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 07/03/2023 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) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Investigation of Complaint #2375303/IL161398 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 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. 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 Attachment A Statement of Licensure Violations care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

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

TITLE

(X6) DATE

PRINTED: 07/27/2023 **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: _ С B. WING IL6014518 07/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 720 RAYMOND DRIVE **MEADOWBROOK MANOR - NAPERVILLE** NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 S9999 Continued From page 1 Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. Based on interview and record review, the facility failed to protect the resident's right to be free from neglect when a nurse refused to provide R1 with feeding assistance while administering crushed medications to the resident. This failure resulted in psycho-social harm for the resident, when R1 said she felt anxious at the thought of not receiving her medications, was unable to sleep, and felt powerless to help herself. This applies to 1 of 4 residents (R1) reviewed for improper nursing care in the sample of 4. The findings include: On June 29, 2023 at 9:33 AM, R1 was sitting at the side of her bed. R1 was attempting to eat her breakfast. R1's hands appeared shaky, and all of her finger joints appeared swollen. R1 said she has arthritis in her hands, making simple tasks difficult for her. R1 said, "There were three

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different times recently when [V3] (LPN-Licensed Practical Nurse) refused to help me take my medications. I get my medications crushed with pudding or applesauce. All of the other staff crush the medications and then feed them to me with a spoon or using a tongue depressor. Three different evenings, [V3] refused to give me my medications. She said she would not feed the medications to me, and if I wanted the

medications, I would have to feed myself. She crushed the medications, put them in a little cup

PRINTED: 07/27/2023 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: IL6014518 B. WING 07/03/2023 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 (X51 PREFIX (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) S9999 | Continued From page 2 S9999 and left them on the bedside table for me to take. I asked her to feed them to me and she refused to feed me. I was unable to take the medications. Look at my hands! I have arthritis so bad that I cannot hold that tiny cup in my hand and feed myself. I can barely feed myself my meals as it is. Not only that, but I broke a bone in my left hand recently, and it is painful. [V3] refused to give me the medications and walked away. It made me feel very upset. I have anxiety, and that kind of thing makes me nervous. It was evening, right before bedtime, and then I could not sleep all night because I was so upset that she treated me that way. I felt totally helpless. I was not able to take my medications. I was powerless to help myself, and my only option was to call my daughter and ask her to intervene on my behalf." The EMR (Electronic Medical Record) shows R1 was admitted to the facility on October 28, 2021. R1 has multiple diagnoses including, osteoarthritis, chronic DVT (Deep Vein Thrombosis) of the lower extremity, atrial fibrillation, heart failure, cardiomyopathy. dyskinesia of the esophagus, aortic aneurysm. left shoulder rotator cuff tear, anxiety, presence of a cardiac pacemaker, presence of an artificial hip joint, hearing loss, and mitral valve prolapse. R1's MDS (Minimum Data Set) dated April 26, 2023 shows R1 is cognitively intact, is able to eat

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bladder.

with supervision, and requires extensive assistance with all other ADLs (Activities of Daily Living). R1 is frequently incontinent of bowel and

R1's left hand Radiology Results Report dated June 6, 2023 shows R1 has "Diffuse soft tissue swelling and acute fracture of the proximal phalanx of the fourth digit (ring finger)."

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On June 16, 2023 at 9:26 PM, V3 (LPN) documented, "At 9:05 resident's daughter (V5) called the facility to speak with the nurse. She wanted to know why resident did not get her medications. Nurse explained to her as to what happened during the 8:00 PM medication pass, and the family understood and asked nurse if she can please make more medication to give to her because there were important meds she had to take, nurse replied yes that would be no problem. Medications were made over, and nurse gave resident her medications to take."

On June 17, 2023 at 8:37 PM, V3 (LPN) documented, "8:00 PM nurse passing medication to resident, medication was given resident states, "I want you to feed it to me." Nurse replied, we went through this yesterday concerning your medications (you can do this yourself). Resident was again educated on taking her medication, when nurse gave her the meds in the cup, resident says, "leave them here." The nurse states I can't do that." Nurse also states can I

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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 07/03/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 720 RAYMOND DRIVE **MEADOWBROOK MANOR - NAPERVILLE** NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 S9999 Continued From page 4

have them back if you are not going to take them as nurse began to pick them up resident grabbed from my hand. The other nurse [V10] (LPN) was across the hall and resident says I want her (V10) to feed them to me. Nurse asked [V10] can she please give resident her meds and she replied, "yes."

On July 3, 2023 at 1:32 PM, V10 (LPN) said, "I was passing my meds and I overheard the conversation between [R1] and [V3]. [R1] was very upset. I am very familiar with [R1's] preferences. She has preferences as to how she takes her medications and getting the care she needs. I feed her the medications every time I administer them. Ever since I've known [R1] she has been particular. Also, she was recovering from a fractured finger, she has a lot of pain, and it is hard for her to reach her arms above a certain point due to bursitis in her shoulders. It is easier for her if we feed the medications to her, and how she prefers it. I don't know why [V3] (LPN) wouldn't just give the medications. [V3] kept trying to explain to the resident that she is in rehab, and she should be able to feed herself, and [R1] couldn't understand why she could not have her medications fed to her. I was out in the hallway passing medications to the residents assigned to me, and I could see [R1] kept looking at me to help. I didn't want [R1] to miss her medication, and for that reason I offered to assist her. I stepped in and gave the medications because [V3] refused to."

On June 24, 2023 at 8:47 PM, V3 (LPN) documented, "8:30 PM nurse asked the other nurse to give resident her medications D/T (due to) resident not wanting to take meds from her nurse. Medications was given to resident to take, resident states to the nurse, "You are supposed

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	(X3) DATE SURVEY COMPLETED							
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	to feed me the medication because it is a matter										
	of life and death!" Nurse replied, "That is why you		1								
	should take your med	lication." Nurse went to her	j l								
	med cart and came b	ack 10 minutes later, and									
		ion on the table. Nurse									
	asked, "Why you didn't take your medicine?"										
	Resident states, "It will stay here until someone										
	feeds it to me." Nurse says, "The medication		1 !								
	cannot stay here, I will return in 1/2 hour and if		1								
	the medication is still here I will get rid of it										
	because I can't leave medication at the bedside. Nurse informed [V5] (Daughter/POA-Power of										
	Attorney of R1) about										
	/ ((c) (c) (c) (c)				200						
	On June 29, 2023 at	3:32 PM, V3 (LPN) said, "I	1 1								
		acility and then I left for a	1								
	year or so When I used to take care of [R1],										
	she could feed herself. We are a rehab facility.										
	She wanted me to feed her the medications and I										
	told her she could do it herself. She told me she		l i								
		er the medications and I told									
	her no. I left the medications in her room and thought she would try to feed herself the		1 1								
		did not. She kept telling me									
		ed them to her. I was not									
		use I don't want her to get									
	• •	me to feed her, and I said									
	1	ions on her bedside table.									
		fied Nursing Assistant) came									
		elped the resident take her									
	_ ····	see the resident take the									
	1	s asked if the nurse sees a									
	1	such as not being able to									
	1	hey did in the past, is the									
	nurse supposed to re										
	1	r to the rehab department,									
	but still provide the re	esident care, and V3									
	responded, yes.										
	On July 3, 2023 at 9:	27 AM, V5 (Daughter/POA of									
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED						
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	. •											
	R1) said, "The first time [V3] refused to feed the medications to my mom (June 16, 2023), my											
		said [V3] won't give me my ne staff know she needs her										
		and put in pudding and fed										
		itis in her hands and a										
		nd. This nurse (V3) refused										
		eft the medication sitting										
		and told me about it. I										
		V3] and [V3] said she would										
	not feed the medication to my mom. The second											
		nd told me my mom refused										
		n. It really was a matter of										
		o take it yourself, you are										
	capable, and my mom being unable to feed											
	herself. I said to the nurse, come on, can you											
	please just give the medication to her, and she											
	responded, "I won't do it." [R1] did the best she			88								
	could, and she had to	have an aide help her, but										
	she could not do it ur	nassisted. After the first		rv.								
	incident on June 16,	I spoke to [V8] (ADON) and										
		o [V3], and the situation was										
		med the facility would not										
		mom again. That did not										
		ot a second phone call on			1							
	June 17. I had assur		-									
		esidents, and theoretically										
	1	vith my mother again, but that										
		be able to do that to other										
		very upset because she did			***							
		every other staff member has ner the crushed medications,										
		· · · · · · · · · · · · · · · · · · ·										
		She was very anxious. This										
10	place is her whole world. It just upset her. When she becomes anxious, then her hands get shaky,											
		e, and harder for her when it										
		self, and her blood pressure										
		ause that has always been										
		ssful situations. She said										
	she felt powerless, a											

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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 COMPLETED IDENTIFICATION NUMBER: A. BUILDING ___ C B. WNG IL6014518 07/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 720 RAYMOND DRIVE **MEADOWBROOK MANOR - NAPERVILLE** NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY S9999 S9999 Continued From page 7 powerless, and unless I am standing there, I cannot help her. This really created a lot of anxiety for my mom. Then she couldn't sleep because she was so upset. I am not aware there was a third instance on June 24, 2023." On June 29, 2023 at 11:30 AM, V8 (ADON) said the first time V3 (LPN) refused to feed medication to R1 was on June 16, 2023. On the second occasion, (V10) (LPN) separated R1 and V3 and spoke to V3 off the unit and said residents should not be spoken to the way she heard V3 speak to R1. V8 continued to say she was contacted by V5 (Daughter/POA of R1) regarding the issue with V3 refusing to feed medications to R1. V8 said. "[V3] was refusing to place the medications in [R1's] mouth because she said [R1] could do it herself." The facility's policy entitled Administering Oral Medications, revised October 2010, shows: " 12. Place medications on the bedside table or tray. 15. Offer water to assist the resident in swallowing medications. 16. Allow the resident to swallow oral tablets or capsules at his or her comfortable pace. 20. Remain with the resident until all medications have been taken." (B)

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