

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.

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview, and record review the facility failed to appropriately label an insulin vial, insulin pens, and eye and ear drops with the date opened and failed to discard an insulin pen and ear drops for four (R11, R36, R69, R85) of seven residents reviewed for medication administration on a sample list of 41. Findings Include: On 1/13/2026 at 10:00 AM, the facility's Main Skilled Medication Cart located on the 200 Hall was inspected in the presence of V6 Licensed Practical Nurse (LPN). During the inspection, R11's Basaglar pen and Adelong pen were found without any documented date of opening. Additionally, R36's Novolog Flex Pen was labeled with an open date of November 26, 2025. Further review revealed that R69's Ofloxacin and R85's Latanoprost also lacked documented dates of opening. Review of R11's Medication Administration Record (MAR) dated January 2026 confirmed that R11 has an active physician's order and is currently receiving both Basaglar and Adelong. Review of R36's MAR dated January 2026 documents that R36 has an active physician's order and is currently receiving Novolog. Review of R69's MAR dated January 2026 documents that R69 had a physician's order for Ofloxacin with a completion date of 1/1/2026. Review of R85's MAR dated January 2026 documents that R85 had an active physician's order and is currently receiving Latanoprost. On January 13, 2026, at 10:26 AM, V6, Licensed Practical Nurse (LPN), stated R11's Basaglar and Adelong pens, as well as R85's Latanoprost, should have been properly labeled with open dates. V6 LPN further agreed that R36's Novolog Flex Pen, which had an open date of 11/26/2025, and R69's Ofloxacin, which lacked an open date, should have been discarded. On 1/13/26 at 12:15 PM, V2, Director of Nursing (DON), stated that eye drops, and ear drops should be labeled with the date opened and discarded 28 days after opening, and insulin vials and pens should also be labeled with the date opened and discarded within 28-30 days of opening. The facility's Medication Labels Policy dated 10/27/2014 documents that medications must be labeled in accordance with facility requirements and applicable state and federal laws. The policy specifies that only the dispensing pharmacy or a registered pharmacist may modify, change, or attach prescription labels. Additionally, the policy requires that every medication be labeled with a beyond use (expiration) date on the package.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review the facility failed to implement proper hand hygiene during medication administration for three residents (R40, R43, R63) of seven reviewed for medication administration on a sample list of 41. Findings include: On 01/12/2026 at 8:57 AM, V5 Registered Nurse (RN) prepared R43's oral medications and inhaler, entered the R43's room, handed R43 the cup of medications and placed a cup of water on the bedside table. V5 RN then provided R43 with his inhaler, followed by a cup of water for swish and spit. After use, R43 returned the cup and inhaler to V5 RN. At no point before, during, or after medication administration did V5 RN perform hand hygiene. On 01/12/2026 at 9:10 AM, V5 RN prepared R40's oral medications, entered R43's room, handed R40 the cup of medications and placed a cup of water on the bedside table. Before leaving the room V5 RN disposed of R40's used cups. At no point before or after medication administration did V5 RN perform hand hygiene. On 01/12/2026 at 9:25 AM, V5 RN prepared R63's oral medications, entered the resident's room, handed R63 the cup of medications, and placed a cup of water on the bedside table. R63 requested more water; V5 RN took his Styrofoam cup, stated she would refill it after R63 took all of his medications. V5 RN then provided additional small cups of water as R63 continued taking medications. Afterward, V5 RN filled R63's cup with ice from the 100 Hall ice chest. At no point before, during, or after medication administration did V5 RN perform hand hygiene. On 01/13/2026 at 10:32 AM, V5, RN, stated she was unsure of the facility's expectations regarding hand hygiene during medication administration but agreed it should be performed between each resident. On 01/13/2026 at 2:20 PM, V2, Director of Nursing, stated her expectation for nursing staff is that hand hygiene must be performed prior to preparing medications, after administering medications, and whenever hands are visibly soiled. The facility's Handwashing/Hand Hygiene Policy dated November 2013 documents that it is the policy of the facility to assure staff practice recognized handwashing/hand hygiene procedures as a primary means to prevent the spread of infections among residents, personnel, and visitors. The facility's Medication Administration policy dated November 3, 2014, documents that the person administering medications adheres to good hand hygiene, which includes washing hands thoroughly before beginning a medication pass, prior to handling any medication, after coming into direct contact with a resident, and before and after administration of ophthalmic, topical, vaginal, rectal, and parenteral preparations and medications given via enteral tubes. Hand sanitization is done with an approved sanitizer between handwashing's, when returning to the medication cart or preparation area (assuming hands have not touched a resident or potentially contaminated surface). Sanitizations can be done at regular intervals during the medication pass such as after each room, again assuming handwashing is not indicated. Sanitization is not a substitute for proper handwashing and washing should be done if there is any question.</p>		

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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>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 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>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure one resident (R4) was free of a restraint which limited her ability to move about freely of one resident reviewed for restraints in a sample list of 41. Findings Include: R4's Care Plan dated 9/8/25 lists then following diagnoses: Osteomyelitis, Pressure Ulcer of the Sacrum, Neoplasm of the Spinal Cord, Type II Diabetes, Polyneuropathy, Unsteady on Feet, and Neurofibromatosis. R4's Minimum Data Set (MDS) dated [DATE] documents R4 is cognitively intact. On 1/11/26 R4 was seated in a (Geriatric) Chair in her room. This chair does not allow R4 to self-propel herself. R4's personal wheelchair was sitting on the other side of her room. R4 stated I want to sit in my chair R4 gestured to the wheelchair across the room with her name on it. I can't even move around in my room in this chair. I HATE it. I can't get my hairbrush, or my soda from my fridge or anything. It also makes my back and sores hurt. (R4 currently has two Stage IV Pressure Ulcers) They tell me it's because I try to move from the bed to my chair and I have had falls. I feel restricted. On 1/13/26 at 2:00PM V2 Director of Nursing (DON) stated The (Geriatric) Chair is for (R4's) safety and positioning. We have not done a restraint assessment since we don't feel it is a restraint. Occupational Therapy is working with (R4) to acquire a custom-made wheelchair for (R4) which will allow (R4) to self-propel in her room. V2 verified the (Geriatric) Chair does not allow (R4) to self-propel. V2 also verified the use of the (Geriatric) Chair was not addressed in R4's Care Plan. The facility's Physical Restraint Policy dated February 2014 states Purpose: To achieve a restraint free environment to improve or maintain quality of life and process implemented to pursue this goal. Restraints shall not be used for the purpose of punishment or for staff convenience. Periodic assessment shall assess the resident's status in an effort to reduce or eliminate restraints whenever possible and assure the least restrictive method is used which allows the resident to function at their highest practicable level. Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot easily remove and that restricts freedom of movement or normal access to one's body.</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>Based on observation, interview and record review the facility failed to ensure a resident receive proper treatment and assistive devices to maintain vision for one resident of one resident (R53) reviewed for vision and hearing out of a sample list of 41. Findings include: R53's care plan, dated 12/16/2025, documents an admission date as 08/22/2024 with the following diagnoses: Essential Hypertension, Hyperlipidemia, Fibromyalgia, Lumbago with Sciatica, left side and Diaphragmatic Hernia without Obstruction. R53's Care Plan, dated 12/16/2025, documents R53 wears reading glasses to assist with vision related to macular degeneration with an intervention documenting: Ensure that adaptive equipment that R53 needs is provided and is present and functional, eyeglasses. On 1/11/2026 at 9:30 AM R53 stated she has needed glasses, and her glasses have been broken for a long time. On 1/12/2025 at 1:25 PM V6 LPN (Licensed Practical Nurse) stated R53 does not currently have eyeglasses for use. On 1/12/2025 at 1:32 PM V7 CNA (Certified Nursing Aide) stated R53 does not have corrective eyeglasses for use and has not had eyeglasses that she was aware of. On 1/12/2026 at 2:29 PM R53 stated she doesn't have a good pair of glasses to use because her old pair has had a broken frame. No eyeglasses were observed on or with R53 during resident interview. On 1/13/2026 at 12:15 PM V7 CNA stated R53 continues daily activities without eyeglasses. On 1/13/2026 at 12:33 PM V3, Social Services Director, stated she does not schedule eye appointments for R53. V3 stated R53's Daughter is to schedule appointments for R53 regarding eye appointments.</p>		