

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2025
NAME OF PROVIDER OR SUPPLIER The Haven of Meadowbrook		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Curt Drive, Suite B Champaign, IL 61821	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>**NOTE- TERMS IN BRACKETES HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure Registered Nurse coverage for at least eight consecutive hours a day, seven days a week. This failure has the potential to affect all 50 residents residing in the facility. Findings include: The Facility assessment dated [DATE] with a review date of 10/9/2025 documents the following: Staffing: The facility will be staffed according to resident needs and required staffing guidelines and considerations of continuity of care. The facility's Daily Assignment Sheets dated December 16, 2025 through December 31, 2025 documents no Registered Nurse coverage on 12/25/25. On 12/31/25 at 10:24am, V2 (Director of Nursing) confirmed the facility did not have Registered Nurse coverage for 8 consecutive hours on 12/25/25. V2 stated the registered nurse who was scheduled had called off and V2 did not come in that day to cover the shift. The facility Room Roster dated 12/30/25 documents 50 residents reside in the facility.</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
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