STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146037	A. BUILDING _____ B. WING _____	C 09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS SENIOR LIVING	**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 Incident Report Investigation Incident of 8-10-16/IL88484	F 000		
F 224 SS=E	483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure residents were free from misappropriation of resident property by failing to prevent intentional diversion of residents' controlled medication by facility staff for seven of 23 residents (R1, R2, R5-R9) reviewed for narcotic control and abuse, in the sample of 23. The findings include: The facility's undated Abuse Prevention Program policy states misappropriation of resident property is the deliberate misplacement, exploitation, or wrongful use of resident's belongings or money without the resident's consent. On 9/14/16 at 12:00 PM, E3 (Assistant Director of Nurses) stated on 8/7/16 at 1:10 PM, E8 (Licensed Practical Nurse/LPN) stated E7 (LPN) gave a lot of pain medications to residents that	F 224		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 224	Continued From page 1	F 224		

don't normally take pain medication. E3 stated on 8/8/16 and 8/9/16, audits of narcotic administration were conducted, with no issues or concerns. E3 stated 8/10/16 audits indicated E7 administered pain medication to R1, R2, R5, R6, R7, R8, and R9. E3 stated these residents either tested negative for pain medication per urine testing and/or denied being given pain medication.

Per Facility Investigative Timeline, on 8/10/16 R1, R2, R6, and R7 stated they had not received pain medication. R5 was out of the facility on 8/10/16 at the time the pain medication was signed as being administered.

On 8/10/16 and 8/11/16, urine tests conducted on R1, R2, R5, R6, R8, and R9 were negative for pain medication.

The Facility Incident Report Form for event on 8/10/16 at 2:30 PM, states investigation of potential drug diversion was initiated. Z1 (Illinois State Police Special Agent) was notified and State Police investigation began. During the course of the investigation E7 (Licensed Practical Nurse/LPN) confessed to stealing the drugs. E7 was immediately taken off the staff roster. Facility continues to cooperate with Z1's investigation.

R1's Order Report Summary, dated 9/14/16, states Hydrocodone-Acetaminophen 5-325 milligrams every 8 hours by mouth as needed for moderate pain, was ordered on 8/19/16.

R2's Order Report Summary, dated 9/14/16, states Hydrocodone-Acetaminophen 10-325 milligrams every 6 hours by mouth as needed for

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F 224	Continued From page 2 pain, was ordered on 5/20/14. R5's Order Report Summary, dated 9/14/16, states Hydrocodone-Acetaminophen 5-325 milligrams every 6 hours by mouth as needed for pain, was ordered on 6/4/16. R6's Order Report Summary, dated 9/14/16, states Tramadol 50 milligrams every 6 hours by mouth as needed for pain, was ordered on 11/4/15. R7's Order Report Summary, dated 9/14/16, states Hydrocodone-Acetaminophen 5-325 milligrams every 12 hours by mouth as needed for pain, was ordered on 5/18/16 and discontinued on 8/18/16. R8's Order Report Summary, dated 9/14/16, states Tramadol 50 milligrams 4 times a day by mouth as needed for pain, was ordered on 4/5/16. R9's Order Report Summary, dated 9/14/16, states Hydrocodone-Acetaminophen 5-325 milligrams every 6 hours by mouth as needed for moderate pain, was ordered on 7/25/16.	F 224		
F 226 SS=E	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced	F 226		

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F 226	Continued From page 3	F 226		

by:
Based on interview and record review the facility failed to operationalize their abuse prevention policy by failing to prevent misappropriation of resident property through intentional diversion of residents' controlled medication by facility staff for seven of 23 residents (R1, R2, R5-R9) reviewed for narcotic control and abuse, in the sample of 23.

The findings include:

The facility's undated Abuse Prevention Program policy states the facility prohibits mistreatment, neglect, or abuse of its residents. Abuse includes misappropriation of resident property, which is the deliberate misplacement, exploitation, or wrongful use of resident's belongings or money without the resident's consent.

On 9/14/16 at 12:00 PM, E3 (Assistant Director of Nurses) stated on 8/7/16 at 1:10 PM, E8 (Licensed Practical Nurse/LPN) stated E7 (LPN) gave a lot of pain medications to residents that don't normally take pain medication. E3 stated 8/10/16 audits indicated E7 administered pain medication to R1, R2, R5, R6, R7, R8, and R9. E3 stated these residents either tested negative for pain medication per urine testing and/or denied being given pain medication.

Per Facility Investigative Timeline, on 8/10/16 R1, R2, R6, and R7 stated they had not received pain medication. R5 was out of the facility on 8/10/16 at the time the pain medication was signed as being administered.

On 8/10/16 and 8/11/16, urine tests conducted on R1, R2, R5, R6, R8, and R9 were negative for

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F 226	Continued From page 4 pain medication. The Facility Incident Report Form for event on 8/10/16 at 2:30 PM, states investigation of potential drug diversion was initiated. Z1 (Illinois State Police Special Agent) was notified and State Police investigation began. During the course of the investigation E7 (Licensed Practical Nurse/LPN) confessed to stealing the drugs. E7 was immediately taken off the staff roster. Facility continues to cooperate with Z1's investigation.	F 226		
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked,	F 431		

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F 431	Continued From page 5 permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure inventory of controlled medication was completed between nurses prior to controlled medication keys being rendered. This applies to 13 residents (R7, R12-R23) reviewed for narcotic control, in the sample of 23. The findings include: The facility's Therapeutic Type Report, dated 9/13/16, states the following: R7 receives Norco as needed for pain. R12 receives Morphine as needed for pain. R13 receives Fentanyl for pain and Tramadol as needed for pain. R14 receives Norco as needed for pain. R15 receives Norco as needed for pain. R16 receives Tramadol as needed for pain. R17 receives Tramadol as needed for pain. R18 receives Fentanyl for pain and Tramadol as needed for pain. R19 receives Tramadol as needed for pain. R20 receives Norco as needed for pain. R21 receives Fentanyl for pain. R22 receives Morphine and Norco as needed for pain. R23 receives Morphine and Tramadol as needed for pain. R7 and R12-23 reside on the skilled unit of the facility.	F 431		

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F 431	Continued From page 6 The facility's Investigative Timeline dated November 2015-December 2015 states on 11/29/15 at 8:00 PM, E5 (Registered Nurse/RN) gave E6 (RN) the medication keys to the skilled unit though no narcotic/controlled medication count was completed. On 9/13/16 at 1:30 PM, E4 (RN/Former Director of Nurses) stated she did not know why E5 and E6 did not complete a narcotic/controlled medication count. E4 stated a narcotic/controlled medication count should be complete when nurses nurses exchange medication keys. On 9/13/16 at 2:20 PM, E2 (Director of Nurses) stated narcotic/controlled medication count should be completed between nurses prior to medication key exchange. E5 and E6 where unavailable for interview. The facility's Controlled Substance Medication Receipt, Storage, Handling and Record Control policy, revised 11/2/12, states conduct an inventory of all controlled medications at each shift change or when keys are rendered.	F 431		