PRINTED: 05/02/2018 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_ B. WING IL6014518 03/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 720 RAYMOND DRIVE **MEADOWBROOK MANOR - NAPERVILLE** NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG** CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation #1871965/IL101350 S9999 Final Observations S9999 Statement of Licensure Violation: 300.1210b) 300.1210d)6) 300.1220b)3) 300.3240a) 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. Restorative measures shall include, at a minimum, the following procedures: 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:

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

that each resident receives adequate supervision

as free of accident hazards as possible. All nursing personnel shall evaluate residents to see

and assistance to prevent accidents.

6) All necessary precautions shall be taken to assure that the residents' environment remains

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE 04/06/18 \_ 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	
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S9999	Continued From page 1		S9999			
	Section 300.1220 S Services	Supervision of Nursing				
	nursing services of 3) Developing a plan for each reside comprehensive ass and goals to be acc and personal care a Personnel, represen nursing, activities, of modalities as are or be involved in the pi plan. The plan shall reviewed and modifi needed as indicated The plan shall be re months.  Section 300.3240 A  a) An owner, lice employee or agent of neglect a resident.  These requirem evidenced by:  Based on interview a failed to ensure staff with severe contract This failure resulted	nting other services such as lietary, and such other redered by the physician, shall reparation of the resident care if be in writing and shall be fied in keeping with the care if by the resident's condition, eviewed at least every three.  Abuse and Neglect ensee, administrator, of a facility shall not abuse or lents were not met as and record review, the facility if properly cared for a resident.				
	subtrochanteric prox	kımaı left femur.				
	This applies to 1 of	3 residents (R1) reviewed for				

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4J0Q11

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 B. WING IL6014518 03/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 720 RAYMOND DRIVE **MEADOWBROOK MANOR - NAPERVILLE** NAPERVILLE, IL 60563 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 injuries of unknown origins in a sample of 3. This applies to: Face sheet, dated February 21, 2018, shows R1's diagnoses include cachexia, osteoarthritis, weakness, adult failure to thrive, diabetes, and vascular dementia. MDS, dated January 17, 2018, shows R1 was moderately cognitively impaired. PT (Physical Therapy) Plan of Care, dated March 8, 2018, shows R1 was non-ambulatory, required total assistance from staff for all ADLs and mobility, used a mechanical lift for transfers, and required pillows to position R1's BLE (Bilateral Lower Extremity) due to contractures. The note shows R1 was referred to therapy per family request to re-assess R1's contractures. PT evaluation "revealed severe multiple contractures of BLE joints as well as UE (Upper Extremity) joints, increased muscle tone, impaired muscle strength, decreased cognition and impaired sitting balance/trunk control which affects all ADLs (Activities of Daily Living)/mobility and sitting/bed positioning. Patient is at high risk for falls, developing further skin breakdown and joint contractures.... Skilled PT is medically necessary on a trial basis to address above stated problems. focusing on contracture management, proper positioning, with appropriate positioning devices and caregiver training to prevent further skin breakdown and joint tightness/contractures." PT progress note, dated March 23, 2018, shows "Caregiver education/training initiated with nursing staff focusing on the use of pillows to properly position patient in and in [high] chair focusing on pressure relief between BLE, preventing skin to skin contact, and maintaining

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current available range on BLE...." The note

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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	shows R1 had "se multiple joint contra	evere tone on BLE and actures"					
	2018, shows V10 (Reducation to five not one CNA on "prope pillows only when in summary of topic pit to be placed between skin-to-skin contact.  Nursing note writter Practical Nurse), da AM, shows, "Called (Certified Nursing A removed blanket the adifferent position to swelling, redness Resident showed not swelling, redness Resident showed not asked stated he had (vital signs) WNL (w. (Medical Doctor) progiven and paged NF (Physician Order St shows R1 received femur, knee, tibia, fit POS, dated March of the emergency red Radiology Report, dr. Ra	gn in sheet, dated March 21, Physical Therapist) provided arses, two restorative staff, and repositioning for R1 using bed and [high] chair." The resented shows, "Pillows need on knees/legs to prevent the state of the provided when he at the resident's left leg was in than usual. Upon evaluation so renderness to touch, or signs of pain but when depain but unable to rate. V/S within normal limits). MD rescribed pain medication (Nurse Practitioner). POS neet), dated March 23, 2018, a stat X-ray of bilateral pelvis, ibula, ankles, heel and foot. 23, 2018, shows R1 was sent from for further evaluation. Itated March 23, 2018, shows enia, and "acute fracture of proximal left femur. The anterolaterally. Mild DJD disease) of both knees and					
	she worked on Marc	at 3:15 PM, V4 (LPN) stated ch 22, 2018 from 6:00 R1. V4 stated the last time					

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**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C B. WING IL6014518 03/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 720 RAYMOND DRIVE **MEADOWBROOK MANOR - NAPERVILLE** NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 in distress. V6 stated she had a bit of a conversation with R1 at 6:00 AM when she performed a vitals check and R1 did not complain of any pain. V6 stated she got no report regarding R1 from V7 (CNA). V6 stated she never moved R1 on her shift. On March 27, 2018 at 2:49 PM, V7 (CNA) stated he worked on March 22-23, 2018 from 10:00 PM - 6:00 AM with R1. V7 stated he first saw R1 at approximately 10:45 -11:00 PM and R1 was asleep, was not covered with a sheet, and there was a pillow between R1's legs. V7 stated usually R1's legs are crisscrossed, however V7 stated at that time R1's legs were unusually uncrossed and both R1's right and left knees were facing the same direction toward the door. V7 stated this position was not normal for R1 and that V7 had never seen R1's legs like that before. V7 stated the position was "unusual to me" but R1 was not showing any discomfort or pain. V7 stated he thought the previous shift would have noticed R1's legs unusually positioned so V7 thought he did not have to report the change. V7 stated he readjusted R1's position at 1:30 AM. checked R1's brief, and R1 expressed no signs of discomfort. V7 stated the last time he saw R1 was at 4:30 AM when he checked R1's incontinence brief. On March 27, 2018 at 3:00 PM, V7 stated he did not attend the PT inservice on March 21, 2018 regarding R1's positioning. nor did he receive any verbal or written information regarding the information presented at the inservice. On March 27, 2018 at 1:50 PM, V9 (CNA) stated he worked on March 23, 2018 from 6:00 AM-2:00

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PM with R1. V9 stated he went to R1 after the wound nurse completed assisting R1 to perform ADL care. V9 stated R1 had debris on his face

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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	R1's sheet back an R1's legs were unc V9 stated he called stated he did not go shift regarding anyt V9 stated R1 had n	face. V9 stated he then pulled d "was shocked." V9 stated rossed which was abnormal. V8 (LPN) immediately. V9 et any report from the previous hing unusual regarding R1. o signs of pain or discomfort. normally verbalize if he was in				22	
	worked March 23, 2 with R1. V8 stated beginning of her sh showed no signs of not pull R1's cover legs. V8 stated the when V9 alerted he and uncrossed. V8 when she touched hurt. V8 stated she right away, and X-ra sent to the emerger	at 12:58 PM, V8 stated she 2018 from 6:00 AM -2:00 PM she performed rounds at the ift and R1 was awake but distress. V8 stated she did down and did not see R1's next time she saw R1 was r that R1's legs were unusual stated she assessed R1 and R1's hip, R1 stated the hip called R1's nurse practitioner ay was ordered, and R1 was ncy room before the results use R1's pain was not					
	Nurse-RN) stated s treatment on R1 at March 23, 2018. V R1's sheets and V1 stated she did repor no signs of distress stated she noticed in On March 28, 2018	at 3:10 PM, V11 (Wound he performed wound approximately 5:40 AM on 11 stated she did not remove 1 did not see R1's legs. V11 sition R1 however R1 showed during the repositioning. V11 nothing unusual regarding R1.					
	training to the staff use of pillows between	therapy on R1 and provided regarding R1's positioning and sen his legs. V10 stated R1 es for some time and had					

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