TATEMEN	epartment of Public T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		- c	
		IL6007488	B. WING			06/2024
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
PLEASAN	NT MEADOWS SENIC	DR LIVING	ST WASHINGT AN, IL 61924	ON		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Investigation of Fac 11/5/24/IL181359	cility Reported Incident of				
S9999	Final Observations		S9999			
	Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.2090b)					
	Section 300.610 R	esident Care Policies				
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. s shall be followed in operating I be reviewed at least annually documented by written, signed	,			
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care				
	care and services to practicable physica well-being of the re- each resident's com plan. Adequate and care and personal of	shall provide the necessary o attain or maintain the highes I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal				
ORATORY	ment of Public Health DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE 12/18/24

If continuation sheet 1 of 8

Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPL	
		IL6007488	B. WING		C 12/0	; 6/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	·	
PLEASA	NT MEADOWS SENIC)R I IVING	T WASHINGT	ON		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	care needs of the re	esident.				
	nursing care shall ir following and shall i seven-day-a-week i 6) All necessa to assure that the re as free of accident	ry precautions shall be taken esidents' environment remains hazards as possible. All				
		hall evaluate residents to see eceives adequate supervision revent accidents.				
	Section 300.2090 F	Food Preparation and Service				
		be attractively served at the s and in a form to meet				
	These requirements by:	s were not met as evidenced				
	review the facility fa assistance and sup failed to serve a hot temperature. This fa a preventable, seco bilateral upper legs.	on, interview, and record iled to provide adequate ervision during dining and t beverage at a safe ailure resulted in R1 suffering ond degree burn to her . R1 is one of three residents nt/accidents on the sample list				
	Findings include:					
	documents the follo Status score of 05 (indicating R1 has se	Set (MDS) dated 8/15/24 wing: Brief Interview of Mental (five), out of a possible 15, evere cognitive impairment. ocuments: "Coding: Safety and				

Illinois D	epartment of Public	Health	-		•	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		IL6007488	B. WING			C 06/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		400 WES				
PLEASA	NT MEADOWS SENIC	OR LIVING	AN, IL 61924	-		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T		COMPLET DATE
		,		DEFICIENCY	Y)	
S9999	Continued From pa	age 2	S9999			
	•	-				
		ance - If helper assistance is esident's performance is				
		uality, score according to				
	amount of assistan					
		ows: "A. Eating: The ability to				
		ls to bring food and/or liquid to				
	the mouth and swa	llow food and/or liquid once				
		before the resident." Eating is				
		Substantial/maximal				
		r does MORE THAN HALF'				
		ts or holds trunk or limbs and				
	provides more than	i nali the ellort.				
	R1's incident investigation witness statements,					
	submitted to the Illinois Department of Public					
		njury form documents:				
		ed Practical Nurse), (dated)				
		am: Reporting staff member.				
		V2, Director of Nursing) that				
		aken another resident's nocolate and had spilled it onto				
		ent (R1) was taken to her	'			
		d a head-to-toe assessment				
		the nurse. Noted some light				
		ral thighs. Nurse reports				
		n and showed no s/s (signs				
	/symptoms) of distr					
		investigation documents the				
	following:	roing Appintant) ONIA (data d)				
		rsing Assistant) CNA, (dated) om: "I was the one that made				
		put the three ice cubes in it-				
		n last summer (unidentified				
		it down. I had my back (R1				
		ervised) to her (R1) but I heard				
		de a surprised noise. I turned				
		1) had spilled it (hot chocolate)				
		d her dress away from her				
		ct of the hot chocolate on her				
	skin. We (V21, and	l unidentified assistant) got her	•			

Illinois Department of Public Health STATE FORM

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If continuation sheet 3 of 8

STATEMEN	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COMI	E SURVEY PLETED
		IL6007488	B. WING			C 06/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
PLEASA	NT MEADOWS SENIO	OR LIVING	ST WASHINGT(AN, IL 61924	ON		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	age 3	S9999			
	nurse (V23) then ca (R1) didn't seem to	nd got her undressed. The ame in and checked her out. be in any pain but just she got hot chocolate on her				
	3:54 pm document "Skin Issues: Skin Location: Front righ information: anteric burn (downgraded 11/13/24 report bel- in-house. Exact da symptoms of infect by: N/A. Length (cn (cm): 0 Underminin Epithelial: 100%. E after cleansing: No Normal in color. Inc Edema: No swelling temperature: Norm Other primary dres wound treatment) S secondary dressing Other additional ca monitor at meal tim Skin Issues Note: N Nurse Practitioner) changed to skin pre Skin issue educatio	Issue: #001: New skin Issue. Issue: #001: New skin Issue. Issue type: Burn. Superficial to 'Full Thickness' burn. ow). Wound acquired te: 11/05/2024 Signs and ion: None. Painful: No. Staged n): 19 Width (cm): 11 Depth ng: No. Tunneling: No. xudate amount: None. Odor ne. Surrounding tissue: duration: None present. g or edema. Periwound al. Cleansing solution: Water. sing: skin prep (protective Secondary dressing: No g applied. Modalities: None. re: cups with lids & staff nes. Nound doctor (V14, Wound saw today. Treatment ep daily. on: Signs and symptoms of				
	issue. Skin issue er Skin issue notificat notification: Provide Family. Completed R1's Nurse Progres	e education: Treatment of skin ducation: Care of skin issue(s) ion: Wound nurse. Skin issue er. Skin issue notification: Clinical Suggestions." ss Note dated 11/07/24 at 1:10	h.			
nois Depar	pm documents the "Note Text: NP (V1 tment of Public Health	following: 4, Nurse Practitioner) in the				

	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í	CONSTRUCTION		E SURVEY PLETED	
				·····	С		
		IL6007488	B. WING		12/	12/06/2024	
IAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S				
PLEASA	NT MEADOWS SENIO	OR LIVING	ST WASHINGT AN, IL 61924	ON			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	nge 4	S9999		, 		
	building to see resi bilat (bilateral) inner for Medihoney (me (twice a day) to bila days and monitor for infection and pain a (unidentified physice R1's Skin/Issue nor 6:02 pm document Licensed Practical right thigh. Issue ty Wound acquired in date:11/05/2024." The same Skin /Iss measure Length (c (cm): 0.1." R1's righ having "Exudate an Serous: clear wate from solid elements R1's same Skin/Iss left thigh. Issue typ Wound acquired in date:11/05/2024." F note documents R following measurer (cm): 6 Depth (cm) watery fluid, which elements." R1's ski documents: "Skin I doctor (was seen by V14, today. Treatment for cream." On 11/27/24 at 1:33 Practitioner (consu company) stated V three times on 11/6	dent (R1) and assess areas to r thighs. New order received dicated topical treatment) BID at (bilateral) inner thighs for 10 or s/s (signs/symptoms) of and to report to NP (V14)/MD cian) if noted." te completed 11/13/2024 at ed by V12, Facility Wound Nurse documents R1's "Front pe: Burn. Full thickness burn. -house. Exact sue note documents R1's burn m):4 Width (cm): 4 Depth ht thigh burn is documented as nount: Light. Exudate type: ry fluid, which is separated s (blisters that opened)." sue report documents: "Front e: Burn. Full thickness burn. -house. Exact R1's same Skin issue report 1's left thigh burns has the nent: "Length (cm): 5.5 Width : Exudate type: Serous: clear is separated from solid					

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED C
		IL6007488	B. WING		12/06/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
PLEASA	NT MEADOWS SENIC	DRIIVING	T WASHINGTO AN, IL 61924	NC		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 5	S9999			
	obviously too hot to burns could have be cognitively impaired meals. Staff are res safe temperature." V14 also stated "Or of (R1's) burns were degree). The bliste measured 9 centim wide (W). The bliste measures 19 cm L depth measured be We were trying to k as possible. I order areas were difficult would be wearing c thirteenth (11/13/24 changed the treatm promote healing an the 20th (11/20/24) successful as evide measurement. On H 3 cm W and Superf thigh burn measure cm D. I continued th On 12/3/24 at 10:15 stated, "I was not he chocolate in her lap heard of it was whe here last week. I ter water and coffee th was with me. The c (temperatures) wer degrees (Fahrenhe then stated (R1) ha chocolate, as I under	(R1) spilled on her thighs was be served. Therefore, R1's een prevented. (R1) is d, requires assistance at sponsible to serve liquids at a in my first observation (11/6/24) e large, intact blisters (second ir area on her right thigh eters (cm) long (L), by 9.5 cm ers on her (R1's) left leg by 11 cm W. There was no cause the blisters were intact. eep the blisters intact as long ed skin prep. The blistered to maintain intact since she lothes. When I came in on the) the blisters had opened. I ent order to Silvadene to d decrease the discomfort. Or The Silvadene treatment was enced by the decrease in her (R1) left thigh 1.0 cm L by ficial depth.1 cm. (R1's) right d 2.5 cm L by 1.5 cm W, .1 he Silvadene treatment."				

Illinois D	Department of Public	Health				APPROVE
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			AL BOILDING.	· · · · · · · · · · · · · · · · · · ·		c
		IL6007488	B. WING		C 12/06/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
PLEASA	NT MEADOWS SENIC	DR I IVING	T WASHINGT AN, IL 61924	ON		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	right side coffee dis into a cup. The coff measured the coffee Fahrenheit. Both su the coffee. This sur uncomfortable, hot surveyor had to pau coffee. V7 also sam right side coffee dis coffee very hot, but also stated "Hot bey most 120 - 130 deg temperature is 165. on the left side coffe a cup. V7 measure Fahrenheit. V8, C (CNA) came over to and poured a cup w cup. V8 CNA stated R11. V7 then meas tea . R11's tea mea degrees Fahrenheit the R11's tea and s table adjacent to the V7 then stated "Sta couple of ice cubes drinks. They should asked R11 if her tea "Yes, but I don't drir always served real when it is hot."	/7 opened the spigot on the spenser and poured coffee ee was steaming. V7 the dispensed at 160 degrees arveyor and V7 took a drink of veyor's mouth experienced an tingling sensation. This use before swallowing the the a cup of coffee from the spenser. V7 stated "I like my this is very, very, hot." V7 verages should be served, at prees, though brewing . " V7 then opened the spigot ee dispenser and poured into d the coffee as 159 degrees certified Nursing Assistant to the coffee/water dispenser vater and placed a tea bag in a d she was preparing the tea for ured the temperature of R11's sured which measure 160 t. V8, CNA walked away with erved it steaming to R11 at a e coffee/water dispensers. ff are supposed to add a when serving residents hot I all know that." Surveyor a was too hot. R11 stated the it until after I eat. It is hot, but the tea steeps well e a m V43, Maintenance e do not have a policy (for b). We do not have a mixing iter supply temperature down r. I can tell you; we have to athroom and showers ited to 110 degrees				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	Сом	E SURVEY PLETED	
		IL6007488	B. WING		C 12/06/20		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST WASHINGTON							
PLEASA	NT MEADOWS SENIC	DR I IVING	T WASHINGTO AN, IL 61924	DN			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	ge 7	S9999				
		s. That is straight from the o a resident skin does not get					
	served the hot choo got burned. V21 als to put ice in the res because we had a to summer that got bu positive I put ice in surprised it was stil legs to burn like that	am V21, CNA stated that colate at R1's table the day R1 to stated "I am usually careful idents' hot drinks (beverages) resident (unidentified) last urnt on coffee. I am almost that hot chocolate. I was I hot enough to cause (R1's) at. It was though. I should have ecause it was still too hot,					
	Hot Beverages" Gu serve and hold hot prevent potential bu recommended that equipment be set a temperature for add be in the range of 1 The serving temper 10 - 15 degrees less temperature. 4. Ad Assessing and ider served who are at h themselves with ho monitor the identifie	ditional precautions: a- tifying those individuals					

If continuation sheet 8 of 8