(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6013120	B. WING		C 02/21/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	·	
MEADOV	VBROOK MANOR			ON BOULEVARD		
()(4) ID	CLIMMADV CTA	TEMENT OF DEFICIENCIES	BROOK, IL 6	PROVIDER'S PLAN OF CORRECTI	ON	(V5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga	ation 2570788/IL185401				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	300.610a) 300.3240a)					
	Section 300.610 Re	esident 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 300.3240 A	Abuse and Neglect				
	employee or agent	censee, administrator, of a facility shall not abuse or (Section 2-107 of the Act)				
	These regulations v	vere not met as evidenced by:				
	facility failed to prote abuse from a house	s and record review, the ect residents from sexual ekeeper (V4). This failure R2 being sexually abused by 2025.				

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

Electronically Signed 03/10/25

TITLE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					3) DATE SURVEY COMPLETED	
		IL6013120	B. WING		02/2	21/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY S	STATE, ZIP CODE		
NAIVIE OF I	PROVIDER OR SUPPLIER			ON BOULEVARD		
MEADO	WBROOK MANOR		ROOK, IL 6			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
		3 residents (R1 and R2) in the sample of 22.				
	The findings include	e:				
	obstructive pulmona fibrillation, thrombo	gnoses including chronic ary disease, paroxysmal atrial cytopenia and need for sonal care, based on the face				
	R2's admission MDS (minimum data set) dated November 21, 2024 showed that the resident was cognitively intact (BIMS (Brief Interview for Mental Status) of "15") and required maximum to total assistance from the staff with all her ADLs (activities of daily living).					
	3:10 PM created by Nurse) showed in-palleged inappropriatimmediate head-toe no new bruising, and distress. [Physician ordered to send herevaluation, but reside Provided education to go. POA (Power R2's progress notes 6:53 PM showed, "Out to the ER for evaluation multiple attempts. N	s dated January 25, 2025 at V5 (LPN/Licensed Practical part, "Resident reported te touching by staff, prompting assessment, which showed desident denied pain, or immediately notified and to ER (emergency room) for dent refused to go to ER. resident continues to refuse of Attorney) made aware." Is dated January 25, 2025 at Offered for resident to be sent ation. Resident refused after Notified son and [Physician]."				
	and care plans show the resident had be and/or residents of	ords including, progress notes wed no documentation that havior of falsely accusing staff any abuse or inappropriate er or other residents.				

Illinois Department of Public Health

STATE FORM 6899 1CH711 If continuation sheet 2 of 19

Illinois D	Illinois Department of Public Health						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
					ے ا	,	
		11 6042420	B. WING		C 02/21/2025		
		IL6013120			02/2	1/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
		431 WEST	REMINGTO	N BOULEVARD			
MEADO	VBROOK MANOR	BOLINGB	ROOK, IL 6	0440			
(X4) ID	SHMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE	
				DEFICIENCY)			
S9999	Continued From pa	ne 2	S9999				
00000	Continued i Tom pa	90 2	00000				
		25, at 2:08 PM, R2 was in bed,					
		In the presence of V3 (Acting					
	Director of Nursing), R2 stated that on Saturday					
	(January 25, 2025)	a tall, black man wearing a					
	mask, fondled her l	preast and placed his hand					
	inside her disposab	le brief and touched her					
	vaginal area. The	same tall, black man told her					
	(R2), "It's been a lo	ng time since you had a					
	penis." R2 stated t	hat she asked the man to stop					
	what he was doing.	R2 added that after the					
	sexual assault, the	man told her, "I will see you					
	later." According to	R2, the sexual assault					
	happened after bre	akfast, and she believes that					
	the tall black man v	vho sexually assaulted her					
	was a housekeepe	because he had a mop or a					
	broom with him. D	uring the same interview, R2					
		sexual assault, she heard her					
		ring, "that hurts." R2 stated					
		e to see what was going on					
		e curtain between them was					
	drawn. R2 believes	s that the same tall black man					
	was inside R1's roo	m. R2 stated that she did not					
		immediately reported the					
		ause she was in shock of what					
	had happened to he	er. According to R2, she only					
		nt to her (Family) and her					
		nurse. R2 stated that after her					
		he nurse of the incident,					
		f and police had talked to her,					
		ner sexual assault and what					
		her roommate (R1). R2					
		offered several times by the					
		nospital after the sexual					
	assault, but she ref						
	On February 11 20	25, at 10:52 AM, R2 was in					
		ted and once again R2 stated					
		anuary 25, 2025) she was					
		by a tall black man wearing a					
	Serually assaulted	by a tall black mail wealing a					

Illinois Department of Public Health

STATE FORM 6899 If continuation sheet 3 of 19 1CH711

Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6013120	B. WING		C 02/21/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
				ON BOULEVARD		
MEADOWBROOK MANOR BOLINGB		BOLINGB	ROOK, IL 6	0440		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From page 3		S9999			
	mask. R2 was unabut believed it was she saw the tall bla started cleaning usi R2 stated that it is a housekeeper to cle pay attention to whather eyes to sleep, the same tall black "sucking" her nipple inside her disposabarea. According to the man commente you had a penis." If man to stop and to "I will see you later. her side of the room went to her roommented that the curtadrawn, and she coun R1's room, but shurts" then she saw room. R2 stated the just wanted the man stated, that she crie cannot believe what up to now, I would sit." According to R2 During the same interested to her nipples exual assault becamentioned when she surveyor on Januar V3. R2 responded, about that."	ble to recall the specific time after breakfast. R2 stated that ck man enter her room and he ing either a mop or a broom. A daily occurrence for the an her room, so she did not at was going on. She closed hen she was awakened to find man fondling her breast and extended the highest and				
	During the same interest the added information regards to her nipple sexual assault becamentioned when shourveyor on Januar V3. R2 responded,	terview, R2 was asked about on that she shared with le being "sucked" during the ause this information was not be was first interviewed by the y 30, 2025 in the presence of				
	2025 at 3:13 PM, ci	ress notes dated January 30, reated by V11 (Licensed sts) showed in-part under				

Illinois Department of Public Health

STATE FORM 6899 If continuation sheet 4 of 19 1CH711

Illinois Department of Public Health

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
			A. BUILDING:		C	
		IL6013120	B. WING		1	, 1/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MEADO\	WBROOK MANOR		REMINGTO	ON BOULEVARD 0440		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
\$9999	summary and treating secondary to allegate assaulted by a janith open and willing to Reported an increating feels uneasy at time anger secondary to R2's late entry proge 2025 at 1:22 PM, or Clinical Psychologists continued to discust emotions secondary few weeks ago. She have affected her at She also expressed progress notes door that pertain to treating other day I couldn't on in my mind." "Ho one day I'm ok and On February 19, 20 that she first saw Reseause the resides Stated that during her that that a male touched her breast brief. V11 stated the with R2, the resider racing thoughts at reduction due to being touched housekeeper. Accordillow up visit to R2 stated that during the difficulty sleeping at angry at times because touched by the households.	ment, "Resident was referred tions of being sexually orial staff member. Resident address her emotions. se of racing thoughts at night, es, also reported feelings of incident." ress notes dated February 4, reated by V11 (Licensed st) showed in-part, "Resident s and work through negative y to incident that occurred a se shared that the thoughts bility to sleep some nights. If feeling angry at times." The umented under statements ment goals showed, "The sleep because it kept going ow do you expect me to feel? the next day I'm not." 125 at 11:39 AM, V11 stated 2 on January 30, 2025 and was referred by the facility. The sleep here is the resident told and had his hand inside her at during this initial meeting and had verbalized increased of hight, feeling uneasy and angry and without her consent by the ording to V11, she made a on February 4, 2025. V11 his visit, R2 expressed having the some nights and feeling have of being inappropriately have some nights and feeling have of being inappropriately	S9999			

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					ODATE SURVEY COMPLETED			
	IL6013120	B. WING		1	C 21/2025			
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE					
MEADOWRROOK MANOR	MEADOWBROOK MANOR 431 WEST REMINGTON BOULEVARD							
BOLINGI		ROOK, IL 60	0440					
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE			
affecting left non-do hemiplegia affecting vascular dementia vand severe morbid calories, based on the MDS dated January resident was severe (BIMS of "7") and restricted the staff with most of the staff was to inappropriately. [Physician] called the alleged staff was to inappropriately. [Physician] called the supervisor know an entry showed that the fan unusual incides roommate (R2) alles inappropriately tournotes documented presence of the nurnotes documented. R1's transfer form of the staff for "evaluation to the facil medical examination was no new order, a time. R1's hospital 2025 showed that the mergency departments and several staff in the staff	llowing cerebral infarction ominant side, flaccid g left non-dominant side, without behavioral disturbance obesity due to excess the face sheet. R1's quarterly y 2, 2025 showed that the ely impaired with cognition equired total assistance from of her ADLs. Is dated January 25, 2025 at y V5 (LPN) showed, back and was notified that uching resident mysician] stated to let nursing	S9999						

Illinois Department of Public Health

STATE FORM 6899 1CH711 If continuation sheet 6 of 19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE S A. BUILDING: COMPLE				
		IL6013120	B. WING			C 21/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
MEADO	WBROOK MANOR	431 WES	REMINGTO	N BOULEVARD		
WEADO	WBROOK WANOR	BOLINGB	ROOK, IL 60	440		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	kit was performed p					
	R1's electronic reco and care plans show the resident had be and/or residents of behavior towards he On January 30, 202 alert and was able to questions and at tin In the presence of Nursing), R1 was a inappropriately touch stated, "he put his for hand pointed at her asked if the person disposable brief and	ords including, progress notes wed no documentation that havior of falsely accusing staff any abuse or inappropriate er or other residents. 25 at 1:57 PM, R1 was in bed, to respond verbally to simple thes responds using gestures. V3 (Acting Director of				
	resident nodded. R away." R1 was ask inappropriately touc resident stated, "Afi able to give further	A1 stated, "he needs to be put sed to describe who had shed her vaginal area and the rican American." R1 was not description, and she was not e and time of the incident.				
	bed, alert and was a simple questions ar gestures. R1 was a inappropriately touch nodded. Using her disposable brief and asked what the persuffinger" while pointing described the persuffinger asked if the inside her brief and responded "yes" while pointing the persuffinger while persuffinger whi	25 at 11:14 AM, R1 was in able to respond verbally to and would also respond using again asked if anyone had shed her at the facility, R1 right hand, she pointed at her d stated, "here." R1 was son did, and she responded, and at her disposable brief. R1 on as, "African American man." e person placed his finger touched her vaginal area, R1 hile nodding. R1 was not able ription, and she does not				

Illinois Department of Public Health

STATE FORM 6899 1CH711 If continuation sheet 7 of 19

Illinois Department of Public Health

IIIINOIS L	illinois Department of Public Health							
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
			A. BUILDING:					
			D WING		C			
		IL6013120	B. WING		02/2	1/2025		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
	WDD00K 144110D	431 WES1	REMINGTO	N BOULEVARD				
MEADO	WBROOK MANOR	BOLINGB	ROOK, IL 6	0440				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE		
S9999	Continued From page 7		S9999					
	remember when the	e incident happened.						
	On February 3, 202 stated that the local received the allegat January 25, 2025 at the report. V8 state went to the facility to conversation with Find that a black man, who breast and placed it touched her vaginal the worker that constated that a photo was not able to identer because of the during his interview him that she heard "don't touch me" but going on in her root curtain was drawn. (roommate) and the that her private are that worked there, to given by R1. V8 state the male housekee 2025 at R1 and R2' (Housekeeper). V8 January 27, 2025. Inside R2's room, cleaning on R2's gown by the towel to clean the sthat time, R2 told V V8 stated that V4 won January 25, 202	25 at 2:13 PM, V8 (Detective) I police department had ition of sexual abuse on and a police officer had made at that on January 27, 2025 he at speak to R2. During his because the resident informed him arearing a mask fondled her anis hand inside her brief and because the R2 described the man as anes to clean her room. V8 Ilineup was established but R2 attify the person that touched anask. According to V8, with R2, the resident also told and her roommate (R1) saying, at she cannot see what was animate's area because the because t						

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a housekeeper and should have not touched R2.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
74101044	or correction	ibertii io/trient neiliberti	A. BUILDING:				
		IL6013120	B. WING		02/2	21/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MEADO	AND DOOK MANOD	431 WES1	REMINGTO	ON BOULEVARD			
MEADO	WBROOK MANOR	BOLINGB	ROOK, IL 6	0440			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 8	S9999				
	touched on her vag responded that he be talking to V4 aga allegation regarding cannot give any infethat his investigation are still ongoing an be shared. Accord footage that the fact looked at the said with the talking and that there is not according to V8, "Tacknowledged that a housekeeper he said with the s	at R2's allegation of being inal area and he (V8) was still investigating and will ain. V8 was asked about R2's g her roommate (R1). V8 ormation about it and stated in for both R1 and R2's cases d no further information could ing to V8, he had the video cility gave him but had not rideo footage yet. V8 stated in of the case is still on going of final determination yet. The good thing is that he (V4) he was inside their room. As should not touch a patient."					
	stated the State Poperformed for R1 and not be available in a stated that when he he acknowledged the room on January 2 admitted that he use R2's gown by the cause of the stated that he use R2's gown by the cause of the stated that he use R2's gown by the cause of the stated that R2 had January 27, 2025 was about her allegation of the stated that R2 had that when he started that R2 had that when he started that R2 had not be started that R2 had that when he started that R2 had not be available of the started that when he started that the started tha	lice sexual assault kit was the hospital and the result will about five to six months. V8 talked to V4 (housekeeper), hat he was inside R1 and R2's 5, 2025 to clean. V4 also ed a towel to clean the spill on hest area, on January 25, V8, V4 admitted to having th R2, which should not have V4 was a housekeeper and not ring the same interview, V8 d mentioned to him on when he talked to the resident in that the housekeeper had and that the housekeeper told g time since you had a penis." ad told him about it. V8 stated d to ask V4 about R2's touched in her vaginal area,					

Illinois Department of Public Health

STATE FORM 6899 1CH711 If continuation sheet 9 of 19

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		IL6013120	B. WING			C 21/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE			
MEADO	WBROOK MANOR		REMINGTO	ON BOULEVARD 0440			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
\$9999	V4 requested to ha questioned further a According to V8 he information to the fibecause the investiongoing/open case. Review of the initia made on January 2 reported that on Jamade an allegation staff member spoke inappropriately. Thinjuries and no com R2. The staff mem suspended pending was notified, and the with order to send flevaluation and treat was also made awareport showed an a initial investigation her roommate was Roommate [R1] with no injuries or pain redicate any concert [Physician] and reserview of the facility Agency made on Jamade on	ve an attorney and V4 was not about R1 and R2's case. had not shared any acility about R1 and R2's case igation was still an	\$9999				

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					B) DATE SURVEY COMPLETED	
		IL6013120	B. WING			C 21/2025
NAME	OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
МЕДГ	OWBROOK MANOR	431 WES	T REMINGTO	N BOULEVARD		
WILAL			ROOK, IL 60	0440		
(X4) I PREF TAG	X (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
S99	visible injuries, pair baseline for cognitirefused to go to the appointment for me being treated for UTV (intravenous) (and requested to have (emergency room) (primary care physic with no findings." The facility present obtained by V1 (add on January 25, 202 as part of the facility statement showed on January 25, 202 a housekeeper. Vand mopped inside statement documed did speak with the lawhile they were eat the room, I took the to the residents in an inappropriately. After and left the building. The housekeeping 2025, showed that rooms at the seconthe rooms of R1 and sheet showed that 2025 at 6:38 AM ard 3:06 PM. Further retime sheet showed 25, 2025. The facility and residents in the sheet showed 25, 2025. The facility are sheet showed 25, 2025. The facility are time sheet showed 25, 2025.	in, and both remained at their ion. Resident [R2] initially is hospital and later went to edical treatment and currently TI (urinary tract infection) with intibiotic). [R1's] son arrived ave [R1] sent to ER for (evaluation). Resident [R1] ician) and hospital evaluation The same final report showed, iff and residents could not." The statement of V4 ministrator) via phone made in the statement of V4 ministrator in the was documented, by investigation. V4's that V4 worked at the facility in the statement of V4 in the swept in the morning shift as it is a cknowledged that he swept in the intending preakfast. After cleaning in garbage out. I never spoke ppropriately or touched them the ter my workday I clocked out				

Illinois Department of Public Health

	IT OF DEFICIENCIES		(VO) MULTIPL	E CONSTRUCTION	(V2) DATE	CLIDVEV
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		(X3) DATE COMP	LETED
			A. BUILDING:			-
					0	;
		IL6013120	B. WING		02/2	1/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		431 WES1	REMINGTO	N BOULEVARD		
MEADO	WBROOK MANOR	BOLINGB	ROOK, IL 6	0440		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR LS	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				DEI ICIENCI)		
S9999	Continued From page 11		S9999			
	text message from	V4 that he was resigning and				
	will not be returning					
	On January 30, 202	25, at 4:03 PM, V5 (Licensed				
		ated that she was R1 and R2's				
	,	5, 2025 during the morning				
) and afternoon shifts (2:00				
		5 stated that on January 25,				
		PM, she received a call from				
	V10 (Family of R2)	telling her to check on R2				
	because the resider	nt was scared because a				
	black guy was in he	r room. She told V10 that she				
		room, and the resident did				
		her. After hanging up the				
		went to talk to R2. While				
		n R2's phone, the resident				
		tall black guy touched her				
		nis hand inside her brief and				
		sn't had a penis for a long				
		t after hearing R2's allegation ormed V12 (Nursing				
		n called V1 (Administrator) on				
		report the allegation.				
	•	nce she also worked during				
		he was aware that there was				
		e staff in the unit, and it was				
		(4). According to V5, he had				
		esident rooms. V5 stated that				
		her any abuse allegation				
		shift and that she only learned				
		after R2's family (V10) called				
		resident. V5 stated that when				
		port from R2, V4 was no				
		g. V5 stated that after she				
	-	went back to R2 to assess the				
		ned her that she was touched				
		n her private area by a black				
		R2 had no bruising, no				
		ible injury and/or complaint of				
	pain. According to F	R2, she was touched on her				

Illinois Department of Public Health

STATE FORM 6899 1CH711 If continuation sheet 12 of 19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		SURVEY PLETED
					С	
		IL6013120	B. WING		02/2	21/2025
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MEADO	WBROOK MANOR		REMINGTO ROOK, IL 6	ON BOULEVARD 0440		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
\$9999	vaginal area and not according to V5, R2 after the sexual assand that the tall bla will be back. V5 staphysician about the ordered for R2 to be evaluation. V5 add V1 also offered to serfused. V5 added assessing R2, the real her roommate (R1) her (R1)." V5 state V12 (Nursing Super was hard of hearing presence of V12, if room and R1 nodde R1 if he was touched saw in her room and She asked R1, whe pointed to her prival stated that she is a land had been assigned that R1 is oriented and cognitively intact, "Q According to V5, R false allegations to residents in the passing that R1 is oriented to residents in the passing that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriented to the prival stated that she is a land had been assigned that R1 is oriente	o object was inserted. 2 did not say anything to her sault because she was scared ck guy told her (R2) that he ated that V12 notified R2's allegation and the physician e sent to the hospital for ed that R2 refused and that send R2 to the hospital, but R2 that after she completed resident told her to check on R2 told her, "Just check on that she assessed R1 with rvisor). According to V5, R1 g. She asked R1 in the she saw a black guy in her ed indicating yes. She asked ed by the black guy that she d R1 nodded indicating yes. For each example of the regular second floor nurse gued to R1 and R2. V5 stated at 1 (to person) and R2 is good historian and reliable." I and R2 had never made any wards any staff or other	\$9999			
	3:05 PM, the video east hallway and di 2025 was observed Nursing). V3 expla footage on Februar video footage time time and that one had the posted time on actual time. To be	footage for the second floor ning room for January 25, with V3 (acting Director of ined that he had reviewed the y 4 and 5, 2025 and that the was indicating daylight saving our should be deducted from the video to determine the able to watch the video clearly ff, the video footage must be				

Illinois Department of Public Health

STATE FORM 6899 1CH711 If continuation sheet 13 of 19

Illinois Department of Public Health						
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			
					С	
		IL6013120	B. WING		02/21/2025	
					, <u> </u>	1/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MEADO	WBROOK MANOR	431 WES1	REMINGTO	N BOULEVARD		
MLADO	WENCON MANON	BOLINGB	ROOK, IL 6	0440		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				,		
S9999	Continued From pa	ge 13	S9999			
	zoomed in. On Jan	nuary 25, 2025 at 12:10 PM				
		black man wearing a blue				
		usekeeping cart outside of R1				
		st hallway) and went inside the				
		a mop. V3 identified the tall				
		ousekeeper). After 26				
		out of the room with the trash				
	can. At 12:11 PM,	V7 (CNA/Certified Nursing				
	Assistant) went insi	de R1 and R2's room. From				
	12:11 PM through 1	2:30 PM, both V4 and V7				
		ng in and out of R1 and R2's				
		PM, V4 went out of R1 and				
		he mop that he brought in the				
		, he then moved the				
		away from R1 and R2's room.				
		came out of R1 and R2's				
		ay. At 1:28 PM, V4 was				
		de the unit dining room. At				
		nt out of the unit dining room				
		allway without taking his				
		While walking along the east				
		out something from his back				
		elieved was a towel or rug and				
		oocket a small rectangular				
		ng which according to V3 looks 0:44 PM, V4 went inside R1				
		cording to V3, he had				
		video footage and confirmed				
		ering R1 and R2's room at				
		er staff had entered the said				
	· ·	M, V4 went out of R1 and				
		observed walking back and				
		lway. V3 stated that V4 was				
		room for approximately seven				
		ff present and without his				
		outside of the room for easy				
		ing supplies. At 2:30:26 PM,				
		cart was observed along the				
		me out of another resident's				
	room, placed a broom and a dustpan in the					

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				С	
	IL6013120	B. WING			1/2025
NAME OF PROVIDER OR SUPPLIE	R STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MEADOWBROOK MANOR			ON BOULEVARD		
OLIMAN DV O		ROOK, IL 6			
PREFIX (EACH DEFICIEN	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S9999 Continued From p	age 14	S9999			
housekeeping carroom without any 2:31:40 PM, V4 without any visible hand. At 2:32 PM room and at 2:32 proceeded to go ithe east hallway. inside R1 and R2 came out of the rotalked to a staff id According to V3, Italking about and V4, R2 wanted to 2:35:12 PM, V4 a room and came of (which he brough was only taken out video footage, V3 why V4 kept on groom, after he was 12:10 PM through (CNA) was inside wanted to ask V4 out of R1 and R2 he was doing insiminutes (from 1:3 V3 stated that he February 7, 2025, On February 11, 2 Director of Nursin working at the fact that there was no aware of any history and R2 towards a According to V3 his video footage for January 25, 2025	t, then went inside R1 and R2's visible cleaning supplies. At ent out of R1 and R2's room items or cleaning supplies at , V4 went inside R1 and R2's 01 PM, went back out and nside another resident's room at At 2:33:37 PM, V4 again went is room and at 2:34:20 PM, V4 from with a garbage bag and entified by V3 as V13 (CNA). The asked V13 what they were V13 stated that according to be boosted up in bed. At gain went inside R1 and R2's out at 2:37:09 PM carrying a mop in the room at 12:10 PM and the total that he was wondering ong in and out of R1 and R2's is inside the same room from 12:30 PM cleaning while V7 the room. V3 added that he what he was doing going in and is room after 12:30 PM and what de the room for at least seven 0:44 PM through 1:37:08 PM). The attempted to call V4 on but he did not answer. 1025 at 4:24 PM, V3 (acting g) stated that he had been dility for two years. V3 stated documentation, and he was not arry of false allegations from R1 my staff or other residents. The end of the second floor east hallway for on February 4, 2025 untilicater being asked by the	29999			

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Illinois Department of Public Health						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
						•
IL6013120		B. WING		1	1/2025	
					<u> </u>	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MEADO	WBROOK MANOR			ON BOULEVARD		
		BOLINGB	ROOK, IL 6	0440		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
IAO		,	IAG	DEFICIENCY)		
	O	4F	00000			
S9999	Continued From pa	ge 15	S9999			
	surveyor on Februa	ry 3, 3025, if he had seen the				
	footage. V3 stated	that V1 (Administrator) had				
	conducted the sexu	ıal abuse investigation of R2,				
	including R1. V3 st	ated that he had assisted with				
		the nurses and the CNAs				
		ssistants). According to V3,				
		to R1 and R2 during the				
		ated that it was his first time				
		on from R1 and R2 when he				
		or on January 30, 2025. V3 aring R1 and R2's sexual				
		n January 30, 2025 (with the				
	surveyor), he immediately informed their nursing consultant (V14) who was in the building. V3					
	stated that he and V14 then informed V1					
		hat R1 and R2 told the				
		d that over the phone, he				
		1 had pointed at her private				
	area when R1 was	asked, if anyone had touched				
	her inappropriately.	V3 also told V1 that R1 made				
		person needs to be punished				
		ded that he also informed V1				
		2 a tall, black man wearing a				
	`	2) identified as a housekeeper				
		east and had placed his hand				
		touched her private area. V3 know, this is the same				
	information that [V1					
		got nom [RZ].				
	On February 11, 20	25 at 4:40 PM, V1				
		ed that he was not aware of				
		any false allegations towards				
	any staff or residen	ts in the past. V1 stated that				
		ition process before February				
		e the date) he watched the				
		e second floor east hallway for				
		nd "I could not make anything				
		anything had transpired." V1				
		ıal assault allegation was				
	reported to the police, and it was up to the					

Illinois Department of Public Health

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7. BOILDING.			
IL6013120		B. WING		C 02/21/2025		
NAME OF		CTDEET AD	DDEES CITY S	STATE, ZIP CODE		
INAIVIE OF	PROVIDER OR SUPPLIER					
MEADO	WBROOK MANOR		ROOK, IL 6	ON BOULEVARD 0440		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 16	S9999			
	resident to press a (Detective) came to residents but he (Va about what the residents to the total Name over told him R2, but the resident stated that he gave he fit the description stated that during his aid that a black macame over and touch had his hand inside he asked R2 if the hospital gown and siduring his interview the black male mer a long time since you that during his interresident how she with the thing the was okay. Injured in any way, asked R1 what year responded, "2000." "No" and then R1 his said, "I'm hungry." conversation with Fisay that she was set the facility. V1 was facility did not substallegations towards intact and had been her sexual assault a interviews held by a the facility staff. V1 in her mental status physician. V1 adde interviewed the staff.	case. According to V1, V8 the facility to talk to the did not tell him anything dent said during his interview. In that he showed pictures to t cannot identify anybody. V1 V8, V4's information because in of what R2 had said. V1 is interview of R2, the resident ale with a broom or a mop ched the top of her gown and her brief. According to V1, black male went under her she said, "no." V1 added that with R2, the resident said that with R2, the resident said that titioned something like, "seems but had a penis." V1 stated view with R1, he asked the as doing and R1 responded He asked R1 if she was R1 responded, "no." He in it is, and the resident He asked R1, "Did anything and the resident responded, anded him the remote and According to V1, based on his k1, the resident was not able to exually abused by anyone at asked the reason why the tantiate R2's sexual abuse V4, since R2 is cognitively in consistent with expressing allegations on multiple and/or made in the presence of stated that R2 had a change of recently according to her and that when the facility of, no one heard or witnessed and when other residents				

Illinois Department of Public Health

were interviewed, no one reported being sexually

STATE FORM 6899 1CH711 If continuation sheet 17 of 19

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		A. BUILDING:		<u> </u>	_	
		IL6013120	B. WING			C 21/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MEADO	WBROOK MANOR		FREMINGTO ROOK, IL 60	ON BOULEVARD 0440		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
\$9999	assaulted at the fact therefore the facility R2's allegation of sallegation that her sexually abused. On February 11, 20 (Administrator) and Nursing) confirmed man working at the housekeeper on Jacked if he was not consultant) over the about R1's allegation and the surveyor, the touched on her vag R1 commenting, "he responded that he informed about it. R2's interview that (Detective) with regallegation that on January 30, 202 V3 were informed to V8 that R2 because he wip by the chest area of was inside the residuals and the surveyor, the facility submitter to what she (R2) has on January 30, 202 V3 were informed to V8 that R2 because he wip by the chest area of was inside the residuals inside the residuals and the surveyor to the State 2025 at 2:15 PM. That on February 11 re-interviewed R2 was find the employer screamed for him to documented that R2 because that R2 was inside the residuals and the surveyor to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility submitter report to the State 2025 at 2:15 PM. The facility su	cility by any staff member, y was not able to substantiate exual abuse and her (R2) roommate (R1) was also 225 at 5:20 PM, V1 I V3 (acting Director of I that V4 was the only tall black execond floor as a muary 25, 2025. V1 was tified by V3 and V14 (Nursing exphone on January 30, 2025 on made in the presence of V3 hat she was inappropriately ginal area by a black male and he needs to be put away." V1 does not remember being V1 and V3 were notified of day, after confirmation with V8 gards to the resident's anuary 25, 2025, the tall black sucked" her nipple in addition ad alleged during the interview 25 at 2:08 PM with V3. V1 and hat according to V8, V4 he had physical contact with hed the food spill on R2's gown on January 25, 2025 while he dent's room, cleaning. Led an addendum to their final Agency on February 12, 2025, The addendum documented	S9999			

Illinois Department of Public Health

STATE FORM 6899 1CH711 If continuation sheet 18 of 19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					TE SURVEY MPLETED	
		IL6013120	B. WING			C 21/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MEADO	WBROOK MANOR		REMINGTO	ON BOULEVARD 0440		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
S9999	employee and R1 w details or informatic addendum showed the facility contacted the new information February 11, 2025. (Administrator) that admitted to wiping for resident said, "not to former employee lestated they could no police confirmed into The same addendus should not have phy With this new information in the same addendus should not have phy With this new information in the facility's abuse November 15, 2022 right to be free from misappropriation of The policy also sho	ge 18 vas unable to recall/provide on of any incident. The that on February 12, 2025, december that the that on February 12, 2025, december that the coal police to confirm a provided by the surveyor on the local Police informed V1 "the former employee food off of [R2's] shirt, then to touch her like that" and fit the room. Local police for share what [R2] said. Local exestigation is still pending." It is showed, "Housekeepers expical contact with residents. In the facility now sustains gration that she was touched the former employee." I policy and procedure dated the showed, "Residents have the in abuse, neglect, exploitation, in property or mistreatment." I went that sexual abuse is intact of any type with a	S9999			

6899

Illinois Department of Public Health STATE FORM

1CH711 If continuation sheet 19 of 19