

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048033		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/09/2026	
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT , MOMENCE, Illinois, 60954			
(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 Complaint Investigation Survey 25711890 / 2689456 2670086 / 2706752 25712636 / 2699910 25712657 / 2700293 25712248 / 2693029		S0000			01/29/2026	
S9999	Final Observations Statement of Licensure Findings: 1 of 1 300.610a) 300.1210b)4) 300.1210d)3) 300.3240a) 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. 300.1210 Section General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and		S9999			01/29/2026	

Office of Primary Care and Health Systems Management

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

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048033		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/09/2026	
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT , MOMENCE, Illinois, 60954			
(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	
S9999	Continued from page 1 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. 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-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee, or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These regulations were not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a resident remained free from neglect. This failure resulted in a resident experiencing significant weight loss when he was not provided his physician-ordered tube feedings as scheduled. This applies to 1 out of 6 residents (R12) reviewed for neglect. The facility also failed to ensure a resident with a gastrostomy tube feeding received care and services to maintain his weight. This failure resulted in a resident experiencing significant weight loss of 13.49% in less than 39 days. This applies to 1 of 2 residents (R12) reviewed for gastrostomy tube use.	S9999					

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048033		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/09/2026	
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT , MOMENCE, Illinois, 60954			
(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	
S9999	Continued from page 2 The findings include: 1. R12 is a 57-year-old male admitted to the facility on November 25th, 2022, with diagnoses including brain damage from a lightning strike, functional quadriplegia, dysphagia, cognitive communication deficit, and gastrostomy status for tube feeding. R12's December Physician Orders show he takes no food orally and receives nutrition from a gastrostomy tube feeding only. On 12/26/25 at 12:17 PM, R12 was in a wheelchair in his room. R12 appeared very thin and frail. R12 was alert and oriented and communicated using a communication board. R12 communicated that he frequently does not get fed and frequently does not get his medications. R12 communicated that when he does get fed, it is often late. R12 communicated that he is always depressed because of the care he is receiving at the facility. On 12/24/25 at 11:10 AM, V3 CNA (Certified Nurse's Assistant) said that R12 has told her that he is hungry. V3 said that she tells R12's nurse and they will tell her that they "will get to it" or that "it is next on their list." V3 said that R12 has lost a lot of weight. V3 said that the nurses tell R12's family that R12 was fed when he has not been fed. V3 said that she works 6:00 AM to 2:00 PM and she had never seen R12 get a 6:00 AM feeding until the family started complaining about it. On 12/26/25 at 10:20 AM, V15 (CNA) said that R12 has told her that he was hungry. V15 said "He has lost tons of weight and looks like a skeleton. He cannot get out of bed and relies on staff to feed him. He should not look like a skeleton." On 12/24/25 at 11:10 AM, V5 (CNA/Restorative Aide) also said that R12 has communicated to her that he is hungry, and she has let the nurse know. On 12/27/25 at 2:30 PM, V4 (CNA) said that she works the 10:00 PM to 6:00 AM shift. V4 said that she noticed R12 has been losing weight and she has never seen him be fed on the night shift. V4 said that sometimes on the night shift the residents don't get fed or don't get their medications because there is only one nurse in the facility. R12's electronic health records showed his weight was 114.2 pounds on 11/19/25. On 12/26/25 at 12:35 PM, R12	S9999					

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048033		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/09/2026	
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT , MOMENCE, Illinois, 60954			
(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	
S9999	Continued from page 3 was weighed at the facility again and his weight was 98.8 pounds, a 13.49% weight loss in 38 days. R12's December 24, 2025, hospital Discharge Summary listed a diagnosis of "severe protein calorie malnutrition," and comments under the physical exam described his appearance as "cachectic" (extremely thin and frail due to severe unintentional weight loss, primarily from muscle and fat). R12's Summary further showed "Weight: 30% weight loss in less than one year. Muscle mass severe loss to clavicular and temporalis muscle areas. Malnutrition: severe." R12's December 2025 Medication Administration Record (MAR) showed R12's order as "Enteral Feed Order every 6 hours for Diet- Jevity 1.2, 300 [milliliters] every 6 hours." R12's MAR had the feedings scheduled four times daily at 12:00 AM, 6:00 AM, 12:00 PM, and 6:00 PM. Up to December 20, 2025, R12's December 2025 MAR had every box checked as though the tube feeding was administered as scheduled except four times, which are 12/1 at 6:00 AM and 6:00 PM, on 12/16 at 6:00 AM, and 12/19 at 6:00 PM, and those were left blank. On 12/23/25 at 4:13 PM, V2 (Director of Nursing) said that if there is nothing documented in the EMAR, the medications or feedings were not given. R12's December 2025 Medication Administration Audit Report showed the times when the remaining entries were actually signed off as administered: On 12/2/2025, R12's 12:00 AM and 6:00 AM feedings were both signed off as given at 6:55 AM. On 12/5/2025, R12's 12:00 AM and 6:00 AM feedings were both signed off by V2 (Director of Nursing), two days later, on 12/8/2025 at 2:26 PM. On 12/6/2025, R12's 12:00 AM and 6:00 AM feedings were both signed off at 7:16 AM. On 12/8/2025, R12's 6:00 AM feeding was signed off by V2 at 8:52 PM. On 12/14/2025, R12's 12:00 AM feeding was signed off at 5:27 AM, and his 6:00 AM feeding was signed off at 5:19 PM. R12's 12:00 PM and 6:00 PM feedings were both signed off as given at 6:04 PM. On 12/15/2025, R12's 12:00 AM feeding was signed off at 8:44 AM, his 6:00 AM was signed off at 8:45 AM, and his 12:00 PM was signed off at 5:28 PM.	S9999					

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048033		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/09/2026	
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT , MOMENCE, Illinois, 60954			
(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	
S9999	Continued from page 4 On 12/17/2025, R12's 12:00 AM feeding was somehow signed off at 12:30 AM the day before, and his 12/17 6:00 AM was also signed off the day before at 5:56 AM. R12's 6:00 PM feeding was signed off at 10:49 PM. On 12/18/2025, R12's 12:00 AM feeding was signed off at 4:54 AM, his 6:00 AM was signed at 6:04 AM, and his 6:00 PM was signed at 8:54 PM. On 12/19.2025, R12's 12:00 AM and 6:00 AM were both signed off as administered at 6:16 AM, and his 12:00 PM was signed off as administered at 4:51 PM. In addition to what is already outlined, R12's Audit Report for 12/1-12/20 also showed ten times where his feeding administration times were signed off as administered more than three hours later than scheduled: on 12/1 for the 12:00 AM feeding, 12/6 for the 12:00 PM, 12/7 for the 12:00 AM, 12/9 for the 12:00 AM and the 12:00 PM, 12/10 for the 12:00 AM, 6:00 AM, and 12:00 PM, and 12/13 for the 12:00 AM and 6:00 AM feedings. Additionally, there are three times where R12's scheduled feedings were signed off more than four hours past their scheduled administration times: on 12/4 for the 12:00 AM feeding, on 12/8 for the 12:00 PM feeding, and 12/12 for the 12:00 AM feeding. R12's feeding was signed off as given 14 hours late on 12/8 for his 6 AM feeding; and on 12/14, his feeding was five hours late for his 12 AM feeding, and 11 hours late for his 6 AM feeding. There are another four times where the feeding is not signed off as administered at all, which are 12/1 at 6:00 AM and 6:00 PM, on 12/16 at 6:00 AM, and 12/19 at 6:00 PM. On 12/23/25 at 4:13 pm, V2 (Director of Nursing) said that if there is nothing documented in the EMAR, the medications or feedings were not given. On 12/30/25 at 10:29 AM, V7 (R12's Primary Care Physician) said that he was not made aware of R12's weight loss or that he was not getting his feedings as ordered. V7 said that he was also unaware of R12 asking for food. V7 said that he had just examined R12 and there was nothing wrong with R12 medically that would cause him to lose weight. V7 said that if R12 is losing weight, it would only be from him not being fed. On 12/30/25 at 11:09 AM, V16 (R12's Registered Dietician) said that if R12 was getting his feedings as ordered, he would not have lost any weight because his feedings were exceeding his needs. V16 said the only reason for R12's weight loss is that he is not getting enough feedings.	S9999					

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048033		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/09/2026	
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT , MOMENCE, Illinois, 60954			
(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	
S9999	Continued from page 5 On 12/31/2025 at 2:55 PM, V20 LPN (Licensed Practical Nurse) stated he thought the facility was "short on nurses." On 1/2/2026 at 3:51 PM, V9 ADON (Assistant Director of Nursing) stated that her expectations for staffing are for the facility to meet the minimum requirements. V9 said, if not, it affects the care that should be provided, such as passing medications and tube feedings given on time. On 1/2/26 at 5:50 PM, V1 (Administrator) said that it is her expectation that the residents get their tube feeding as ordered. V1 said that she does not expect R12 to be losing weight because he is to be feed as ordered. V1 said that she is aware of R12 not being fed and that he is malnourished, and it is not acceptable. The facility's October 4, 2024 "Guidelines for Managing Gravity Method Feedings- Feeding Tube" showed "The goal is to provide the resident with adequate nutrition/hydration to meet their dietary needs. Only licensed nursing staff who are trained and competent to administer these feedings will do so within their scope of practice." The facility's Abuse Prevention Program policy (revised 01/2019) defined neglect as "as "the failure to provide, or willful withholding of, adequate medical care...personal care, or assistance with activities of daily living that is necessary to avoid physical harm, mental anguish..." (A) 2 of 2 300.610a) 300.1210b) 300.3210t) 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.	S9999					

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048033		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/09/2026	
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT , MOMENCE, Illinois, 60954			
(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	
S9999	Continued from page 6 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. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These regulations were not met as evidenced by: Based on observation, interview, and record review, the facility failed to keep a resident free from physical abuse, resulting in one resident striking another in the head with his cane and that resident requiring sutures. This applies to 1 out of 6 residents (R29) reviewed for abuse. The findings include: On 12/31/25 at 12:26 pm, R29 was observed with a bruise to his upper right cheek below the eye, and three sutures on the right eye lid. R29's 12/26/25 6:45 am progress notes showed that R29 was observed with bleeding from below his right eye. The progress note showed that it was reported that another resident hit R29. R29's 12/26/25 hospital report showed that R29 sustained a head injury and a laceration requiring three sutures. The facility's 12/26/25 incident report to Illinois Department of Public Health showed that on 12/26/25, R2 and R29 engaged in "inappropriate physical contact." On 1/2/26 at 5:50 pm, V1 Administrator said that it was reported to her that R2 hit R29 in the head with his cane. V1 said that R29 was sent to the hospital and received sutures. R29's 12/24/25 care plan shows a focus for a history of suspected abuse with interventions including assure R29 is in a safe environment.	S9999					

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048033		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/09/2026	
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT , MOMENCE, Illinois, 60954			
(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	
S9999	Continued from page 7 R2's 10/16/25 care plan showed a focus on inappropriate sexual behavior, but did not identify an assessment for the potential for physical abuse against others. The facility's Abuse Prevention Program policy (revised 01/2019) defined physical abuse as "hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment." The Policy also showed "It is the policy of this facility to prohibit and prevent resident abuse, neglect....against a resident in the facility..." (B)		S9999				