

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2024
NAME OF PROVIDER OR SUPPLIER Pleasant Meadows Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Washington Chrisman, IL 61924	

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)
<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>42702</p> <p>Based on interview and record review the facility failed to safeguard four (R1-R4) of four residents' funds from potential funds mismanagement from a total sample list of four residents reviewed for protection of resident funds.</p> <p>Findings include:</p> <p>On 7/23/24 at 10:20AM, V4 Former Business Office Manager (FBOM) said that she hadn't worked for the facility in two years and yet she was still receiving new debit cards for the facility accounts and that she still had access to the resident trust because her name was still on the trust according to the local bank.</p> <p>On 7/23/24 at 10:30AM, V3 Business Office Manager (BOM) said that she had debit cards for petty cash and vending in the names of both V4 FBOM and V5 Former Administrator (FA) but didn't know what to do with them and had not asked anyone. V3 BOM said that she didn't know who was on the resident trust, but that she was responsible for the resident trust account.</p> <p>On 7/23/24 at 1:30PM, V1 Administrator said that he was not aware of who was able to sign on the resident trust. V1 confirmed that V4 FBOM, V5 FA, and V7 FSSD were no longer employees of the facility.</p> <p>On 7/23/24 at 1:32PM, V5 FA said that she just retired last week and that the vending and petty cash accounts do not include any resident funds, only facility funds, and that while V4 FBOM, V5 FA, and V7 Former Social Services Director (FSSD) were on those accounts, no resident funds were involved. V5 then said that she did not know who was on the resident trust account.</p> <p>On 7/23/24 at 2:05PM, V8 {Local} Bank and Trust Personal Banker, said that V3 (BOM), V4 (FBOM), V5 (FA) and V7 (FSSD) were all on the vending, petty cash and resident trust accounts, meaning that they had access to all three accounts.</p> <p>On 7/23/24 at 3:32PM, V8 said that the former employees (V4, V5 and V7) had been removed from the facility vending and petty cash accounts, but that the bank could not remove them from the resident trust account until the facility owners provide them with necessary documentation. V8 said that until the paperwork is completed; V4, V5 and V7 (former employees) could access the resident trusts accounts.</p> <p>(continued on next page)</p>

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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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/23/24 at 11:55AM, V6 Corporate Director of Operations said that former employees should not have access to facility debit cards or the resident trust account.</p> <p>The facility provided, undated Resident Personal Trust Funds Policy and Procedure documents that it is the policy of this facility to hold, safeguard, manage and account for personal funds of any resident in the facility and to manage resident trust accounts. The responsibility parties for managing resident monies includes: the Administrator, Office Manager, Social Services Director and Business Office Personnel.</p>		

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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</p> <p>Based on interview and record review the facility failed to provide quarterly resident trust account statements for four (R1-R4) of four residents reviewed for resident funds from a total sample list of four.</p> <p>Findings include:</p> <p>The facility provided, undated Resident Personal Trust Fund Policy and Procedure documents that the quarterly statement of all transactions for the individual resident's account including withdrawals, direct charges, deposits and interest will be prepared and provided to the resident or legal representative. The resident or legal representative will be requested to sign a copy of the quarterly statement acknowledging receipt. The signing statement will be maintained in the business office file. Residents who are unable to acknowledge receipt of the quarterly statement will have the statement mailed to the responsible party. Account reports are to be provided to the resident within two weeks of being generated.</p> <p>On 7/23/24 at 2:51PM, V10, R1's Power of Attorney said that he receives billing statements either semi-annually or quarterly, but he does not receive statements regarding R1' s trust account.</p> <p>On 7/23/24 at 2:45PM, R2 said that she does not recall ever receiving a statement of her trust account.</p> <p>R2's Minimum Data Set, dated dated dated [DATE] documents R2 as cognitively intact.</p> <p>On 7/23/24 at 2:48PM, R3 said that she does receive statements of her trust account, but could not recall when she received the most recent one.</p> <p>R3's Minimum Data Set, dated dated dated [DATE] documents R3 as cognitively intact.</p> <p>On 7/23/24 at 10:45AM, V3 Business Office Manager said that she had not sent quarterly resident trust account statements (R1-R4) out since December 2023 because she thought it was being done by the new billing system.</p> <p>On 7/23/24 at 2:40PM, V9 Director of Accounts Receivable said that the facility should have been sending out the resident trust statements, quarterly.</p>		