

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145874 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/07/2024 |
| NAME OF PROVIDER OR SUPPLIER Meadowbrook Manor - Naperville | | STREET ADDRESS, CITY, STATE, ZIP CODE 720 Raymond Drive Naperville, IL 60563 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|--|--|
| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15845</p> <p>Based on interview and record review, the facility staff (V3, Registered Nurse) and (V16, CNA/Certified Nursing Assistant) failed to report an allegation of mistreatment and or potential sexual abuse to the administrator.</p> <p>This applies to one of nine residents (R1) reviewed for abuse in the sample of 12.</p> <p>The findings include:</p> <p>The EMR (Electronic Medical Record) showed that R1, an [AGE] year-old female, was admitted to the facility on [DATE]. R1's diagnoses included osteomyelitis of vertebra, lumbar region, spinal stenosis, COPD (chronic obstructive pulmonary disease), polyneuropathy, ASHD (atherosclerotic heart disease), depression, history of UTI (urinary tract infection), history of malignant neoplasm of uterus, and contact dermatitis.</p> <p>The MDS (Minimum Data Set) assessment dated [DATE] showed that R1 was cognitively intact with BIMS (Brief Interview Mental Status) score of 15/15. The MDS showed R1's functional status that she required moderate to extensive assistance with ADLs (Activities of Daily Living) and that R1 was always incontinence of bowel and bladder function.</p> <p>On 4/2/2024 at 10:20 A.M., R1 was observed lying in her bed. R1 was alert, coherent, and oriented. R1 stated that she reported to a nurse and Nurse Aide that another aide was rough when providing care.</p> <p>V3 (Nurse) responded during interview of April 2, 2024, that on 3/29/2024 around 10:30 A.M., when she was giving incontinence care, R1 had informed her that on 3/28/2024, V4 (Certified Nurse Aide) was rough during the incontinence care. According to V3, R1 claimed that V4 had inserted her finger into her vagina, and it hurt. V3 also stated that she did not report this allegation to the facility administrator.</p> <p>The progress notes dated 3/29/2024 at 10:49 A.M. showed that V3 had documented a CNA from yesterday (3/28/2024) wiped her so hard that she's unable to urinate today.</p> <p>(continued on next page)</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145874 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/07/2024 |
| NAME OF PROVIDER OR SUPPLIER Meadowbrook Manor - Naperville | | STREET ADDRESS, CITY, STATE, ZIP CODE 720 Raymond Drive Naperville, IL 60563 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 4/3/2024 at 10:15 A.M. V16 (CNA) said that sometime around the morning of 4/1/2024, she had provided incontinence care to R1. During the care, R1 mentioned to her be gentle because the other day (V4) was very rough with me when she was cleaning me down there and it had hurt my vagina. V16 said she did not report to anyone including V1 regarding R1's allegation of mistreatment by V4.</p> <p>Review of the facility's undated abuse policy showed V. Internal Reporting and Identification of allegations: Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment . that they observed, hear, about or suspect to the administrator immediately or to an immediate supervisor who must then immediately report it to the administrator.</p> | | |