

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 01/14/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure resident rooms and equipment were clean and in good repair for two of three residents (R8 and R25) reviewed for homelike environment in the sample list of 41. Findings include:1) R25's minimum data set (MDS) dated [DATE] documents R25 is cognitively intact.On [DATE] at 8:45 AM, R25 stated she is embarrassed by how her room looks, stating, is this what I'm supposed to live with? The wall behind R25 was noted have cracked, fading paint and large nails placed in various spots. R25 stated she hangs pictures and a tee shirt to distract visitors from the condition of the walls. R25 stated she has expressed to staff about how bad her room looks. R25 stated she was ashamed when the doctor came in for a visit. R25 stated she spoke with her roommate stating, have we died, and this is where we ended up. R25 stated she is worried about her ceiling tiles being asbestos since they are so old.On [DATE] at 12:05 PM, R25's room and bathroom were observed with V2 Director of Nursing (DON). There were visible cracked areas on the walls with peeling of paint. There was visible dark debris in the light covers of the ceiling and the lighting in the room was very dim. Dark and rust color debris was present on the back of the toilet riser in the crease behind the toilet seat and in the ridge along the back of the seat. There was a string-like substance hanging from the ceiling corners in the bathroom of R25's room. On [DATE] at 12:05 PM, V16 Plant Operations Manager stated she is going to work on the painting of the walls in the building when they hire another driver for transportation. V16 stated V16 has had to fill in for transportation of the residents to appointments since there isn't a regular transportation driver. V16 reported she used to work maintenance, and she paints the rooms herself. V16 stated she has been too busy with transportation and hasn't had a chance to check if the other areas are being cleaned by housekeeping staff since she is also the supervisor of housekeeping. V16 confirmed there is no dated plan of action to do inside repairs at this time.On [DATE] at 9:00 AM, V2 DON stated repairs on the roof were started last spring and they are waiting to do inside repairs until after they get the roof completed. On [DATE] at 9:25 AM, V1 Administrator stated repairs are in process. V1 confirmed the roof is being done in sections and the inside will be done afterwards. The undated Maintenance Policy of the facility documents to ensure a safe, accessible, effective, and efficient environment of care that is consistent with its mission, services, law, and regulations. To ensure that the building (interior and exterior), grounds, and equipment are maintained in a safe operable manner.2) R8's minimum data set (MDS) dated [DATE] documents R8 is cognitively intact.On [DATE] at 10:41 AM V16 Plant Operations Manager stated that on [DATE] she received a call from the facility to go back to the dialysis unit, pick up R8's wheelchair, and take it to the carwash to clean it. V16 stated after arriving, she witnessed an approximately six inch around area of a hard, dark substance on the backrest of R8's wheelchair that she believed to be feces. V16 stated she took the chair to the carwash, as directed by V2, and cleaned the</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 146037	Facility ID: 146037 If continuation sheet Page 1 of 2

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>wheelchair before returning it to the dialysis center. On [DATE] at 1:00 PM R8 stated she remembered the incident, R8 stated she had been sick with vomiting and diarrhea the prior weekend and the dialysis staff brought the hardened substance on the backrest of her wheelchair to her attention. On [DATE] at 11:00 AM V14 Dialysis Staff, stated that when R8 stood up to be weighed, she noticed a dried substance that appeared to be feces on the back rest of the wheelchair, but the substance was not on R8's person. V14 reported an odor that smelled like feces. V14 stated she then called the facility to report it. On [DATE] at 1:30 PM V2 DON stated V2 was called by the dialysis unit staff member telling her there was feces on the backrest of R8's wheelchair. V2 stated she called V16 and instructed her to go get the wheelchair, take it to the car wash, and clean it before returning it back to the dialysis center. The Equipment policy dated [DATE], documents wheelchairs are maintained by the facility for general use of all residents.</p>		