maintained her sitting balance for about 15 minutes. Then I went across the room to walk with (R18). While I was walking (R18) outside of the therapy room, I didn't see the exact moment of (R9's) fall, but when I got to her she was

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: IL6007488 B. WING 09/28/2023 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 (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) \$9999 Continued From page 14 \$9999 holding a sock in her hand so I assume she was reaching down and messing with her sock when she fell. R9's Physical Therapy Evaluation dated 9/6/23 documents R9 was dependent for activities such as rolling right and left in the bed, going from lying to sitting on the side of the bed, going from sitting to standing, and transferring from a bed to a chair or toilet. This evaluation documents R9 experiences impairments in range of motion and strength of both right and left lower extremities. This Evaluation documents R9 could not sit unsupported for any amount of time. R9's Occupational Therapy Evaluation dated 9/11/23 documents R9 was dependent for activities such as transfers on and off the toilet. dependent for going from sitting to standing, and received a mobility assessment score of 0 (zero), the lowest possible score. This same Evaluation documents R9 had impairments in range of motion of both right and left upper extremities. This Evaluation documents R9 could not sit unsupported without a moderate amount of assistance for any length of time because R9 began leaning forward, and R9 had no ability to right herself when leaning forward. This Evaluation documents R9 had impaired safety awareness. On 9/27/23 at 2:25 pm, V14, Licensed Practical Nurse, stated, "I am familiar with (R9), I would not feel comfortable for one minute leaving (R9) sitting alone on the edge of a bed or on the tollet, I wouldn't let her be any farther away than I could reach." 2:29 pm, V18, Certified Nursing Assistant, stated. "Goodness gracious no, I wouldn't leave (R9)

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\$ 9999	get out of any type of wiggles all over to go 2:35 pm, V19, Certin Ti wouldn't leave (Rit tollet, she doesn't si forward when she is (heavily cushioned in 2. R14's Census Diggraphics List (undateadiness on Fe Mobility, Need for All Lack of Coordination Mobility. R14's Care Plan data at risk for falls due to and diagnoses. On 9/27/23 at 10:14 (undated) document assessment was data	of a bed or toilet, she tries to of sitting position she is in, she et out of sitting." Fied Nursing Assistant, stated, a sitting alone on a bed or tup very well, she leans is sitting, that's why she is in a reclining rolling chair)." The facility 8/13/21, R14's ated) documents at the facility 8/13/21, R14's ated) documents R14 and diagnoses including set, Weakness, Reduced asistance with Personal Care, in, and Abnormal Gait and and ted 8/13/21 documents R14 is a multiple medical conditions. AM, R14's Assessments at R14's most recent fall risk.	S9999				
	stated, "We are sup assessments on adi every fall, and then of	posed to be doing fall risk mission, on readmission, after quarterly."					
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	has decided to stay feeling unsafe bein experiencing dizzin Plan documents R: multiple medical dis R15's Assessments most recent fall risk 9/29/22. 4. R17's Census D R17 was originally a with a subsequent r Diagnosis List documedical diagnoses Feet, Weakness, R: Assistance with Per R17's Care Plan dat at risk for falls due to and health condition	ess and falls. This same Care 15 is at risk for falls related to agnoses and health conditions. It (undated) document R15's assessments was dated etail (undated) documents admitted to the facility 6/20/21, readmission 1/5/22. R17's ments R17 experiences including Unsteadiness on educed Mobility, and Need for sonal Care.				
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