STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014518	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK MANOR - NAPERVILLE	720 RAYMOND DRIVE NAPERVILLE, IL 60563

(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 2570574/IL185026	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b)4) 300.1210d)2)4)A)5) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014518	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK MANOR - NAPERVILLE	720 RAYMOND DRIVE NAPERVILLE, IL 60563

(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
S9999	Continued From page 1	S9999		

resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

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. Restorative measures shall include, at a minimum, the following procedures

4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene

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:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014518	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK MANOR - NAPERVILLE	720 RAYMOND DRIVE NAPERVILLE, IL 60563

(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
S9999	Continued From page 2	S9999		

2) All treatments and procedures shall be administered as ordered by the physician.

4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:

A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.

5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

These regulations were not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure residents with pressure ulcers were repositioned at regular intervals as ordered by the physician, received timely incontinence care, and received wound care treatments to ensure wounds are clean, as ordered by the physician.

This failure resulted in delayed healing of R1's facility-acquired pressure ulcer.

This applies to 2 of 3 residents (R1 and R2) reviewed for pressure ulcers in the sample of 6.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014518	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK MANOR - NAPERVILLE	720 RAYMOND DRIVE NAPERVILLE, IL 60563

(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
S9999	Continued From page 3	S9999		

The findings include:

1. The EMR (Electronic Medical Record) shows R1 was admitted to the facility on February 22, 2019. The EMR continues to show R1 was sent to the local hospital on January 2, 2025 and returned to the facility on January 9, 2025. R1 has multiple diagnoses including, acute encephalopathy due to sepsis, acute respiratory failure with hypoxia, diabetes, multiple sclerosis, paraplegia, major depressive disorder, PVD (Peripheral Vascular Disease), heart disease, idiopathic neuropathy, cognitive communication deficit, dysphagia, severe sepsis with septic shock, pneumonitis due to inhalation of food and vomit, hydronephrosis, Stage 4 pressure ulcer of the sacral region, weakness, dementia, hearing loss, history of falling, and acquired absence of right leg above the knee.

R1's MDS (Minimum Data Set) dated November 4, 2024 shows R1 is cognitively intact, is dependent on facility staff for transfers between surfaces, and requires substantial/maximal assistance with all other ADLs (Activities of Daily Living). R1 is always incontinent of bowel and bladder.

R1's pressure ulcer care plan, created on July 11, 2024 shows, "Reopened Stage 3 pressure injury on the coccyx with treatment in place and rendered. September 2, 2024: Wound on coccyx is now Stage 4 pressure injury." R1 has multiple care plan interventions, including, "Get up in the wheelchair during lunchtime and be back in bed after 2 hours or when requested to go back to bed" initiated on September 27, 2024. "Turn/reposition resident at regular intervals and as needed" initiated on September 28, 2024.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014518	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK MANOR - NAPERVILLE	720 RAYMOND DRIVE NAPERVILLE, IL 60563

(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
S9999	Continued From page 4	S9999		

On January 27, 2025 at 9:36 AM, R1 was lying in bed. R1 was lying on his back with one pillow behind his head. No other pillows or positioning wedges were visible in R1's room.

On January 27, 2025 at 10:44 AM, R1 was lying in the same position in his bed, with one pillow behind his head and no other pillows or positioning wedges in the room. V5 (Spouse of R1) was sitting at R1's bedside. V5 said, she came to the facility around 9:45 AM. V5 said R1 was lying on his back when she arrived, and no facility staff had been in the room to change his position.

On January 27, 2025 at 12:05 PM, R1 was lying in his bed, covered by a top sheet. A large bulge was visible on R1's lower abdomen, through the top sheet of the bed. V5 (Spouse of R1) pulled back the top sheet and showed R1 was wearing an incontinence brief. V5 opened R1's incontinence brief. Inside R1's incontinence brief was a folded bath towel and a second incontinence brief. Loose stool was present between R1's legs and covering his scrotum. The folded bath towel was wet, and a urine odor was present. R1 continued to be lying on his back, with one pillow behind his head, and no other pillows or positioning wedges visible in the room. V5 said no facility staff had been in the room to reposition R1 since she arrived at 9:45 AM.

On January 27, 2025 at 12:31 PM, R1 remained lying on his back, with one pillow behind his head. V7 (CNA-Certified Nursing Assistant) said, "I changed [R1's] incontinence brief at 8:00 AM. I have not had time to do it again." V7 continued to say she had not repositioned R1 since 8:00 AM. V7 was asked if there were additional pillows or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014518	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK MANOR - NAPERVILLE	720 RAYMOND DRIVE NAPERVILLE, IL 60563

(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
S9999	Continued From page 5	S9999		

positioning wedges for R1 and V7 said, "What would I need those for?" R1 was turned to his left side by V7 (CNA) while V4 (WCN/LPN-Wound Care Nurse/Licensed Practical Nurse) cleaned stool from the area of R1's pressure ulcer and provided wound care to R1's sacral pressure ulcer. A four-inch by 5-inch dressing was covering R1's sacral pressure ulcer. An area approximately 1.5 inches in diameter of dark red drainage was visible on the dressing before the dressing was removed from R1's sacrum. V4 (WCN/LPN) removed the dressing and cleaned the wound with normal saline. The wound appeared to be approximately two inches in diameter. V4 was able to insert her gloved fingers approximately 1.5 inches into the wound and demonstrated the area of the wound where tunneling was present. V4 packed the wound with two calcium alginate/silver foam dressings, and then covered the wound with a four-inch by 5-inch dressing. V4 said R1 should be getting up to the chair every day and should be turned at regular intervals. V4 continued to say if R1 was in the same position since 8:00 AM, he was not being repositioned often enough. V4 said the pressure ulcer was identified on July 11, 2024 as an unstageable pressure ulcer and is now a Stage 4 pressure ulcer. V4 also said R1's pressure ulcer was assessed by V6 (Wound Care NP-Nurse Practitioner) at approximately 8:00 AM that same day and the wound measurements were 5.1 cm. (centimeters) long by 3.1 cm. wide by 3.6 cm. deep, with tunneling from 11 o'clock to 5 o'clock at a depth of 6.3 cm.

On January 28, 2025 at 10:48 AM, V10 (Physician) documented, "Sacrum and Coccyx: Stage 4 pressure injury to coccyx. Wound measures as 5.1 cm. by 3.1 cm. by 3.6 cm. with 6.3 cm. undermining from 12 o'clock to 5 o'clock.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014518	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK MANOR - NAPERVILLE	720 RAYMOND DRIVE NAPERVILLE, IL 60563

(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
S9999	Continued From page 6	S9999		

Wound with 100 percent granulation tissue. Moderate serosanguineous exudate. Deteriorated surface area. Due to patient's multiple comorbidities, patient is at high risk for developing new and worsening wounds. To reduce risk for developing new and/or worsening wounds, recommend turning repositioning to relieve pressure on areas at risk and to maintain general skin integrity. Recommend to offload bilateral heels at all times. Case discussed with the members of wound care team. We will re-evaluate patient during the next visit. Patient seen and examined during wound rounds today. Case discussed with [V6] (Wound Care NP). Agree with documentation and plan as outlined."

The EMR shows the following order for R1 dated November 4, 2024 and discontinued on December 16, 2024: "Dakin's (1/4 strength) External solution (antiseptic solution). Apply to coccyx topically two times a day for wound care. Cleanse with normal saline, pat dry. Loosely pack soaked roll gauze to 1/4 strength of Dakin's solution and cover with dry dressing." R1's TAR (Treatment Administration Record) shows R1's wound care was scheduled at 5:00 AM and 5:00 PM daily.

The facility does not have documentation to show R1 received the wound care treatment as ordered by the physician on the following dates and times:
November 7, 2024 5:00 PM
November 8, 2024 5:00 AM, 5:00 PM
November 9, 2024 5:00 AM
November 11, 2024 5:00 AM, 5:00 PM
November 15, 2024 5:00 PM
November 16, 2024 5:00 AM, 5:00 PM
November 17, 2024 5:00 PM
November 18, 2024 5:00 AM
November 21, 2024 5:00 PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014518	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK MANOR - NAPERVILLE	720 RAYMOND DRIVE NAPERVILLE, IL 60563

(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
S9999	Continued From page 7	S9999		

November 22, 2024 5:00 AM
November 23, 2024 5:00 PM
November 24, 2024 5:00 AM, 5:00 PM
November 25, 2024 5:00 PM
November 26, 2024 5:00 PM
November 27, 2024 5:00 PM
November 28, 2024 5:00 PM
November 29, 2024 5:00 AM
November 30, 2024 5:00 AM, 5:00 PM

December 4, 2024 5:00 PM
December 5, 2024 5:00 PM
December 6, 2024 5:00 AM, 5:00 PM
December 8, 2024 5:00 AM, 5:00 PM
December 9, 2024 5:00 PM
December 11, 2024 5:00 PM
December 13, 2024 5:00 PM
December 14, 2024 5:00 AM

The EMR shows the following order for R1 dated December 17, 2024 and discontinued on January 3, 2025: "Dakin's (1/4 strength) External Solution. Apply to coccyx topically every day shift for wound care. Cleanse with 1/4 strength Dakin's solution, pat dry and apply alginate Ag and cover with dry dressing."

The facility does not have documentation to show R1 received the wound care treatment as ordered by the physician on December 21, 28, and 31, 2024.

The EMR shows the following order for R1 dated January 11, 2025: "Coccyx cleanse with normal saline, pat dry. Loosely pack silver alginate to wound and cover with dry dressing every day shift for wound care."

The facility does not have documentation to show R1 received the wound care treatment as ordered

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014518	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK MANOR - NAPERVILLE	720 RAYMOND DRIVE NAPERVILLE, IL 60563

(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
S9999	Continued From page 8	S9999		

by the physician on January 18, 19, and 26, 2025.

2. The EMR shows R2 was admitted to the facility on July 15, 2017 with multiple diagnoses including, multiple sclerosis, hypertension, dysphagia, open left leg wound, PVD (Peripheral Vascular Disease), weakness, cognitive communication deficit, hydronephrosis, history of falling, right buttock pressure ulcer, and anemia.

R2's MDS dated December 5, 2024 shows R2 is cognitively intact, requires setup assistance with eating, supervision with oral hygiene, substantial/maximal assistance with toilet hygiene, showering, dressing, personal hygiene, and bed mobility, and is dependent on facility staff for transfers between surfaces. R2 has an indwelling urinary catheter and is frequently incontinent of stool.

R2's care plan created on September 23, 2022 shows, "Resident developed unstageable pressure injury on the sacrum." R2's care plan was revised on October 14, 2024 to show, "10/14/2024 sacrum extending to right buttock Stage 4 pressure injury." R2's care plan shows multiple interventions created on September 23, 2022 including, "Treatment done per M.D. orders."

On January 27, 2025 at 11:57 AM, R2 was lying in bed in his room. R2 did not wish to be interviewed regarding his wound care treatments.

On January 27, 2025, V10 (Wound Care Physician) documented, "Sacrum and coccyx: Wounds to coccyx and right buttock are now coalesced into one contiguous wound. Stage 4 pressure injury to coccyx extending to right buttock. Reopened. Wound measures as 1 x 0.6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014518	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK MANOR - NAPERVILLE	720 RAYMOND DRIVE NAPERVILLE, IL 60563

(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
S9999	Continued From page 9	S9999		

x 0.1 cm. with 100 percent granulation tissue. Scant serous exudate. Deteriorated surface area."

The EMR shows the following order for R2 dated November 12, 2024, and discontinued on December 9, 2024: "Sacrum, extending to right buttock. Cleanse with normal saline, pat dry. Apply alginate then cover with foam dressing. Apply triad to periwound every day shift for wound care."

The facility does not have documentation to show R2 received the wound care treatment as ordered by the physician on December 7 or 8, 2024.

The EMR shows the following order for R2 dated December 10, 2024 and discontinued on January 6, 2025: "Sacrum extending to right buttock. Cleanse with normal saline, pat dry. Apply silver alginate then cover with foam dressing. Apply triad to periwound every day shift for wound care."

The facility does not have documentation to show R2 received the wound care treatment as ordered by the physician on December 21, 22, 28, 29, 30, and 31, 2024, and January 4 and 5, 2025.

The EMR shows the following order for R2 dated January 14, 2025: "Sacrum extending to right buttock. Cleanse with normal saline, pat dry. Apply alginate and cover with foam dressing every day shift for wound care."

The facility does not have documentation to show R2 received the wound care treatment as ordered by the physician on January 18, 19, and 26, 2025.

On January 27, 2025 at 1:42 PM, V6 (Wound

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014518	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK MANOR - NAPERVILLE	720 RAYMOND DRIVE NAPERVILLE, IL 60563

(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
S9999	Continued From page 10	S9999		

Care NP) said she assesses the residents with pressure ulcers every Monday and provides her notes to V10 (Wound Care Physician). V10 then provides written notes to the facility of V6's examination. V6 (Wound Care NP) said, "I expect the facility staff to provide the wound care treatments as ordered, and as needed with incontinence episodes. The wounds need to be kept clean. [R1] needs to be turned at regular intervals, based on his tolerance. Four or five hours in the same position is too long for him. I was not aware he was missing wound treatments, not receiving timely incontinence care, and not being repositioned. All those failures are contributing factors as to why his pressure ulcer isn't healing."

On January 28, 2025 at 12:10 PM, V2 (DON-Director of Nursing) said, "The standard of care is to reposition residents every two hours. No resident should be lying in the same position for hours at a time. No resident should be wearing two briefs or not receiving timely incontinence care. Residents should get their wound care treatments as ordered by the physician. I was not aware we were having a problem with that. [V6] (Wound Care NP) sees the residents every week and submits a report to me. [V10] (Wound Care Physician) submits his progress notes to us for downloading into the medical record, but [V6] is the one who actually sees the residents. The wound care IDT (Interdisciplinary Team) has fallen by the wayside. We have not been meeting about pressure ulcers."

The facility's policy entitled Prevention of Pressure Injuries, revised April 2020 shows: "Purpose: The purpose of this procedure is to provide information regarding identification of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014518	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK MANOR - NAPERVILLE	720 RAYMOND DRIVE NAPERVILLE, IL 60563

(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
S9999	Continued From page 11	S9999		

pressure injury risk factors and interventions for specific risk factors. Mobility/Repositioning: 1. Reposition all residents with or at risk of pressure injuries on an individualized schedule, as determined by the interdisciplinary care team. 2. Choose a frequency for repositioning based on the resident's risk factors and current clinical guidelines."
The facility's policy entitled Wound Care, revised October 2010 shows: "Purpose: the purpose of this procedure is to provide guidelines for the care of wounds to promote healing. Preparation: 1. Verify that there is a physician's order for this procedure ... Documentation: The following information should be recorded in the resident's medical record: 1. The type of wound care given. 2. The date and time the wound care was given. 3. The position in which the resident was placed. 4. The name and title of the individual performing the wound care. 5. Any change in the resident's condition. ...8. Any problems or complaints made by the resident related to the procedure. 9. If the resident refused the treatment and the reason(s) why. 10. The signature and title of the person recording the data. Reporting: 1. Notify the supervisor if the resident refuses the wound care ..."

(B)