

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145801	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2026
NAME OF PROVIDER OR SUPPLIER Pleasant View Luther Home		STREET ADDRESS, CITY, STATE, ZIP CODE 505 College Avenue Ottawa, IL 61350	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to ensure refrigerator and freezer temperatures were monitored and expired food products were discarded and not available for resident use. This failure has the potential to affect all residents who reside in the facility with a current census of 68 residents. Findings include: The Facility Resident Census Roster and Facility Matrix/802, dated 1/27/26, were reviewed. The Census Roster documented 68 Residents resided in the Facility. The Storage Procedures policy documents refrigerated storage temperature will be at 41 degrees Fahrenheit or below and frozen storage temperatures will be 0 degrees Fahrenheit or below. Temperatures will be recorded on the refrigerator and/or freezer log at least twice daily. The Date Marking policy dated 11/20/25 documents items will be marked using the attached food shelf life and dating guidelines. If a food hasn't been opened check the manufacturers date to ensure it hasn't expired. If expired discard and report to manager. The Ice Cream Freezer Temperature Log dated 09/2025, 11/2025, 12/2025 and 01/2026; the 3 Door Freezer Temperature Log dated 10/2025; the Beverage Cooler Temperature Log dated 09/2025, 10/2025 and 01/2026; and the Dairy Cooler Temperature Log dated 09/2025, 10/2025, 12/2025 and 01/2026 were not completed twice daily. During the initial tour on 1/27/26 at 10:45 AM, the refrigerator/cooler in the dish storage area contained four Ready Care thickened Orange Juice 46 fluid ounces per container. Three of the containers expired 2/2/26 and one expired 11/27/25. On 1/27/26 at 11:05 AM, V9 (Dietary Manager) agreed the logs were not completed twice daily and should have been. On 1/29/26 at 2:30 PM, V1 (Administrator) stated all 68 residents that reside in the facility have diet orders and consume food stored and prepared by the facility.		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement Enhanced Barrier Precautions (EBP) for 4 of 6 residents (R3, R19, R40, R55) reviewed for transmission based precautions in a sample of 33. The facility's Enhanced Barrier Precautions (EBP) Policy, dated 4/15/2025, documents EBP refers to an infection control intervention that employs targeted gown and glove use during high-contact resident care activities to reduce transmission of multidrug resistant organisms (MDROs). EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization. Signs are to be posted on the door or wall outside the resident room indicating the type of precautions and (Personal Protective Equipment) PPE required as well as ensure PPE is available outside of the resident rooms. 1. R3 is an [AGE] year-old resident admitted to the facility on [DATE] with a diagnosis of Displaced Intertrochanteric Fracture of Left femur with surgical intervention on 1/2/26. On 1/29/26 at approximately 1:35pm clear signage with instructions for Enhanced Barrier Precautions was posted outside R3's room including the use of protective gowns when providing close contact cares. PPE/Personal Protective Equipment was present in a cabinet marked PPE inside R3's door stocked with protective gowns, gloves and masks for use by staff and visitors. The facility's January Wound List identifies R3 has an in-house acquired Stage 3 sacral area pressure ulcer. R3's current Physicians Order Sheet includes the following wound care orders for R3's Stage 3 Pressure ulcer dated 1/27/26 by V18/Wound Care Physician: Coccyx-cleanse with wound cleaner, pat dry, apply calcium alginate with silver over open area, cover with foam dressing every 6 hours as needed for wound care. On 1/29/26 at approximately 1:50pm V8 RN/Registered Nurse and V12 CNA/Certified Nursing Assistant entered R3's room without donning protective gowns. V12 turned R3 in bed and held R3 on her side while V8 performed wound care for R3's Stage 3, right sacral pressure. The pressure ulcer measured approximately 1.5cm long by 1.5 cm wide and 0.1 cm deep with a wound bed of approximately 20% slough (non-viable yellow tissue) and 80% granulation tissue. V8 removed the dressing, with moderate serous drainage, sprayed the wound with wound cleanser, patted the area dry, placed the medicated dressing over the wound followed by a foam dressing. On 1/29/26 V4 LPN/Licensed Practical Nurse stated EBP includes the use of protective gowns when performing pressure ulcer wound cares for R3. 2. R19 was admitted on [DATE] with diagnoses of Hypoxemia, Urinary Tract Infection, Hematuria, Severe Sepsis, Chronic Atrial Fibrillation, Obstructive and Reflux Uropathy and Presence of Urogenital Implants. R19's Baseline Care Plan dated 1/16/26 documents R19 has an indwelling urinary catheter. On 01/27/2026 at 10:30 AM, R19 was observed to have an indwelling urinary catheter. R19's room did not have an Enhanced Barrier Precaution sign nor Personal Protective Equipment available for use. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 1/27/26 at 10:33 AM, V11 (R19's family member) stated staff did not wear gowns when conducting cares including catheter cares. 3. R55 was admitted on [DATE] with diagnoses of Retention of Urine, Gross Hematuria, Severe Protein-Calorie Malnutrition, Esophageal Obstruction, Unstable Angina, Malignant Neoplasm of Prostate Obstructive Uropathy and Urogenital Implants. R55's Current Care Plan documents R55 has an indwelling urinary catheter. On 01/27/2026 at 10:00 AM, R55 was observed to have an indwelling urinary catheter. R55's room did not have an Enhanced Barrier Precaution sign nor Personal Protective Equipment available for use. On 1/27/26 at 10:05 AM, R55 stated staff did not wear gowns when conducting cares including catheter care. On 1/29/26 at 2:30 PM, V2 (Director of Nursing) stated R19 and R55 should have had a Physician's Order for Enhanced Barrier Precautions (EBP), staff should have utilized EBP's during cares and an Enhanced Barrier Precautions sign should have been posted at the resident's door and Personal Protective Equipment available for staff use due to having an indwelling urinary catheter. 4. R40's skin/wound note, dated 1/2/2026 at 6:45pm, documents R40 has a tissue growth on their left buttock. The tissue growth appears to have opened and is red and beefy in appearance and is draining a yellow tinted fluid. R40's hospice nurse gave orders to cleanse the wound with wound cleaner, pat dry, and apply a bordered foam bandage. R40's Hospice Updated Comprehensive Assessment Encounter, dated 01/06/2026, documents R40 has a partial thickness wound to her left buttock measuring 2cm (centimeters) by 2.5 cm by 0.3cm. The encounter also documents the wound was identified on 1/6/2026. R40's skin/wound note, dated 1/20/2026 at 7:39pm, documents R40's wound has yellow drainage and foul-smelling odor. R40's skin/wound note, dated 1/21/2026 at 9:47am, documents resident has wound on left buttock which is beefy red and has not changed in size. The wound has foul smelling drainage. R40's skin/wound note, dated 1/21/2026 2:57pm, documents R40 has new order for this wound. Augmentin (antibiotic) 500-125mg (milligrams) 3 times daily by mouth. On 01/27/2026 at 12:30 PM, R40's door did not have EBP signage posted nor any PPE readily available in or outside of R40's room. On 1/28/2026 at 1:20pm, R40 had a circular shaped open area on R40's left buttock. The open area had a beefy dark red wound bed. On 01/27/2026 at 12:35 PM, V5, RN (Registered Nurse) stated R40 has a wound on her left buttock that is actively draining, and she is currently receiving an antibiotic for a potential wound infection. When V5 is doing R40's wound care, V5 only utilizes gloves for PPE and does not wear an isolation gown. V5 also stated R40 should be on EBP because of the wound and she should have PPE outside her door and EBP signage on her door, however, she does not. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 1/29/2026 at 2:30pm, V2 (Director of Nursing/Infection Preventionist), confirmed (R19, R40, R55) should be on EBP.		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a psychotropic medication was necessary based on an appropriate diagnosis, associated behaviors, non-pharmacological intervention were care planned nor was the resident or resident representative informed in advance of the risks and benefits the medication, the treatment alternatives or other options for 1 of 6 residents (R61) who receive psychotropic medications. Findings include: The Psychotropic Medication Management System policy, dated 10/26/22, documents a psychotropic drug includes anti-depressants. Behavior monitoring involves identifying behaviors, the number of behavior episodes and success of interventions. A care plan is developed to reflect specific non-pharmacological approaches to care to meet the individual needs of a resident. Prior to administration of a psychotropic medication, the following must be documented: any new antipsychotic medication order will be discussed and reviewed by the Interdisciplinary Team; must have an appropriate supporting diagnosis as an indication for use; target behaviors will be identified with supporting documentation; environmental modifications and non-pharmacological approaches; consent for the medication; and a plan of care will include treatment goals, evaluation of any precipitating factors and non-pharmacological interventions. R61 was admitted on [DATE] with diagnoses of Muscle Weakness, Need for Assistance with Personal Care, Lack of Coordination, Repeated Falls, Parkinson's Disease, Dyskinesia, Hematuria, Generalized Anxiety Disorder, Insomnia and Malignant Neoplasm of Prostate. The Minimum Data Sets dated 6/17/25, 9/9/25 and 12/2/25 documents in section I that R61's mood assessment scored a 00 (no depression) therefore a PHQ-2 9 (Patient Health Questionnaire (Depression Screen)) was not completed. A physician's order dated 6/18/25 ordered Mirtazapine (antidepressant) oral tablet 15 MG (Milligrams) give one tablet by mouth one time a day for Depression. The monthly Medication Administration Records dated May 2025 through January 2026 documents R61 received Mirtazapine daily. although specific depression behaviors were not documented. The current care plan does not include a Depression diagnosis, the use of psychotropic medication and/or non-pharmacological interventions related to depression. R61's record did not include a signed psychotropic use consent to demonstrate risks and benefits, treatment options or other option were explained to the resident or resident's representative. On 1/27/26 at 11:45 AM, V20 (R61's family member/Power of Attorney) stated she had not signed a consent form explaining the risks and benefits and other treatment options related to R61's antidepressant medication use. R61 stated she had not discussed R61's use of antidepressant medication with the Interdisciplinary Team. On 1/29/26 at 1:20 PM, V10 (Social Worker) stated R61 did not have a Depression diagnosis, and his behaviors were typical for a resident with Parkinson's Disease. V10 stated I think he was on the medication (Mirtazapine) prior to admission, and we just continued it. V10 agreed the care plan did not include the use of the anti-depression medication or non-pharmacological interventions for the management of Depression.		

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on interview and record review, the facility failed to have a PASRR Level I (Pre-admission Screening and Resident Review) re-evaluated with a new psychotic diagnosis for one of one resident (R9) reviewed for PASRRs in the sample of 33.R9's admission record documents R9 was admitted to facility on 2/18/23.R9's PASRR Level I screening, dated 2/6/23, documents, PASRR Level I determination: No Level II required - No SMI/ID/RC (Serious Mental Illness/Intellectual Disease/Related Condition). Your Level I screen does not show that you have a serious mental illness or an intellectual/developmental disability (IDD). You do not need more screening unless you have or may have a serious mental illness or an IDD and experience a significant change in treatment needs. R9's Diagnosis Report dated 1/28/26 documents R9 was newly diagnosed with psychotic disorder on 2/28/23. Then on 4/1/23, R9 was newly diagnosed with Vascular Dementia with Psychotic Disturbance, Major Depressive Disorder, and Visual Hallucinations.As of 1/28/26, R9's medical record had no documentation of a new PASRR Level I screening being completed after the addition of R9's new SMI/ID/RC diagnoses on 2/28/23 and 4/1/23.On 1/28/26 at 2 PM, V1 (Administrator), stated no PASRR Level I was completed for R9 after the addition of R9's new SMI diagnoses.		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review, the facility failed to develop a plan of care to address resident specific concerns for three of twenty residents (R5, R9 and R28), reviewed for care plans, in a sample of 33. The facility policy, Person- Centered Care Plan, dated (revised) 11/28/2017 directs staff, Person-centered care means to support the resident in making their own choices and having over their daily lives. The Person- centered care plan is in accordance with professional standards of practice and includes the resident's choice. The plan of care addresses the following: Identification of resident areas of needs, problems, strengths, goals, life history and preferences. 1. R5's Physician Order Sheet, dated January 2026 includes the following medications and diagnosis: 1/22/26 Cipro Oral Tablet 500 MG (milligrams) (antibiotic). Give 1 tablet by mouth two times a day for UTI (Urinary Tract Infection) for 7 Days. A review of R5's current Care Plan, dated 2/14/2025 includes no documentation of R5's current urinary tract infection. On 01/29/2026 at 11:00 A.M., V4/Care Plan Coordinator stated she should care plan a resident's active infection, but she had not care planned R5's current urinary tract infection. 2. R28's Physician Order Sheet, dated 11/18/25, documents to discontinue R28's urinary drainage tube. R28's current physician order sheet documents for R28 to take Quetiapine (antipsychotic) 25mg (milligrams) by mouth daily. R28's current Diagnosis Sheet documents a diagnosis of Alzheimer's Disease, Dementia, and Vascular Dementia. R28's current care plan documents that R28 has an indwelling catheter with goals and interventions. R28's care plan does not address current bowel and bladder concerns. R28's care plan does not address R28's antipsychotic medication or a Dementia plan of care. On 1/27/26 at 11:45am, V5, Registered Nurse, verified that R28 has not had an urinary catheter for quite some time. V5 stated that he took it out himself and refused to have it replaced. On 1/29/26 at 11:00am, V4, Minimum Data Set/Care Plan Director, verified that R28's care plan was not updated with the antipsychotic medication or a specific Dementia care plan. V4 also stated she did not discontinue R28's urinary catheter and add interventions for his bowel and bladder 3. R9's Diagnosis Report dated 1/28/26 documents R9 was newly diagnosed with psychotic disorder on 2/28/23. Then on 4/1/23, R9 was newly diagnosed with Vascular Dementia with Psychotic Disturbance, Major Depressive Disorder, and Visual Hallucinations. R9's current care plan dated 11/17/25 has no documentation of a comprehensive care plan addressing R9's diagnoses of Psychotic Disorder, Vascular Dementia with Psychotic Disturbance, Major Depressive Disorder, and Visual Hallucinations. (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/29/26 at 11 AM, V4 (Minimum Data Set Coordinator) stated R9's current care plan does not have a comprehensive care plan addressing R9's diagnoses of Psychotic Disorder, Vascular Dementia with Psychotic Disturbance, Major Depressive Disorder, and Visual Hallucinations.		

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, record review, and interview, the facility failed to administer medications as ordered by the physician to two (R26 and R60) of nine residents reviewed for medication pass. This failure resulted in two errors out of twenty-eight opportunities for a 6.9 percent medication error rate. Findings include: The facility's Medication Administration policy, undated, documents in section 7.1, page 3, that medications are administered in accordance with written orders of the prescriber. The facility's Medication Ordering and Receiving From Pharmacy Provider policy, dated 1/25, documents that all medications shall be reordered in advance by writing the medication name and prescription number or applying the peel-off bar coded labeled from the prescription label on the reorder sheet and faxing or otherwise transmitting the order to the pharmacy. R26's Physician Order Sheet documents for R26 to take Cetirizine HCL Oral tablet 10MG (milligrams) one time a day for allergies. On 1/28/26 at 8:10am, V7, Registered Nurse, prepared all R26's scheduled 9:00am medications except for the Cetirizine 10mg tablet. V7 verified that R26's Cetirizine was not available and has to be ordered. R60's current Physician Order Sheet documents for R60 to take Ferrous Fumarate 324mg, one tablet by mouth daily for iron deficiency. On 1/28/26 8:35am, V8, Registered Nurse, prepared R60's physician-ordered 9:00am medications except for the Fumarate 324mg tablet. V8 stated that R60's Fumarate tablet is not available and has to be re-ordered.		