

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER THE HAVEN OF MEADOWBROOK		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 CURT DRIVE, SUITE B CHAMPAIGN, IL 61821		
(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 Investigation of Facility Reported Incident of 3/9/25	S 000		
S9999	Final Observations Statement of Licensure Violations: Section 300.1210b)d)1) 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. 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. Based on observation, interview, and record review, the facility failed to effectively manage resident's pain according to physician orders, the resident care plan, and the resident's preference. This failure affects one resident (R1) out of three reviewed for pain on the sample list of five. This failure resulted in a decline in R1's ability to participate in routine activities of daily living.	S9999		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

05/03/25

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S9999	<p>Continued From page 1</p> <p>Findings include:</p> <p>R1's Face Sheet dated 11/30/22 documents R1 was admitted to the facility on this date and is her own responsible party and financial guarantor. This same Face Sheet, along with R1's Medical Diagnoses List (undated) documents R1 experiences medical conditions including Generalized Weakness, Polyarthralgia, Lymphedema, Class 3 Obesity, Gout, Physical Debility, Osteoarthritis of Bilateral Knees, Hypertension, and Diabetes Mellitus Type 2.</p> <p>On 4/24/25 at 8:40 AM, R1 was lying in bed in her own room. R1 could not make a complete fist with her left hand which was visibly swollen with taught skin. R1 had a compression wrap on her visibly swollen left knee.</p> <p>On 4/24/25 at 11:50 AM, R1 could not touch the thumb of her left hand to any of the fingers of her left hand. R1 stated she is left handed which makes everything inconvenient. R1 stated, and demonstrated, she could not grasp the television remote control with her left hand. R1 stated she can not get out of bed when she wants to anymore because of pain in her left knee, and can not propel her own wheelchair due to her left hand being painful and swollen. R1 stated she did not get out of bed every day prior to the incident which caused her injuries, but did get out of bed when she wanted to go socialize and engage in Bible study, but now she can not get out of bed when she wants to because the staff can no longer use the sit-to-stand lift with her but have to use the full body lift because her knees are too painful to bear weight and she can not grip the grab bars on the sit-to-stand lift with her hand being so painful. R1 stated when being lifted with</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>the full body lift, the carrying cradle lets her legs hang over the edge which causes her knees to bend which is very painful. R1 stated that prior to the incident, when she was up in her wheelchair, she could propel her own wheelchair, but now some staff member has to propel her wheelchair because her left hand is too painful to grip and push on the wheels.</p> <p>R1's Nurses Notes do not document the fall incident which resulted in R1's pain and swelling of her hand and knee, but do document on 3/16/25 that R1 began to complain of excessive pain since falling out of the sit-to-stand on 3/9/25. This same note documents R1 was sent to the emergency room for an evaluation. This same note documents R1 had been refusing to get out of bed due to the excessive pain since the fall incident.</p> <p>R1's Nurses Notes dated 3/20/25 document further complaints of pain, numbness and tingling of R1's left hand, left knee pain and swelling, and right wrist pain. This note documents R1's physician (V10) examined R1 and sent her to the emergency room for further evaluation.</p> <p>R1's Hospital Discharge Note dated 3/28/25 documents R1 was admitted to the hospital 3/20/25 through 3/28/25 for complaints of left wrist and hand pain, bilateral knee pain, and right wrist pain. These notes document R1 had received morphine for pain management at the hospital, and document a physician ordered increase in R1's prescription of Hydrocodone 5 milligrams with Acetaminophen 325 milligrams (Norco) from every 6 hours as needed to every 4 hours as needed.</p> <p>R1's Physician Order Sheet dated for April 2025</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>document R1's order for Hydrocodone was increased to every 4 hours as needed on 4/8/25.</p> <p>R1's current Care Plan (void of dates) provided by V11, Minimum Data Set Coordinator, documents R1 likes to attend group activities. This Care Plan documents R1 experiences pain and has medication ordered which should be administered as ordered by the physician, and to assess if the pain intensity is acceptable to the resident.</p> <p>(B)</p>	S9999		