STATEMEN	epartment of Public T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		IL6014518	B. WING		10/	10/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
MEADOW	BROOK MANOR - N		/ILLE, IL 6056			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLETI DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	Survey				
S9999	Final Observations		S9999			
	Statement of Licensure Violations: (1 of 2)					
	300.615e)					
		tion of Need Screening and nt Criminal History Record				
	2-201.5(a) of the Ad shall, within 24 hou resident, request a check pursuant to t Information Act for admission to the fa- check was initiated Hospital Licensing be based on the res and other identifiers	e screening required by Section ct and this Section, a facility rs after admission of a criminal history background he Uniform Conviction all persons 18 or older seeking cility, unless a background by a hospital pursuant to the Act. Background checks shall sident's name, date of birth, s as required by the e Police. (Section 2-201.5(b)	9			
	Ū	not met as evidenced by:				
	failed to conduct a	and record review, the facility criminal history background urs of admission to the facility.				
	R106, R209, R210,	10 residents (R29, R92, R358, and R408) reviewed ound checks in the sample of				
	The findings include	e:				
	ment of Public Health	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE

6899

If continuation sheet 1 of 9

	epartment of Public	Health	1			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014518	B. WING		10/	10/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
MEADOV	VBROOK MANOR - N	APERVILLE	MOND DRIVE	3		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	1. The EMR (Electronic Medical Record) showed R29 was admitted to the facility on September 17, 2024.		,			
	R29's Illinois State Police name-based background check was dated September 30, 2024.					
	Director) said back conducted on new admission. V8 con admitted to the faci	4, at 3:06 PM, V8 (Admissions ground checks should be admissions within 24 hours of tinued to say R29 was lity on September 19, 2024, plete the background check , 2024.				
	2. The EMR showe facility on Septemb	d R92 was admitted to the er 9, 2024.				
		Police name-based was dated September 26,				
	was admitted to the	4, at 3:06 PM, V8 said R92 e facility on September 9, ot complete the background ber 26, 2024.				
	3. The EMR showe facility on Septemb	d R106 was admitted to the er 17, 2024.				
		e Police name-based was dated September 30,				
	was admitted to the	4, at 3:06 PM, V8 said R106 e facility on September 17, ot complete the background ber 30, 2024.				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014518	B. WING		10/	10/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MEADO	WBROOK MANOR - N		MOND DRIVE /ILLE, IL 6056	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	age 2	S9999			
	4. The EMR showed R209 was admitted to the facility on October 1, 2024.R209's Illinois State Police name-based background check was dated October 7, 2024.					
	was admitted to the	4, at 3:06 PM, V8 said R209 e facility on October 1, 2024, plete the background check 24.				
	5. The EMR showe facility on Septemb	ed R210 was admitted to the er 28, 2024.				
	-	e Police name-based was dated October 7, 2024.				
	was admitted to the 2024, but V8 did no	4, at 3:06 PM, V8 said R210 e facility on September 28, ot complete R210's until October 7, 2024.				
	6. The EMR showe facility on Septemb	ed R358 was admitted to the er 18, 2024.				
		e Police name-based was dated September 30,				
	was admitted to the	4, at 3:06 PM, V8 said R358 e facility on September 18, ot complete R358' background ber 30, 2024.				
	7. The EMR showe facility on October 3	ed R408 was admitted to the 3, 2024.				
		e Police name-based was dated October 7, 2024.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6014518	B. WING		10/	10/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
IEADOV	VBROOK MANOR - N		MOND DRIVE /ILLE, IL 60563	3			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
S9999	Continued From pa	age 3	S9999				
	was admitted to the but V8 did not com	On October 8, 2024, at 3:06 PM, V8 said R408 was admitted to the facility on October 3, 2024, but V8 did not complete R408's background check until October 7, 2024.					
	background checks 24 hours of admiss continued to say it completes the back	4, at 4:06 PM, V1 d residents' name-based s should be completed within ion to the facility. V1 is the expectation V8 (ground checks within 24 's admission to the facility.					
	(C) Statement of Licen	sure Findings: (2 of 2)					
	300.610a) 300.1010g)3) 300.1210a) 300.1210d)2)						
	Section 300.610 R	esident Care Policies					
	procedures govern facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shall	advisory physician or the committee, and representatives er services in the facility. The ly with the Act and this Part. s shall be followed in operating I be reviewed at least annually documented by written, signed	,				
	Section 300.1010	Medical Care Policies					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6014518	B. WING		10/	10/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
MEADO	WBROOK MANOR - N	APERVILLE	IOND DRIVE LLE, IL 60563	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 4	S9999			
	g) Each resident admitted shall have a physical examination, within five days prior to admission or within 72 hours after admission. The examination report shall include at a minimum each of the following:					
	incipient or manifes known as bed sore location specified, a present. (A photog	of the presence or absence of at decubitus ulcers (commonly s), with grade, size and and orders for treatment, if raph of incipient or manifest recommended on admission.)				
	Section 300.1210 Nursing and Persor	General Requirements for nal Care				
	with the participatio resident's guardian applicable, must de comprehensive car includes measurab meet the resident's and psychosocial n resident's compreh allow the resident to practicable level of provide for discharg restrictive setting ba needs. The assess the active participat resident's guardian	Resident Care Plan. A facility, n of the resident and the or representative, as evelop and implement a e plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which o attain or maintain the highest independent functioning, and ge planning to the least ased on the resident's care sment shall be developed with tion of the resident and the or representative, as n 3-202.2a of the Act)				

TATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014518	B. WING		10/	10/2024
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
/IEADO	WBROOK MANOR - N		MOND DRIVE	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	age 5	S9999			
	2) All treatments and procedures shall be administered as ordered by the physician.These regulations are not met as evidenced by:Based on observation, interview and record review, the facility failed to provide wound treatment as ordered.					
		7 residents (R112) reviewed prevention and treatment in the)			
		d in the worsening of an ulcer wound from a stage 2 to und.				
	The findings includ	e:				
	R112, was admitted 2022, with multiple unspecified demen unspecified macula	ronic Medical Record) showed d to the facility on October 30, diagnoses including tia, age related osteoporosis, ar degeneration, cognitive ficit, adult failure to thrive and malnutrition.				
	September 10, 202 cognitive impairme with ADLs (Activitie substantial assistar toileting, bathing, d	num Data Set) dated 44, showed R112 had severe nt and required assistance as of Daily Living) including nce with eating, oral hygiene, ressing, personal hygiene, and as dependent on staff for	1			
	2024, showed R112 acquired pressure	essment dated October 7, 2 had developed newly wounds on the sacrum and ïed on October 6, 2024. The				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6014518	B. WING		10/	10/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MEADOW	WBROOK MANOR - N		MOND DRIVE /ILLE, IL 60563	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 6	S9999			
	cm (centimeter) x 1 surface area of 4.5 unstageable. The p buttock measured depth with a surfac identified as a stag (percent) pink tissu On October 9, 2024 Practical Nurse-Wo (Registered Nurse- performed wound c on the sacrum and the disposable brie covering the right b was asked if there the right buttock wo V32 stated the righ worse and now an slough covering the last time she saw th 2024, when she as treatment. On October 9, 2024 Practitioner) stated left uncovered with wound exposed to and that exposure of worse. V18 also state contribute to presso	the sacrum measured 3.00 1.50 cm (centimeter) with a cm and was identified as pressure wound on the right 1.0 cm x 1.0cm x 0.10 cm e area of 1.00 cm and was e 2 wound with 100% e in the wound bed. 4, at 9:52 AM, V32 (Licensed bund Care Nurse) and V14 Unit Manager Third floor) care to the pressure wounds right buttock. Upon removing f, there was no dressing uttock wound present. V32 should be a dressing covering bund and V32 responded yes. t buttock wound was now unstageable wound with 100% e wound bed. V32 stated the ne wound was October 7, sessed the wound and did the 4, at 2:24 PM, V18 (Nurse R112, right buttock wound, if out a dressing, would leave the urine and fecal contamination could cause the wound to get ated unrelieved pressure would ure wound development but 2 had unrelieved pressure wheelchair.	9			
	Administration Rec right buttock wound "Right buttock clear	24, TAR (Treatment ord) showed an order for the I initiated October 7, 2024, nse with normal saline pat dry. dressing as needed for wound				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014518	B. WING		10/	10/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
/IEADO	WBROOK MANOR - N		IOND DRIVE LLE, IL 60563	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 7	S9999			
	treatment had beer 8, or 9th. There als discontinued on Oc "right buttock clean Apply hydrocolloid of Wed, Fri for wound documentation this On October 9, 2024 (CNA/Certified Nurs the primary CNA as shift and often work V33 stated she was when the wounds to were discovered ar that R112's normal night shift, maybe a already when V33 a V33 stated R112 re transfer and R112 v wheelchair until afte R112 back to bed a brief. When asked while seated in the until after lunch, V3 the brief very much drink much and did During intermittent and October 8, 202 the high back wheel R112's care plan fo unavoidable skin br 12, 2024, showed a reposition resident needed. There is no	documentation that this a administered on October 7, o was an order initiated and tober 9, 2024, that showed se with normal saline pat dry. dressing every day shift Mon, care". There is no treatment was administered. 4, at 11:10 AM, V33 sing Assistant) stated she was asigned to R112 on the day ked the evening shift as well. s present on October 6, 2024, o the sacrum and right buttock ad informed V14. V33 stated routine was to get up on the around 5:00 AM and was up arrived to work at 6:00 AM. equired a full mechanical lift for would remain sitting in the er lunch when V33 would put and change her incontinent if R112 had been repositioned wheelchair from early morning 3 replied that R112 did not wet because R112 would not not need changing very often. observations on October 7, 4, R112 remained seated in elchair in the dining room. rr risk for developing reakdown-initiated February an intervention to turn and at regular intervals and as o intervention to identify for ion R112 while seated in the				

TATEMENT C	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014518	– B. WING		10/	10/2024
AME OF PRO	OVIDER OR SUPPLIER	•	DDRESS, CITY, ST	ATE. ZIP CODE	1 10/	10/2024
	ROOK MANOR - N	APERVILLE 720 RAY	MOND DRIVE			
		NAPERV	ILLE, IL 60563			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLE ⁻ DATE
S9999 C	continued From pa	ige 8	S9999			
st di N ca at st di re th b st T O pi fc P F I r " re in in	tated it is the expension of the expensi	ning1. Reposition all risk of pressure injuries on an dule, as determined by the				