STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0037366	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK MANOR	431 WEST REMINGTON BOULEVARD , BOLINGBROOK, Illinois, 60440

(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) COMPLETION DATE
S0000	Initial Comments Annual Licensure Survey.	S0000		
S9999	Final Observations Statement Licensure Violations (1 of 2) 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information. f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. The REQUIREMENT was not met as evidenced by: Based on interview and record review, the facility failed to ensure that Illinois Department of Corrections (IDOC) Sex Registrant searches were completed for admitted residents. This applies to 10 of 10 residents (R249, R61, R250, R251, R46, R151, R122, R47, R141, and R146) reviewed for criminal background checks in the sample of 35. The findings include: 1. R249's EMR (Electronic Medical Record) showed that R249 was admitted to the facility on July 24, 2025. 2. R61's EMR showed that R61 was admitted to the facility on July 10, 2025. 3. R250's EMR showed that R250 was admitted to the facility on July 24, 2025. 4. R251's EMR showed that R251 was admitted to the facility on July 23, 2025. 5. R46's EMR showed that R46 was admitted to the	S9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 facility on July 17, 2025. 6. R151's EMR showed that R151 was admitted to the facility on July 12, 2025. 7. R122's EMR showed that R122 was admitted to the facility on July 14, 2025. 8. R47's EMR showed that R47 was admitted to the facility on July 15, 2025. 9. R141's EMR showed that R141 was admitted to the facility on July 16, 2025. 10. R146's EMR showed that R146 was admitted to the facility on July 16, 2025. On July 28, 2025 at 12:25 PM, V7 (Admissions Director) stated she is responsible for completing background checks on all admitted residents. V7 also stated that she has never checked any residents on the IDOC sex registrant search page. As of July 28, 2025 at 12:25 PM, the facility did not have any documentation to show that R249, R61, R250, R251, R46, R151, R122, R47, R141, and R146 names were checked on the IDOC Sex Registrant search page. The facility's Identified Offender policy dated April 2025 showed that upon admission the facility will check for the individuals name on the Illinois Department of Corrections website to determine if the individual is listed as a sex offender. (C) Statement of Licensure Violations (2 of 2) 300.690b) 300.690c) Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section,	S9999		

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S9999	Continued from page 2 "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. This REQUIREMENT was not met as evidenced by: Based on interview and record review the facility failed to report a resident injury, right wrist fracture, that occurred in the facility. This applies to 1 of 2 residents (R193) reviewed for incidents with injury in the sample of 35. The findings include: R193 's admission record showed R193 was 87 years old, admitted to the facility on November 29, 2024, with multiple diagnoses including chronic systolic congestive heart failure, atrial fibrillation, type 2 diabetes, presence of cardiac pacemaker, unspecified abnormalities of gait and mobility, and Colle's' fracture of the right radius acquired during stay. R193's MDS (Minimum Data Set) dated May 22, 2025, showed R193 was moderately cognitively impaired, and required assistance with ADLs including supervision or light touching assistance with eating, oral hygiene, bed mobility, sit to stand and ambulation and partial assistance with bathing, toileting hygiene, and dressing. R193's daughter reported to V35 (RN) on February 19, 2025, that R193 stated that she had a fall. V35 documented on the post fall assessment report dated February 19, 2025, that R193 reported that she fell after she attempted to get up and walk by herself, lost her balance, and fell. Resident stated she hit her right buttock, right hip, and head on the floor. V35 contacted R193's physician and the physician order to send R193 to the hospital for evaluation since she was on an anticoagulant medication. R193 went to the hospital and returned on February 19, 2025, with no report of any injury. On February 21, 2025, R193 complained of pain to the right wrist and an X-ray was ordered.	S9999		

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S9999	Continued from page 3 X-ray of the right hand was completed on February 22, 2025, the report showed R193 right wrist had an age -indeterminate sclerosis distal radius. X-ray report dated January 28, 2025, of the right hand showed there was no fracture. This X-ray was completed in response to falls documented on January 23, 2025 and January 28, 2025. In response to the X-ray report dated February 22, 2025, the physician ordered an orthopedic consult. R193's orthopedic consult note dated March 4, 2025, showed R193 sustained a Colles' fracture of the right wrist and recommended NWB (Non-Weight Bearing) to the right hand and application of a soft brace. The facility was unable to provide documentation that a report of R193's fracture was sent to IDPH (Illinois Department of Public Health) as required. On July 29, 2025, at 4:25 PM, V1 (Administrator) stated a report to IDPH is required when a resident's fall results in a fracture or resident sustains a fracture. The facility's policy titled "Unusual Occurrence Reporting" dated April 2025, showed "As required by the federal and state regulations the facility reports unusual occurrences or other reportable events that affect the health, safety, and welfare of our residents…" (C)	S9999		