

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007488	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/10/2025
NAME OF PROVIDER OR SUPPLIER PLEASANT MEADOWS SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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	S 000		
	First revisit to Annual Health Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)5)			
	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			
	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.			

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

01/21/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007488	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/10/2025
NAME OF PROVIDER OR SUPPLIER PLEASANT MEADOWS SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Continued From page 1</p> <p>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:</p> <p>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 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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to administer physician ordered pressure ulcer treatments, and failed to implement physician ordered nursing interventions for pressure reduction. This failure affects one resident (R12) of three reviewed for pressure ulcers on the sample list of 38. These failures resulted in a new facility acquired stage three pressure ulcer on R12's right hip, and deterioration of an existing stage 3 pressure ulcer on R12's coccyx.</p> <p>Findings include:</p> <p>R12's current Physician Order Sheet (POS) for January 2025 documents pressure ulcer treatment orders for R12's coccyx and right hip. This POS documents the most recent revisions for the pressure ulcer treatment for R12's coccyx was 12/24/24, and the most recent revision for</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007488	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/10/2025
NAME OF PROVIDER OR SUPPLIER PLEASANT MEADOWS SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Continued From page 2</p> <p>the pressure ulcer treatment for R12's right hip was 12/13/24. This POS documents R12 is to be turned and repositioned by staff every 2 hours while in bed initiated 12/9/24. This POS documents R12 requires an air mattress on her bed which is to be at setting 3 clockwise while R12 is in bed, but may be increased solely for transfers or repositioning initiated 10/28/24.</p> <p>On 1/8/25 at 9:25 AM, R12 was in bed and had occlusive dressings on her right hip and coccyx. The coccyx dressing had a moderate amount of serous drainage visible. R12's air mattress was actively running at a setting of 2 clockwise, not the physician ordered setting 3.</p> <p>On 1/8/25 at 9:40 AM, V2, Director of Nursing, stated that R12 was receiving Hospice services and she would need to check the Hospice records to make sure there weren't any changes in the ordered settings for R12's air mattress that hadn't been recorded on the POS. As of the end of the survey on 1/10/24 at 1:00 PM, both V2, and V1, Administrator, stated they had no evidence to present.</p> <p>R12's (wound care provider company) Progress Note dated 11/27/24 documents the initial identification of R12's right hip pressure injury with intact skin and an appearance of a deep tissue injury 1 centimeter (cm) long by 0.4 cm wide. This same progress note documents R12's coccyx ulcer was 2.8 cm long, 1.2 cm wide, and 0.2 cm deep.</p> <p>R12's Treatment Administration Record (TAR) dated for November 2024 documents the initial treatment for R12's pressure ulcer on the right hip was for nursing staff to apply skin prep daily every evening shift beginning on 11/28/24. This</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007488	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/10/2025
NAME OF PROVIDER OR SUPPLIER PLEASANT MEADOWS SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 treatment was not documented as completed on 11/28/24. This same TAR documents a daily treatment for R12's coccyx pressure ulcer, ordered from 10/31/24 through 11/20/24, was not documented completed on 11/2/24. This TAR documents the subsequent revision for R12's coccyx pressure ulcer beginning 11/22/24 changed the frequency of the dressing change from daily to every 3 days was not documented completed on 11/28/24. R12's TAR dated for December 2024 documents the pressure ulcer dressing change for R12's coccyx to be changed every 3 days was not documented as completed on 12/1/24, leaving 9 days between 11/25/24 through 12/4/24 with no documented changes of R12's coccyx dressing. This TAR documents R12's coccyx treatment required a revision beginning 12/6/24 which now required the daily application of medicated honey gel which was not documented as completed on 12/18/24. This TAR documents a subsequent revision to R12's coccyx treatment beginning 12/19/24 which was likewise not documented as completed on 12/19/24. This TAR documents another revision to R12's coccyx pressure ulcer treatment beginning 12/24/24 which was not documented as completed on 12/25/24. This same TAR documents the treatment to apply skin prep to R12's pressure injury on the right hip was not documented completed 12/1/24 and 12/12/24. This TAR documents a revision for R12's right hip treatment beginning on 12/13/24 which now required cleaning, application of medicated honey gel, application of calcium absorbent material, and a gauze dressing which was not documented as completed on 12/18/24, 12/19/24, and 12/25/24. This same TAR documents the physician ordered turning and repositioning every 2 hours that staff were to implement for R12	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007488	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/10/2025
NAME OF PROVIDER OR SUPPLIER PLEASANT MEADOWS SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Continued From page 4</p> <p>beginning 12/9/24 was not completed on 12/18/24 evening shift, and 12/19/24 for both the evening and night shifts.</p> <p>R12's Pressure Ulcer Assessment form dated 12/30/24 documents the pressure ulcer on R12's coccyx was a stage 3 which was acquired in-house and identified on 9/18/24. This same Pressure Ulcer Assessment form documents the pressure ulcer on the right hip was now a stage 3 and likewise acquired in-house identified on 11/27/24.</p> <p>R12's (wound care provider company) Progress Note dated 12/11/24 documents R12's pressure ulcer of the right hip had grown to 1.5 cm long, 0.7 cm wide, and 0.1 cm deep with 40 percent of the open ulcer being covered by slough (tan to yellow dead tissue strands).</p> <p>R12's (wound care provider company) dated 12/30/24 documents the pressure ulcer on R12's coccyx had grown to 2.9 cm long, 0.5 cm wide, and 0.7 cm deep. This Progress Note documented R12's pressure ulcer on the right hip was now covered 60 percent with slough tissue.</p> <p>R12's (wound care provider company) Progress Note dated 1/8/24 documents the pressure ulcer on R12's right hip had grown to 2 cm long, 2 cm wide, and 0.1 cm deep.</p> <p>R12's Nursing Progress Notes dated 12/30/24 documents R12's pressure ulcer on the coccyx was deteriorating.</p> <p>The facility's Charting and Documentation policy dated 2006 documents all services performed must be documented in the resident's clinical record. Documentation of treatments and</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007488	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/10/2025
NAME OF PROVIDER OR SUPPLIER PLEASANT MEADOWS SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 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 procedures shall include the date and time the procedure or treatment was provided, and the name and title of the individual providing the care. (B)	S9999			