

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 01/15/2026
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to perform laboratory testing for residents with new respiratory illness symptoms. The facility also failed to follow their water management plan. This applies to all 212 residents residing in the facility. The finding include: The facility's Long-term Care Facility Application for Medicare and Medicaid dated [DATE], showed the facility census of 212 residents. 1. On [DATE], at 11:28 AM, R164 and R209 were residing in a room together. The sign outside of R164 and R209's room showed contact and droplet isolation. The signs did not show an N95 mask was required to enter the room. The EMR (Electronic Medical Record) showed R164 was admitted to the facility on [DATE], with multiple diagnoses including hypertensive heart disease, epilepsy, nasal congestion, and cough. A progress note dated [DATE], at 1:01 AM by V17 (Nurse) showed Resident coughing, complained of sore throat and has raspy voice. Residents remain on [oseltamivir], Nurse Practitioner updated Daughter/POA (Power of Attorney) updated. As of [DATE], at 4:00 PM the facility did not have documentation to show a rapid COVID-19 test, COVID-19 PCR (Polymerase Chain Reaction) test, or a respiratory quad panel was performed. 2. The EMR showed R209 was admitted to the facility on [DATE], with multiple diagnoses including chronic respiratory failure, Alzheimer's disease, dementia unspecified severity. A progress noted dated [DATE], at 10:41 AM by V18 (LPN/Licensed Practical Nurse) showed Resident was noted with respiratory symptoms. Nurse practitioner notified and advised resident to have stat CBC (Complete Blood Count) with Differential/CMP (Comprehensive Metabolic Panel) and chest x-ray. Orders carried out. Family here at facility and notified of symptoms. As of [DATE], at 4:00 PM the facility did not have documentation to show a rapid COVID-19 test, COVID-19 PCR (Polymerase Chain Reaction) test, or a respiratory quad panel was performed. 3. The EMR showed R142 was admitted to the facility on [DATE], with multiple diagnoses including chronic obstructive pulmonary disease with acute exacerbation, asthma, congestive heart failure, dependence of supplemental oxygen. On [DATE], at 10:09 AM ,the sign outside of R142's room showed contact and droplet isolation. The signs did not show an N95 mask was required to enter the room. (continued on next page)		

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
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE], at 12:28 PM a facility staff member entered R142's room wearing a surgical mask. V12's (Infectious Disease Nurse Practitioner) progress dated [DATE], at 3:45 PM showed R142 had a possible upper respiratory infection with the occasional cough. As of [DATE], at 4:00 PM, the facility did not have documentation to show R142 had a rapid COVID-19 test, COVID-19 PCR test, or a RSV (Respiratory Syncytial virus) test. 4. The EMR showed R85 was admitted to the facility on [DATE], with multiple diagnoses chronic congestive heart failure, Alzheimer's disease, dementia, personal history or COVID-19. V19's (LPN/Licensed Practical Nurse) progress dated [DATE], at 2:44 PM, showed Resident noted coughing. she is place on isolation for coughing. POA notified. will continue to monitor. As of [DATE], at 4:00 PM, the facility did not have documentation to show R85 had a rapid COVID-19 test, COVID-19 PCR (Polymerase Chain Reaction) test, or a respiratory quad panel test. 5. The EMR showed R188 was admitted to the facility on [DATE], with multiple diagnoses including Alzheimer's disease, dementia, chronic obstructive pulmonary disease. A progress note dated [DATE], by V12 (Infectious Disease Nurse Practitioner) showed R188 had a cough and was tested for flu, RSV and a rapid covid test on [DATE]. As of [DATE], at 4:00 PM, the facility did not have documentation to show R188 had a rapid a COVID-19 PCR test. On [DATE]:33 PM, V5 (IP/Infection Preventionist) said the facility was in a influenza A and RSV outbreak so residents with respiratory illness symptoms were no longer being tested for acute respiratory illness. On [DATE], at 1:58 PM, V2 (Director of Nursing) said residents who test positive for COVID-19 are on a different isolation than residents with influenza or RSV. V2 said there is different antiviral treatment for residents who test positive for COVID-19. On [DATE], at 2:50 PM, V12 said residents with respiratory symptoms should have a respiratory quad panel conducted to test for influenza, RSV and COVID-19. On [DATE], at 4:09 PM, V2 (Director of Nursing) said if a resident has respiratory symptoms, and the COVID-19 rapid test was negative then a COVID-19 PCR test should have been done. V2 said the facility should be following CDC guidelines in regard to testing for respiratory illnesses. The CDC's (Centers for Disease Control and Prevention) Viral Respiratory Pathogens Toolkit for Nursing Homes dated [DATE], showed .Test colon test residents and healthcare providers with new respiratory illness signs or symptoms. Selection of diagnostic test will depend on the suspected cause of the infection and if the results will inform clinical management. At a minimum, testing should include SARS-Cov2 and influenza virus with consideration for other causes (e.g. RSV) . 5. The facility's Water Management Plan dated [DATE], showed .2.1 Scope: the water management plan outlines procedures for minimizing the risk of Legionnaires' disease for persons at [the facility]. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The water systems are described in tables and flow diagrams; the systems requiring control measures are noted in the Hazard Analysis. Although Legionella is not the only organism that can cause disease in a building environment, or the only pathogen associated with building water systems, it is the best pathogen on which to base water management procedures and to validate a water management program because it is the only one that meets the following criteria: causes numerous cases of severe illness; entirely environmental; almost entirely airborne; primarily building water related; detectable in water via reliable methods; extensively studied in both laboratory and field settings. The defined scope of the WMP (Water Management Plan) is limited to Legionella even though some control measures included may protect against other pathogens as well as chemical hazards. Many control measures that are effective in minimizing Legionella bacteria may be effective for other [NAME] of waterborne bacteria (e.g. mycobacteria avium; pseudomonas aeruginosa) that multiply in biofilms within a proximal temperature range. There are exceptions, however, so one cannot assume that Legionella control measures will be thoroughly effective against other waterborne pathogens. Control Measures; the facility shall manage the water system to maintain operation within these limits. If a limit is exceeded a corrective action show be implemented to control the growth or spread of Legionella in the water system. Control Measure: Hot water generation and storage temperature, Control Limit: greater than 140 degrees Fahrenheit, Monitoring Method: Record the temperature at each hot water tank after a 60 second flush, Frequency: Weekly; Control Measure: Distal site temperature, Control Limit: Hot: greater than 105 degrees Fahrenheit, Cold: less than 77 degrees Fahrenheit, Monitoring Method: Flush outlet for 60 seconds. Record the temperature. Take temperature from a minimum of 10 outlets representative of each hot water system. Frequency: Quarterly. Control Measure: Thermostatic mixing valve temperature, Control Limit: greater than 110 degrees Fahrenheit, Monitoring Method: Record the temperature from the mixing valve prior to supply into building. Document temperature from gauge. Frequency: Quarterly. Preventative Maintenance and Operation Procedures: Potable Water Equipment Preventative Maintenance. Frequency: Daily, Task: Pump Operation, Procedure: Perform a visual check of all components to ensure pumps are operating correctly. Perform maintenance on the pumps according to the manufacturer's recommended frequency and guidelines. Maintain documentation. Frequency: Weekly, Task: Emergency Eyewash and showers flushing, Procedure: In accordance with ANSI (American National Standards Institute) Z358.1-2009 Standard, flush the stations for one to three minutes to verify operation and ensure that flushing fluid is available. Maintain documentation. 7. Documentation: A written record to document monitoring, compliance with control limits, performance of corrective actions, and WMP validation. Maintain water testing documentation to be retrievable for at least three years. A master document providing the location of all program documents shall be maintained. Maintain the following minimum documentation for this WMP. Logs required for normal operation and system maintenance shall continue to be maintained: Temperature (heaters, return, distal outlets, mixing valve logs), Maintenance and Operation Procedures, Flushing Logs, System service/modification records, Bacteriological analysis records, Episodic water event and action logs, Corrective action records. On [DATE], at 1:33 PM, V16 (Maintenance Director) said for the facility's water management plan V16 documents his monitoring of the water management plan in a computerized building management platform. V16 said he does not do anything with the hot water return pumps. V16 said he was unsure what the plan meant when it referred to a pump. V16 said he thinks a company comes out annually to inspect a pump. V16 said he documents inspection of the eyewash stations weekly and checks random water temperatures throughout the facility daily. On [DATE], at 10:26 AM, V1 (Administrator) provided handwritten documentation from V16 regarding water management plan documentation. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE], at 11:40 AM, V1 said the provided documentation from V16 was re-created documentation from V16's memory, including the water temperature results. V1 said his expectation is V16 documents monitoring of the facility's water systems in real time. The facility does not have documentation to show real time monitoring of quarterly distal site temperatures were obtained, weekly hot water generation and storage temperatures were obtained, daily inspection of the pump operation, hot water return temperature was obtained, and quarterly thermostatic mixing valve temperatures were obtained. On [DATE], at 2:41 PM, V1 said V16 should be following the water management plan for Legionella.		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview, and record review, the facility failed to provide a dining experience in a manner that would promote dignity. This applies to 6 of 16 residents (R12, R42, R80, R138, R191, R199) reviewed for dining experience in the sample of 35. The findings include: On January 12, 2026, at 12:23 PM, during lunch time in the 3rd floor dining room there were several dining tables with group of residents sitting each table. Some of the residents were eating, and some were waiting for their trays to be served to them. 1. A table by the TV area had a group of 5 residents sitting around including R42 and R191. R42 and R191 were waiting for their trays to be served and watching the other 3 residents who were already eating. At 12:41 PM, R42 and R191 received their trays while the other 3 residents were halfway through their meals. Though R42 and R191 received their lunch tray only R42 started eating because R191 needed assistance to eat. At 12:45 PM, a staff sat down by R191 and started setting up her tray to feed her, and as soon as R191 saw it, R191 tried to grab the food in front of her as if she was very hungry and has been waiting to eat. 2. In a corner of the dining room near the exit door, R80 was sitting in her wheelchair alone. R80 was about 4 feet away from a table with a group of residents who were all eating. R80 was on and off watching people around her eating. At 12:43 PM, R80 was served lunch and fed by V14 (Certified Nursing Assistant/CNA) who stated that R80 has good appetite. 3. At the same time (12:23 PM) at another table there were 6 residents sitting around including R138. Four of the residents were served their food and were eating while R138 was waiting for the food. At 12:34 PM, two of the residents at this table finished eating, while R138 was still waiting for her tray. At 12:52 PM, R138 finally received her tray and was fed by V15 (CNA), while the rest of the other residents at her table were almost done eating. 4. On January 12, 2026, at 12:38 PM, at another table by the window, there were 4 residents seated including R12. Three of these residents were all eating while R12 was waiting for her meal and watching them eat. R12 suddenly grabbed one of her table mate's tray to get the food, a staff intervene to prevent it. At 12:43 PM, R12 was served her food tray, however, she had to wait until 12:45 PM for staff to come and feed her. Throughout this meal, it was observed that there were tables with residents who can feed themselves seated together with residents who require feeding assistance. The staff were noted serving lunch tray first to those who can feed themselves and not ensuring that residents who sits at the same table were served at the same time so they could eat together. 5. On January 14, 2026, at 11:40 AM, R199 was in the dining room waiting for lunch to be served. V11 (Clinical Manager) approached R199 to put a clothing protector on R199. R199 protested and told V11 not to put it on him because he is 88 years-old and it makes him feel like a baby. V11 kept insisting that R199 needed it to keep his clothes clean, then she proceeded to put it on R199. While doing so, R199 continued to protest and raised his hands and wrists to block the clothing protector from being fastened around his neck, when V11 continued to fasten the clothing protector, R199 attempted to pull it off to no avail. Despite the protest, V11 fastened the clothing protector around R199's neck and walked away. Facility's policy and procedure for Assistance with Meals dated April 2025 shows: Avoiding the use of bibs or clothing protectors instead of napkins, unless requested by the resident. On January 14, 2026, at 2:02 PM, V2 (Director of Nursing) stated that during mealtime the staff must serve table by table to ensure that everyone at each table is served and have a meal at the same time to ensure resident's dignity. V2 also stated, resident may use clothing protector as requested by resident and/or family to keep clothes from becoming soiled or stained. If a resident refuses to wear a clothing protector, the staff must respect resident's request.		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to document the narcotic medication that were removed from its container for resident administration to ensure accurate count of the controlled medication. This applies to 10 of 10 residents (R2, R18, R34, R55, R58, R109, R126, R141, R145, R74) reviewed for controlled medication count in the sample of 35. The finding include: On January 14, 2026, at 10:00 AM, narcotic count was conducted with V7 (Nurse) in the facility's memory care unit. 1. R55's Lorazepam 0.5 milligram (mg) tablet's log sheet showed 3 remaining tablets, however the actual count showed 2 tablets remaining. 2. R126's Alprazolam 0.5 mg tablet's log sheet showed 29 tablets, but the actual count showed 27 tablets remaining. 3. R145's Lorazepam 0.5 mg tablet's log sheet showed 9 remaining tablets, but the actual count showed 8 tablets remaining. 4. R74's Lorazepam 1 mg tablet log sheet showed 48 remaining tablets, however, actual count showed 47 tablets remaining. On January 14, 2026, at 10:16 AM, the narcotic count for 2B medication cart was conducted with V8 (Nurse) and the following were observed: 5. R18's Hydrocodone-Acetaminophen 10-325 mg tablet's log sheet shows 61 remaining, but the actual count showed 60 tablets were remaining. R18's Pregabalin 100 mg capsule's log sheet showed 35 capsules remaining, but the actual count showed 34 capsules were remaining. 6. R34's Hydrocodone-Acetaminophen 5-325 mg tablet's log sheet shows 2 tablets remaining, but actual count showed 1 tablet was remaining. 7. R141's Hydrocodone-Acetaminophen 5-325 mg tablet's log sheet showed 23 tablets remaining, but the actual count showed 22 tablets were remaining. On January 14, 2026, at 10:37 AM, narcotic count was conducted for the 2A medication cart with V9 (Nurse). 8. R109's Lorazepam 0.5 mg tablet's log sheet shows 21 remaining, but the actual count showed 20 tablets were remaining. 9. R58's Oxycodone-Acetaminophen 5-325 mg tablet's log sheet shows 27 remaining tablets; however, the actual count shows 26 tablets were remaining. 10. R2's Alprazolam 0.25 mg tablet's log sheet shows 6 tablets remaining, but the actual count shows 5 tablets were remaining. On January 14, 2026, at 12:10 PM, V2 (Director of Nursing/DON) stated the nurses are supposed to count the narcotics during shift change and they are to document/sign the narcotic sheet every time they pull out a narcotic medication to ensure accuracy of and accountability for the narcotic count. Facility's Policy and Procedure for Controlled Medications dated April 2025, shows controlled substances are reconciled upon receipt, administration, disposition, and at the end of the shift. This same policy shows that upon administration the nurse administering the medication is responsible for recording the resident receiving the medication, quantity of the medication remaining, and signature of the nurse administering the medication.		

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed offer the 2025-2026 Covid-19 vaccination to residents. This applies to 5 of 5 residents (R48, R71, R142, R162, and R164) reviewed for immunizations in the sample of 35. The findings include: 1. The EMR (Electronic Medical Record) showed R48 was an [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses including sleep apnea, hypertensive heart disease. R48's Immunization Report dated January 14, 2026, did not show R48 had received or offered the updated 2025-2026 COVID-19 vaccine. The facility did not have documentation to show R48 was offered the updated 2025-2026 COVID-19 vaccine. 2. The EMR showed R71 was a [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses including transient ischemic attack, stroke and epilepsy. R71's Immunizations Report dated January 14, 2026, did not show R71 had received or offered the updated 2025-2026 COVID-19 vaccine. The facility did not have documentation to show R71 was offered the updated 2025-2026 COVID-19 vaccine. 3. The EMR showed R142 was a [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses chronic obstructive pulmonary disease with acute exacerbation, asthma, congestive heart failure, dependence of supplemental oxygen. R142 Immunizations Report dated January 14, 2026, did not show R142 had received or offered the updated 2025-2026 COVID-19 vaccine. The facility did not have the documentation to show R142 was offered the updated 2025-2026 COVID-19 vaccine. 4. The EMR showed R162 was a [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses essential hypertension, venous insufficiency, personal history of COVID-19. R162 Immunizations Report dated January 14, 2026, did not show R162 had received or offered the updated 2025-2026 COVID-19 vaccine. The facility did not have the documentation to show R162 was offered the updated 2025-2026 COVID-19 vaccine. 5. The EMR showed R164 was a [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses including hypertensive heart disease, epilepsy. R164 Immunizations Report dated January 14, 2026, did not show R164 had received or offered the updated 2025-2026 COVID-19 vaccine. The facility did not have the documentation to show R164 was offered the updated 2025-2026 COVID-19 vaccine. On January 13, 2026, at 2:33 PM, V5 (Assisted Director of Nursing/Infection Prevention Nurse, ADON/IP) said he follows the CDC guidelines for COVID-19 vaccinations. On January 14, 2026, at 12:07 PM, V5 said R48, R71, R142, R162 and R164 were not offered the 2025-2026 COVID-19 vaccine. V5 said for residents to be up to date on the COVID-19 vaccine they should receive the 2025-2026 COVID-19 vaccine. On January 15, 2026, at 1:16 PM, V2 (DON/Director of Nursing) said the expectation is for V5 to follow the facility policy for COVID-19 immunizations. V2 said residents are up to date on their COVID-19 immunizations when they receive the 2025-2026 COVID-19 Immunization. V2 said R48, R71, R142, R162 and R164 should have been offered the vaccine already. The facility's policy titled COVID Vaccination dated November 27, 2025 showed General: To ensure the health and safety of all residents, staff and visitors, the facility shall implement and maintain a COVID-19 vaccination policy in alignment with the latest guidance from the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization practices (ACIP), and applicable state and local health authorities. Policy: All eligible individuals, including residents and staff, are encouraged to receive the most recent seasonally updated COVID-19 vaccine, as appropriate based on age, prior vaccination history and immunocompromised status. Facility leadership is responsible for: ensuring timely access to COVID-19 vaccinations. Guidance: 3. COVID-19 vaccination is recommended for the prevention of COVID-19 disease and its complications as follows. a. Adult ages 65 years and older: Vaccination based on individual-based decision making (also known as shared clinical decision making). The CDC's Recommended Adult Immunization Schedule for Ages 19 Years or Older dated (continued on next page)		

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	October 7, 2025, showed adults 65 years or older are recommended to receive two or more doses of 2025-2026 COVID-19 vaccine		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to keep a resident free from chemical restraint. This applies to 1 of 5 residents (R11) reviewed for unnecessary medications in the sample of 35. The findings include: R11's EMR (Electronic Medical Record) showed R11 was admitted to the facility on [DATE], with diagnoses that included dementia in other diseases classified elsewhere, unspecified severity, with psychotic disturbances, major depressive disorder, and adjustment disorder with anxiety. R11's MDS (Minimum Data Set) dated November 26, 2025, showed R11 had moderately impaired cognition. R11's MDS showed R11 takes and antipsychotic and antidepressant. R11's care plan showed R11 uses psychotropic medications (See MAR, Medication Administration Record) related to MDD (Major Depressive Disorder) and adjustment disorder with anxiety. The intervention included consult with pharmacy, MD (Medical Doctor) to consider dosage reduction when clinically appropriate at least quarterly. R11's January MAR showed Aripiprazole (antipsychotic medication) oral tablet 2 mg. Give 0.5 tablet by mouth one time a day at 5:00 PM for MDD. Mirtazapine (antidepressant) oral tablet 7.5 mg. Give one tablet by mouth at bedtime related to major depressive disorder, recurrent, mild. On January 13, 2026, at the end of the day, V2 (DON/Director of Nursing) was asked to show evidence that a GDR (Gradual Dose Reduction) was completed or attempted for R11. On January 14, 2026, at 12:37 PM, V2 provided a pharmacy Consultation Report dated May 1, 2025, to May 31, 2025. The Consultation Report showed, [R11] has received an antipsychotic, Aripiprazole 1 mg, every night for MDD since April 2024, in addition to Mirtazapine 7.5 mg, every bedtime. Please attempt a gradual dose reduction of the aforementioned V2 said she was able to get the Consultation Report for the GDR by calling pharmacy but unfortunately it was not addressed by psychiatrist. The facility provided their policy titled, Gradual Dose Reduction of Psychotropic Drugs. The policy was last reviewed in April 2025. The policy showed, Definitions: 'Gradual Dose Reduction (GDR) refers to the stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued. 'Psychotropic drug' or 'psychotropic medication' is defined as any drug that affects brain activities associate with mental processes and behavior. Psychotropic drugs include but are not limited to the following categories: antipsychotics, antidepressants, antianxiety, and hypnotics. Compliance Guidelines: .3. The timeframes and duration of attempts to taper any medication shall depend on factors including the coexisting medication regimen, the underlying causes of symptoms, individual risk factors, and pharmacologic characteristics of the medications .c. Opportunities during the care process to consider whether the medications should be continued, reduced, discontinued, or otherwise modified include: During the monthly medication regimen review by the pharmacist .		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide assistance in cleaning and trimming nails to residents that needed extensive assistance for personal hygiene. The applies to 3 of 5 (R1, R97, R108) residents, reviewed for ADL (Activities of Daily Living) in the sample of 35. The findings include: 1. R1's face sheet showed multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, vascular dementia, moderate, with other behavioral disturbance, aphasia following cerebral infarction, unsteadiness on feet, cognitive communication deficit, personal history of other diseases of the musculoskeletal system and connective tissue. R1's quarterly MDS (minimum data set) dated January 1, 2026, showed that R1 was cognitively intact and required substantial maximal assistance (helper does more than half the effort, Helper lifts or holds trunk or limbs and provides more than half the effort) in personal hygiene. On January 12, 2026, at 11:58 AM, R1 was seated in a wheelchair and noted to have most nails on left hand with blackish substance underneath the nails, some of them that were long (about half centimeter beyond fingertips). R1's right hand was in a splint, and nails were not visible. R1 spoke haltingly and stated that he feeds self with left hand. On January 13, 2026, at 12:36 PM, R1 was eating in dining room and feeding self with left hand. R1's nails on left hand remain long with blackish substance underneath the nails. R1 right hand was without a splint and noted to have long nails that were digging into his palm with blackish substance underneath some of the nails. R1 stated that he would like to have his nails cut and cleaned. On January 13, 2026, at 12:42 PM, V4 (Restorative Aide) stated that the restorative aides put the splint on daily after providing PROM (passive range of motion) exercises. V4 was notified that R1 would like to have his nails cut and cleaned. R1's care plan revised July 31, 2024, showed that R1 has an ADL Self Care Performance Deficit and requires substantial to dependent assistance for mobility. Interventions in R1's care plan showed that R1 requires substantial assistance of one staff participation with personal hygiene. 2. R97's face sheet included multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, unspecified dementia, unspecified severity, with other behavioral disturbance, Alzheimer's disease, cognitive communication deficit, unsteadiness on feet, other lack of coordination. R97's admission MDS dated [DATE], showed that R97 had severely impaired in cognition and was dependent ((Helper does all of the effort. Resident does none of the effort to complete the activity or, the assistance of 2 or more helpers is required for the resident to complete the activity) on staff for personal hygiene. On January 12, 2026, at 10:15 AM, R97 's nails were very long (about one centimeter beyond fingertip) with many jagged and broken with some having blackish substance underneath. R97 stated that he would like to have them clipped. On January 12, 2026, at 10:19 AM, V3 (Registered Nurse) was notified of R97's request. On January 12, 2026, at 2:35 PM, R97 was with V10 (R97's family member) in the dining room and his nails remained long with many of them jagged and broken with blackish substance underneath most nailbeds. R97 stated that the staff haven't gotten to his nails yet. Restorative care plan-initiated January 6, 2026, showed that R97 has an ADL Self Care Performance Deficit including limited mobility. Interventions showed that R97 requires substantial staff participation with personal hygiene. 3. R108's face sheet included multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, cerebral infarction, contracture, left hand, Parkinson's disease without dyskinesia, without mention of fluctuations R108's quarterly MDS dated [DATE], showed that she was cognitively intact and required substantial maximal assistance in personal hygiene. On January 12, 2026, at 10:51 AM, R108 was lying in bed and although her nails were short, they had extensive blackish substance underneath the nails. R108 remarked They are filthy. I keep asking them to clean it. The last time I told them was when I was going out with my son on December 29th, 2025, for my birthday. I was so embarrassed to have them that dirty. After that they haven't cleaned it. They are so (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 01/15/2026
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	busy. On January 12, 2026, at 10:56 AM R108's request was related to V3 (Registered Nurse).R108's restorative care plan revised October 5, 2024, showed that R108 has an ADL Self Care Performance Deficit including limited mobility. Interventions showed that R108 requires substantial of one staff participation with personal hygiene. On January 13, 2026, at 3:32 PM, V2 (Director of Nursing) stated that the CNA's are responsible for cutting and cleaning the nails mostly on shower days and as needed. Facility policy for Activities of Daily Living (revised July 2025) included: Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:1.Hygiene (bathing, dressing, grooming, oral care and nail care).A resident's ability to perform ADLs will be measured using clinical tools, including the MDS. Functional decline or improvement will be evaluated in reference to the Assessment Reference Date (ARD) the following MDS definitions:Extensive Assistance-While resident performed part of activity over the last 7 days, staff providing weight bearing support.Total Dependence- Full staff performance of an activity with no participation by resident for any aspect of the ADL activity. Resident was unwilling or unable to perform any part of the activity over entire 7-day look-back period.		