

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016281	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2023
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NAME OF PROVIDER OR SUPPLIER MEADOWBROOK MANOR - LAGRANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525
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(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) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 2379504/IL166691	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210c) 300.1210d)6) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	Continued From page 1 These requirements were not met as evidenced by: Based on interview and record review, the facility failed to follow the plan of care regarding the required number of staff assistance during bed mobility of a resident. This failure resulted in R1 sustaining an acute closed displaced supracondylar fracture of the distal end of the right femur after R1 fell off the bed during care on 11/4/2023. This applies to 1 of 3 residents (R1) reviewed for falls in the sample of 3. The findings include: The EMR (Electronic Medical Record) shows R1 as an 82-year-old resident, with diagnoses included multiple sclerosis, idiopathic gout, quadriplegia, atherosclerotic heart disease, chronic obstructive pulmonary disease, periprosthetic fracture around internal prosthetic right knee, vitamin D deficiency, vitamin B12 deficiency, anemia, polyneuropathy, anxiety disorder, major depression, insomnia, hyperlipidemia, osteoporosis, and osteoarthritis. The EMR also showed R1 had a history of right knee arthroplasty. The MDS (Minimum Data Set) 7/21/2023 showed R1 as cognitively intact. The functional status regarding bed mobility showed R1 required extensive assistance of 2 plus staff members. The care plan dated 10/19/2023 showed two-person assistance was required for R1's bed mobility. The care plan also showed R1 requires the use of mechanical transfer lift device and two-person assistance for transfer.	S9999		

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S9999	<p>Continued From page 2</p> <p>The progress notes dated 11/4/2023 showed, NOD (Nurse on Duty) called writer attention that (R1) fell on floor this morning during care by CNA (Certified Nurse Assistant) on duty and (R1) complain on right knee pain. Writer went immediately and noted (R1) in bed, alert and oriented, noted to complain of right knee pain also mentioned to writer she hit her head during the fall. Writer assessed head, no skin discoloration noted, very small bump noted. (R1) denies any pain or discomfort. R1 stated only her knee right is painful. On scale 0-10, R1 stated 8, offered pain medication. R1 stated NOD already give her pain medication before a few minutes. Informed MD...and updated. MD stated to send (R1) via 911 for evaluation. The progress notes also showed a follow up call was made to the hospital later the evening of 11/4/2023 and that R1 was admitted for right femur fracture.</p> <p>Hospital note dated 11/4/2023 showed, R1's x-ray result was "closed displaced supracondylar fracture of distal end of right femur without intercondylar extension. Ortho on consult. Continue conservative management, pain control, DVT (deep vein thrombosis) prophylaxis, PT/OT (Physical/Occupational Therapy eval... will be back to skilled facility..."</p> <p>R1 returned to the facility on 11/11/2023. The admission assessment dated 11/11/2023 showed R1's diagnoses of right femur fracture.</p> <p>On 11/15/2023 at 11:00 A.M., R1 was lying in bed. R1's bed mattress was an air loss pressure reducing device. R1 said on 11/4/2023 around 9:00 A.M., V4 had given her a shower. R1 said there was no problem with shower, however, when she (R1) was put back to bed, V4 had turned her (R1) to the right side to dry her (R1's)</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>back. R1 said during the turn, she (R1) landed on the floor. R1 said V4 was by herself when she (R1) was turned while in bed. R1 was observed with an ace wrapped around from right mid-thigh to mid-calf area.</p> <p>On 11/15/2023 at 1:52 P.M., V4 (CNA) said she had provided R1 a shower morning of 11/4/2023. V4 said R1 was put back to bed after the shower. V4 also said, "(R1) was upset because she wanted a longer shower that last more than an hour and her shower lasted around 30 minutes. (R1) was very particular with care, demands a lot of things at the same time, and I try to please her by following her demands immediately. That morning, (R1) said to dry her back, so I turned her to her right side, then she rolled out of bed. I immediately called the nurse and she was sent out to the hospital. I felt bad what happened. All I want is to give her care at once so she would not get upset."</p> <p>On 11/15/2023 at 1:32 P.M., V9 (LPN/Licensed Practical Nurse) said sometime in the morning of 11/4/2023, she was called because R1 was on the floor. V9 said she immediately assessed R1. V9 said immediate care was provided to R1 and R1 was sent to the hospital via 911.</p> <p>(A)</p>	S9999		
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