

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/23/2016
FORM APPROVED
OMB NO. 0938-0391

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 C 03/17/2016
NAME OF PROVIDER OR SUPPLIER PLEASANT MEADOWS SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE P O BOX 375 400 W WASHINGTON CHRISMAN, IL 61924		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 469 SS=F	<p>Complaint #1661376/IL84016</p> <p>483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM</p> <p>The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to eliminate and eradicate flying insects (gnats) in the facility. This finding has the potential to effect all 103 residents residing at the facility.</p> <p>The finding includes:</p> <p>On 3-17-16 at 1:40 P.M., at least three flying insects (gnats) were flying around an uncovered bus pan with food waste from the afternoon (noon) meal. The food waste was on the top of a transport cart in the service corridor behind the Dietary Department. The gnats had been on the food. The Dietary Manager, E14 stated at 2:20 P.M. the cart with the uncovered food waste had been in the corridor for 30 minutes.</p> <p>On 3-17-16 at 2:15 P.M., gnats were observed in and around a bucket for broken glass that was stored under the soiled side of the dish machine. Gnats were observed under the stainless steel work table on the soiled side of the dish machine. E15, Dietary Aide (Dishwasher), stated she has seen gnats intermittently for a while. E14 stated</p>	F 469			

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

TITLE

(X6) DATE

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.

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F 469	<p>Continued From page 1</p> <p>at 2:20 P.M., the food waste disposal was leaking and malfunctioned and it was replaced. E14 stated a new disposal had to be ordered and there was a two to three week delay to receive the replacement part and a two to three week delay before the disposal was installed. E14 stated the gnat problem is better since the disposal is not leaking.</p> <p>On 3-17-16 at 11:10 A.M., E12, Maintenance Director stated he has seen flying insects in the service corridor.</p> <p>On 3-17-16 at 1:30 P.M., R6 stated R6 observed a gnat one time flying around his food in the dining room. R6 stated the gnat was small like a speck.</p> <p>On 3-17-16 at 1:40 P.M. R3 stated the facility has gnats in the dining room at meal times. R3 stated R3 and other residents have observed gnats on several occasions.</p> <p>On 3-17-16 at 1:35 P.M., R2 stated the facility has a problem with gnats at mealtimes. R2 stated R2 has observed gnats on three to four instances.</p> <p>According to the facility's 3-16-16 "Roster/Sample Matrix", 103 residents reside at the facility.</p>	F 469			