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 _____	09/24/2015

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**

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F 000	INITIAL COMMENTS Annual Licensure and Certification Survey Validation Survey for Subpart U: Alzheimer Unit Pleasant Meadows Senior Living is in substantial compliance with Subpart U, 77 Illinois Administrative Code 300.7000.	F 000		
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to develop a comprehensive care plan to address elopement (leaving the building	F 279		

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

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F 279	Continued From page 1 unnoticed) and an electronic exit monitoring device for one of nineteen residents (R23) reviewed for care plans in the total sample of nineteen. Findings include: R23's Elopement Assessments dated 8/13/15 at 7:36pm and 8/20/15 at 7:36pm document R23 is "physically able to leave the building on their own" and that R23 has "a diagnosis of... Dementia and is mobile by any method/device" which scores R23 at a "High Risk for Elopement." R23's Progress Note dated 8/20/15 at 7:36pm completed by E9, Social Services Director (SSD) documents R23 scored as a high risk for elopement. R23's current Care Plan dated 8/26/15 does not document a Care Plan for risk for elopement or for the use of the electronic exit monitoring device. On 9/24/15 at 10:05am, E3, Director of Nursing (DON) stated R23 does have an electronic monitoring device on. E3 stated R23 should have a care plan for elopement risk and the electronic monitoring device. E3 stated she believed Social Services was the one to set up the care plan. E9 stated the nurse doing the initial care plans are responsible for placing the elopement and electronic monitoring device in the resident's care plan. E3 stated she could not find a care plan for elopement or electronic monitoring device for R23. The facility's Missing Resident and Elopement policy dated 8/23/13 documents, "... care plan will	F 279		

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F 279	Continued From page 2 be modified as necessary... If a resident is identified at risk for elopement, the following steps will be taken... The resident's care plan shall address... using resident specific goals and/or approaches..." The facility's (electronic monitoring) System Policy dated 8/23/13 documents, "Protocol Concerning Residents... Use of the alert system will be addressed on the resident's care plan..."	F 279		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	F 329		

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F 329	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to have assessments for the use of psychotropic medications for two of four residents (R17, R23) reviewed for psychotropic medications in the sample of 19. Findings include: 1. R23's Medication Review Report dated 9/24/15 documents an order dated 8/13/15 for Quetiapine Fumerate (antipsychotic) Tablet 25mg (milligrams) by mouth four times a day related to Dementia with Behavioral Disturbances. There is no documentation that the facility assessed R23 for the use of the Quetiapine medication until 9/9/15. On 9/24/15 at 10:30am, E8, Registered Nurse (RN) stated that she could not find any assessments or AIMS (Abnormal Involuntary Movement Scale) for the Quetiapine medication prior to 9/9/15 for R23 and that there should have been one done when the medication was ordered on 8/13/15. On 9/24/15 at 10:30am, E8, RN stated she oversees the psychotropic medications for the facility. E8 stated, "Generally on admissions they (the nurses working the floor) do the AIMS assessment." E8 stated she tries to follow up and make sure they are done and the Interdisciplinary Team (IDT) follows the psychotropic medications as well. E8 stated it was not until September when the IDT team got together for R23. E8 said they monitor for side effects but have not been documenting and they "need to document better."	F 329		

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F 329	Continued From page 4 The facility's Psychotropic Medication Use-Management Policy dated 12/8/11 documents, "After implementation of psychotropic medication, resident... medication use should be monitored and documented on a regular basis..." and "Antipsychotics require an Abnormal Involuntary Movement (AIMS) assessment to be completed with the initiation of therapy..." 2. The Physician's Order Sheet dated 9/21/15 documents that R17 was admitted to the facility on 8/3/15 with a diagnosis of Alzheimer's Disease and orders for Levetiracetam 500 milligrams twice daily for Alzheimer's Disease. R17's medical record documents no assessment for the use of the Levetiracetam. On 9/24/15 at 9:10 AM E10 Dementia Unit Director stated that R17 has a history of behaviors including hallucinations that someone is waiting outside to take her home and that R17 is taking Levetiracetam for behaviors. E10 stated that an assessment for the use of the drug should have been completed when R17 was admitted to the facility. At that time E10 could not provide documentation that an assessment had been completed for the use of the Levetiracetam for R17.	F 329		
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced	F 332		

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F 332	Continued From page 5 by: Based on observation, interview, and record review, the facility failed to administer medications as ordered and according to manufacturer's specifications for two residents (R29, R30) on the supplemental sample. The facility had two medication errors out of 28 opportunities for error, resulting in 7.14% medication error rate. Findings include: 1. On 9/21/15 at 1:00 PM, during the medication pass, E6, Registered Nurse (RN), stated R29 gets 20 units of Humalog insulin routinely three times a day. E6 drew up 20 units of Humalog insulin. R29 was in the dining room eating R29's lunch. E6 brought R29 back to R29's room and injected 20 units Humalog insulin into R29 then E6 returned R29 to the dining room to finish eating lunch. R29's Physician Order Sheet (POS), dated 9/1/2015, documents an order for Humalog Solution (Insulin Lispro (Human)) inject 20 unit subcutaneoulsy before meals. On 9/24/15, at 10:37 AM, E3, Director of Nursing (DON), stated the nurses should follow doctor's orders when giving insulin. 2. On 9/21/15, at 1:25 PM, E6 crushed one levetiracetam 500 milligram(mg) tablet and mixed it with pudding. E6 administered the crushed levetiracetam (anti-convulsant) tablet to R30. R30's POS dated 9/1/2015 documents an order for levetiracetam tablet 500 mg, give 500 mg	F 332		

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F 332	Continued From page 6 orally three times a day. The Lexicomp Drug Reference Handbook, dated 2014-2015 stated (for a levetiracetam tablet), "...only administer as whole tablet, do not crush, break or chew."	F 332		