

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146093	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2026
NAME OF PROVIDER OR SUPPLIER Meadowbrook Manor - Lagrange		STREET ADDRESS, CITY, STATE, ZIP CODE 339 9th Avenue LA Grange, IL 60525	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review, the facility failed to administer medications. This applies to 1 of 3 residents (R1) reviewed for medication administration in a sample of 6. The findings include: R1's face sheet showed she was admitted to the facility with diagnoses including malignant neoplasm of unspecified part of bronchus or lung, tachycardia, congestive heart failure, COPD (Chronic Obstructive Pulmonary Disease), chronic respiratory failure, pulmonary embolism without acute cor pulmonale, and asthma. R1's EMR (Electronic Medical Record) showed an order for Prednisone 30 MG (Milligrams) once daily for three days starting on 1/18/2026 due to be given at 5 PM through 1/20/2026. R1's EMR showed the next order for Prednisone 40 MG once daily was ordered on 1/20/2026 starting on 1/21/2026 for seven days. R1's MAR (Medication Administration Record) showed R1 received the Prednisone 30 MG on 1/18/2026 and 1/19/2026, but the dose was not given on 1/20/2026. On 1/27/2026 at 3:25 PM, V2 (DON/Director of Nursing) said V8 (Pulmonary NP/Nurse Practitioner) ordered a new dose of Prednisone 40 MG to be started on 1/21/2026 at 9 AM, which accidentally cancelled the Prednisone 30 MG dose due at 5 PM on 1/20/2026. V2 said R1 should have received the Prednisone 30 MG dose due on 1/20/2026 at 5 PM. On 1/28/2026 at 9:46 AM, V8 said R1 should have gotten the Prednisone 30 MG dose due on 1/20/2026 at 5 PM. The facility's Medication Administration policy reviewed 4/2025 showed Facility will ensure that medications are administered in a safe and timely manner, and as prescribed.</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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