		AND HUMAN SERVICES				FORM	08/15/2006 APPROVED 0938-0391		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		146037	B. WI	NG _			C 1/2006		
NAME OF P	ROVIDER OR SUPPLIER		•		REET ADDRESS, CITY, STATE, ZIP CODE				
PLEASANT MEADOWS CHR VILLAGE				P O BOX 375 400 W WASHINGTON CHRISMAN, IL 61924					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE		
F9999	LICENSURE VIOLA 300.1210a) 300.1210b)4) 300.1210b)6) Section 300.1210 C Nursing and Person a) The facility must services to attain or practicable physica well-being of the re- each resident's com plan of care. Adeq nursing care and per to each resident to personal care need b)4) Personal care hour, seven day a w "Personal Care" is c "assistance with me bathing or general s the physical and me individual who is ince private, independer incapable of manag a guardian has bee individual. b)6) All nursing per residents to see that	ATIONS General Requirements for nal Care provide the necessary r maintain the highest I, mental and psychosocial sident, in accordance with nprehensive assessment and uate and properly supervised ersonal care shall be provided meet the total nursing and Is of the resident. shall be provided on a 24-	F9	999					
	Based on observati	ion, interviews and record							

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		I AND HUMAN SERVICES				FORM	08/15/2006 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BU			(X3) DATE SURVEY COMPLETED		
		146037	B. WI	NG _			C 1/2006
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
PLEASANT MEADOWS CHR VILLAGE					P O BOX 375 400 W WASHINGTON CHRISMAN, IL 61924		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DI	BE CROSS-	(X5) COMPLETION DATE
F9999	Continued From pa	ge 8	F9	999	9		
	impaired residents	ailed to monitor the f 1 newly admitted cognitively (R4) on the facility's secure left the unit without staff's					
	The finding is:						
	Information sheet, F on 4-28-06 from his Physician's Order S diagnoses as Alzhe Disease. R4 receiv early Alzheimer's D	cility's Resident Admission R4 was admitted to the facility s home. R4's 4-28-06 Sheet (POS) lists his simer's Disease and Meniere's ves Aricept, a medication for visease, at bedtime daily.					
	documents the follo memory deficit, is n decision making, ar cues. The assessm wanders daily and t altered. The Elope 4-28-06 documente going outside in the home, "is ambulato constantly on the ui doors, piered (sic) o alarms sound. Staf whereabouts freque unexplained door a monitoring device)	wing: R4 has short term noderately impaired for daily nd requires supervision and nent also documents that R4 this behavior is not easily ment Risk Assessment dated ed that R4 has a history of a yard and walking around at ry with wandering almost nit. He has walked up to but, but moves away when ff is encouraged to monitor ently, (especially with) larms. (Electronic resident					
	with Alzheimer's Dia area entitled, "Atte Functioning," R4 ge	tional Assessment for persons sease" documents that in the ntion, Memory and Cognitive ets lost easily and resists a entitled, "Language Skills,"					

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		AND HUMAN SERVICES				FORM	08/15/2006 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		146037	B. WI	NG _			C 1/2006
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
PLEASANT MEADOWS CHR VILLAGE					P O BOX 375 400 W WASHINGTON CHRISMAN, IL 61924		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	Continued From pa	nge 9 ords he cannot remember; is	F99	999	9		
	easily led in conver following multiple s concepts. The "Min	sation; and has difficulty tep directions and abstract ni-Mental State Examination" orts R4 to be moderately					
	arrived at the facilit accompanied by hi name, confused to however he's in Ch continue: At 12:40 ambulatory) about (rooms) - attempt to quickly, ambulating Again, attempt to o around to ambulate rooms"; At 1:35 P. Assistant) took{R4} min., then returned wander about unit.' wandering about co Unable to locate re progress." At 2:00 unit."	28-06 nurses' notes, R4 y at 10:20 A.M. via car, s wife. R4 was "alert and to time and place. Is aware risman." The nurses' notes P.M., "(Resident up unit - going in and out of Rms to open door #1 then turns again."; At 12:55 P.M., " pen door #1, then turns about unit going in /out M., "CNA(Certified Nurse o out to courtyard for approx. 5 inside, cont. (continued) to '; At 1:45 P.M., "Observed ommon area." At 1:50 P.M., " sident on unit, search in P.M., "Resident return back to					
	R4 was without acc approximately 15 m R4 had went outsic unit, down the serv blocks to a friend's and Z4 (high schoo yard of the house a Z4 were working in that R4 "is very agi	cility's 5-2-06 incident report, companiment of staff for ninutes. The report stated that le from Door 5 on the skilled ice drive to the road and 1 1/2 house. R4 was seen by Z3 of classmates of R4) in the across the street where Z3 and the yard. The report stated le, has a very steady gait, can ed, and appear to be a visitor."					

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CENTER	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED: 08/15/2006 FORM APPROVED OMB NO. 0938-0391					
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C			
		146037	B. WI	√G _			/2006		
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE				
PLEASANT MEADOWS CHR VILLAGE				P O BOX 375 400 W WASHINGTON CHRISMAN, IL 61924					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE		
F9999	Continued From pa	ge 10	F9	999					
	weather with the ter	omfortably for the mild mperature being egrees at 2:00 P.M."							
	on 5-2-06 at 12:00 06 she clocked out, turned left, and cros stated that a gentle tracks walking. He looking around. E4 admitted on 4-28-00 like R4. E4 returne (CNA) and E8 (CN/ and E4 and E8 beg	Coordinator, was interviewed P.M. She stated that on 4-28- drove out the front entrance, ssed the railroad tracks. E4 man was across the railroad was walking "briskly" and stated she knew R4 was 6 and the gentleman looked d to the facility and notified E9 A). E9 began a head count an to search for R4.							
	are high school class of R4. Z3 and Z4 w 10:15 A.M. Z3 statt working in the yard between 1:30 P.M. observed R4 appro street. Z3 called to them. R4 hugged k hugging was the gr classmates. Z3 and them by name. The and gave R4 water aware that R4 had Z3 and Z4 continue Z3 and Z4 stated th understand from R4 somewhere today a wedding, can you ta ." Z3 stated R4 poi not right." R4 wou	d Z4, husband and wife, they ssmates and life long friends vere interviewed on 5-4-06 at ed that Z3 and Z4 were on 4-28-06 sometime and 2:00 P.M. Z3 and Z4 aching the house across the him and R4 came over to ooth Z3 and Z4. Z3 stated eeting shared between d Z4 stated R4 did not call ey invited R4 into the house . They stated they were not been admitted to the facility. d to ask R4 how he got here. te only things that they could 4 was that "there is a wedding and I'm not invited to the ake me home?, I cannot drive nted to his head and said "I'm Id start sentences and not c's sister, was called and Z1							

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	PRINTED: 08/15/200 FORM APPROVE OMB NO. 0938-039	Ď
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CON A. BUILDING	COMPLETED	
146037 B. WING	C 05/11/2006	
	DRESS, CITY, STATE, ZIP CODE	
PLEASANT MEADOWS CHR VILLAGE	375 400 W WASHINGTON IAN, IL 61924	
	PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SHOULD BE CROSS- RENCED TO THE APPROPRIATE DEFICIENCY)	1
F9999 Continued From page 11 F9999		
 told Z3 and Z4 that R4 was supposed to be at the facility. Z1 called the facility and notified the facility R4 was safe and Z1 will return R4. Z3 and Z4 were asked if they thought R4 would be safe outside by himself. Their response was not in new or unfamiliar surroundings and he would not be able make his needs known. It was observed that R4 was found 0.1 of mile from the facility. The facility is on the edge of the town. The street in front of the facility becomes a rural road west of the facility and can be busy at times. R4 would have to cross railroad tracks to get to his destination. R4 was observed on 5-2-06, 5-3-06 and 5-4-06 to wander aimlessly about the unit. R4 was well groomed with a distinguished appearance. R4 was interviewed on 5-3-06 at 11:00 A.M. in his room. He had no idea of time or place. He was asked basic personal safety questions including how to test for hot water at the lavatory. He said "I have no idea." R4 was asked what a yellow sign in center of the floor meant? R4 said "I don't know." His responses to these questions reflected limited safety awareness to his surroundings. During interview with E12, the Director of Well Being on 5-4-06 at 3:20 P.M., E12 stated that on 4-28-06 she was conducting an inservice meeting for the staff in the surroom on the Alzheimer's unit (Haven Center). During the meeting, she observed that a group of residents and visitors were around the front door that goes to the parking lot. E12 also recalled that E3 (Licensed Practical Nurse), E8, and E9 were in 		

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		I AND HUMAN SERVICES				FORM	08/15/2006 APPROVED 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED				
		146037	B. WI	NG		C 05/11/2006			
NAME OF F	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE				
PLEASA	NT MEADOWS CHR \	/ILLAGE		P O BOX 375 400 W WASHINGTON CHRISMAN, IL 61924					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE		
F9999	Continued From pa	ige 12	F9	999					
	to be outside in the investigation by sta followed a visitor ou not set the alarm of Based on observati Alzheimer's unit (H magnetic door lock doors off of the unit the skilled unit. Do the sunroom. Ther sunroom that is not exits into the parkir alarms were tested In order to use the pressed, an immed 15 seconds the doo and the alarm woul door was closed. T entering a code into doors are equipped the door, you must within 10 seconds. not closed has an a door was closed, the the incident, the tim changed from 20 seconds The remaining doo found to be function doors are locked on the service/delivery pads. During the te 3-06, E11, the Mair he did not have any	ff, R4 was determined to have ut the main entry door and did ff.							

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	H AND HUMAN SERVICES E & MEDICAID SERVICES				FORM	08/15/2006 APPROVED 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	146037	B. WI	NG		C 05/11/2006		
NAME OF PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
PLEASANT MEADOWS CHR	VILLAGE			O BOX 375 400 W WASHINGTON CHRISMAN, IL 61924			
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE	
During interview v 3-06, she reported returned from sea was propped ope made. During into 30 P.M., he show could be used to o stated that only a the switch and he	hage 13 entation was reviewed. With E6, Registered Nurse on 5- d that on 4-28-06 when she rching for R4, the service door h and a delivery was being erview with E11 on 5-3-06 at 3: ed that a toggle (light) switch disconnect the alarm. E11 very few people were aware of did not know of any delivery howledge of the switch. (A)	F9	9999				

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