

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  03/03/2026
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 observation, interview, and record review, the facility failed to ensure progress notes and orders from a Dermatologist were obtained and carried out in a timely manner for a resident with basal cell carcinoma. This applies to 1 resident (R2) reviewed for non-pressure wounds. Findings include: On 2/20/2026 at 10:40 AM, R2 was in the activity room with other residents. R2's left cheek had a wound on it that was open to air. R2's fingernails were long and were stained with a dried red substance. At 11:45 AM, V3 LPN/WCD (Licensed Practical Nurse/Wound Care Director) stated R2 has a state guardian and the Wound Care Nurse Practitioner sees R2 weekly. V3 stated staff try to put a wound dressing on R2's face to cover the lesion but he removes it, and he likes to pick at the area. R2's faxed Dermatologist notes from his 2/4/2026 appointment showed a 2/9/2026 post-biopsy addendum identifying his lesion as basal cell carcinoma (BCC). The Assessment and Plan section of R2's 2/4/2026 notes showed his lesion was exacerbated from scratching and R2 had bloody residue under his left fingernails. The Plan showed instructed to cut and file nails short to prevent scratching. use occlusive dressing to prevent scratching if possible. alternatively mittens could be used at night to prevent manipulation. keep ulcer clean, as it currently is, topicals that may be helpful are Silvadene applications. The faxed notes showed they were last updated on 2/9/2026 and faxed to the facility on 2/23/2026 (during the survey), over two weeks after the appointment. After the fax cover page, a letter was included from the Dermatologist (also dated 2/23/2026) that was sent to the attention of V7 (Medical Records). The letter showed Please note the assessment and plan including recommendations for follow-up. R2's EMR (electronic medical record) showed the notes were uploaded on 2/24/2026, 20 day after the appointment. R2's facility wound progress noted from 1/13, 1/29, and 2/12/2026 (written by V5, Wound Nurse Practitioner [NP]) all showed Per staff, patient has a dermatology appointment in March 2026. V5's 2/12/2026 assessment notes for R2 showed his carcinoma lesion measured (in centimeters) 6 x 3.5 x 0.1, with 60% eschar and 40% devitalized tissue. On 2/26/2026 at 10:15 AM, V5 (Wound NP) stated a Dermatologist had seen R2 earlier in the month. V5 stated staff had told her R2's appointment was in March, and she just saw the Dermatologist recommendations today. V5 stated staff should have notified her, and she didn't have the chance to review the recommendations yet. R2's February 2026 Treatment Administration Record (TAR) showed an order from 9/13/2025 for his left cheek BCC to have betadine applied daily. The application was last signed off on 2/21/2026. R2's February 2026 Medication Administration Record (MAR) showed an order from 2/12/2026 to apply povidone-iodine daily to his BCC and it was signed off as administered last on 2/25/2026. Under General in the facility's Wound Prevention and Healing policy (reviewed April 2025), it showed To provide wound care treatments/services (using a multidisciplinary approach) based on evidence-based standards of care under the direction of a physician. The policy also showed 11. The Multidisciplinary Wound Care Team- 1. The Wound Care team is responsible for identifying problems, coordinating care, and promoting development of the team. 3. Wound care nurses provide case management.</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:  146093	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/03/2026
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on observation, interview, and record review, the facility failed to ensure there was sufficient unlicensed nursing staff to meet resident needs. This applies to 15 residents (R1, R4, R6, R8-R11, R14-R21) reviewed for daily staffing levels. The findings include: 1. R1's 12/22/2025 Minimum Data Set (MDS) showed she is cognitively intact. On 2/20/2026 at 10:41 AM, R1 stated her shower days are Mondays on day shift and Thursdays on evening shift. R1 stated she did not get her shower the evening before on 2/19. R1 stated staff did not get her up and staff had to supervise the residents in the TV room. R1 stated they never have enough help. last Sunday, they had no help. On 2/24/2026 at 2:41 PM, V6 CNA (Certified Nursing Assistant) stated she was assigned to R1 on 2/19/2026. V6 stated she gave R1 a bed bath and not a shower since there was too much to do. V6 stated she wiped [R1's] hot spots and gave a quick wash down instead. V6 stated it was too hard to get R1 up with the mechanical lift for a shower since CNAs have three showers to give when they work short, she did not complete any shower sheet documentation for R1. R1's 12/22/2025 MDS showed she was dependent on staff for chair/bed to chair transfers and toilet transfers (with dependent defined as helper does ALL of the effort. Resident does none of the effort to complete the activity). Or the assistance of two or more helpers is required to complete the activity). The same MDS showed she R1 is substantial/maximum assist for tub/shower transfers. 2. On 2/20/2026 at 12:52 PM, R6 stated she washes herself. R6 stated that one CNA has 15 residents to care for, adding it is ridiculous. R6 stated they don't have time to do their work so she tries not to bother them and will lay in bed. R6 stated that the day before, she turned on her call light at 9:40 AM and wanted to use a bedpan. R6 stated no one came and she soiled herself at 10:30 AM. R6 stated, it's not fair to the residents or the CNAs. R6 stated she was late to dialysis on 2/20/2026 since the night shift CNA had three other residents that needed attention, so the CNA was running behind. R6 stated she is to be at dialysis at 5:00 AM and she got there at 5:25 AM. The facility's Grievance Log showed on 2/16/26, R6 had also complained of call light response time. 3. R4's 6/6/2025 care plan showed he requires substantial staff assist with bathing, is cognitively impaired, and he is on a restorative program. On 2/24/2026 at 1:09 PM, V12 (CNA) stated she was not able to give R4 his scheduled shower, so she gave him a bed bath instead. V12 also stated she has five residents in her assignment that require feeding assistance and staff must spend 30 minutes sitting in the TV room to monitor residents. V12 stated if they are working short, they have to sit in there for more than an hour, adding we don't have enough time. V12 stated if you are working short, not everyone is going to get their scheduled showers. V12 stated it's impossible to take care of the residents the way they need to be taken care of. 4. On 2/26/26 at 1:11PM, R8 stated that staffing is terrible. R8 stated she needs a mechanical lift for transfers and said she didn't get a shower last Thursday. R8 stated she was so disappointed. this place was wonderful. R8 stated she is supposed to get Restorative Therapy two times a week and if R8 is lucky, she gets it once in a week. R8 also stated that on Valentines Day, she stayed in bed all day long. R8 stated then on that Sunday, they couldn't get her up for church on time. R8 stated they got her up at noon, and then she went back to bed at 3:00 PM. R8 stated Today they have 5 people working on the unit. First time in a long time. 5. On 2/26/26 at 1:20 PM, R11 stated that she needs a mechanical lift for transfers. R11 stated she gets showers on Mondays and Thursdays and will take a sponge bath on Mondays since she doesn't like to go to bed with wet hair. R11 stated she has not made any complaints about her shower, but she only gets Restorative Therapy once a week. R11 stated they bend her knees and stretch her arms, but the Restorative staff are being pulled to the unit. R11 stated they are short-staffed, and they don't have enough people. R11 stated they are late getting people up, too. 6. On 2/26/26 at 12:34 PM, R9 stated that she only gets restorative therapy once a week and the Restorative Aide wants her to do three days. R9 stated the Restorative Aide gets pulled to the unit and she doesn't see him because he is doing CNA work. 7. On 2/26/26 at 12:47 PM, R10 (continued on next page)</p>		

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  03/03/2026
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>stated that the facility is short-staffed, especially at night. R10 stated we have to go to bed at certain times, and they don't always assist R10 to the bathroom. R10 stated and they don't come and walk me; they only come once in a while. R10 added staff very seldom answer call lights on time, especially when residents are in the bathroom. On 2/24/26 at 12: 23 PM, V11 (Restorative Aid/CNA) stated that he is one of the Restorative Aids and he is working on the floor. V11 stated he has not done restorative work today (2/24/26) since he is working on the floor as a CNA. V11 stated with Restorative, he exercises and walks the residents so that they won't lose their mobility. V11 stated thirteen (R10, R14, R15, R16, R17, R18, R19, R20, R21) of his residents are supposed to do Range of Motion and nine residents (R10, R14-R21) need assistance with ambulation. V11 stated he was pulled to the floor today and it happens at least twice per week. On 2/20/26 at 2:40 PM, V16 (Scheduler) stated they have 8-hour shifts for the nurses and 7.5-hour shifts for the CNAs. V16 stated the whole building census was 151 residents. V16 stated during AM and PM shifts, first floor has 3 nurses and 4 CNAs, depending on the census; second floor has 3 nurses and 5 CNAs; and 3rd floor has 3 nurses and 5 CNAs. On 2/20/26 at 10:20 AM, V14 (LPN) stated third floor staffing is horrible. V14 stated sometimes there are four CNAs with 15 residents apiece, and sometimes there's just three CNAs. V14 stated for proper care of the residents, they have to pass trays and do the dining area, answer call lights, watch the residents in the TV room, and give showers. V14 stated when staff work short, they are not able to give showers or answer call lights timely. The third floor day shift shower schedule showed 11 showers are scheduled for the AM shift on Tuesdays, Wednesdays, and Saturdays; 12 showers are scheduled on AMs on Thursdays and Fridays, and 13 are scheduled for AM shift on Mondays. On 2/20/2026 at 9:59 AM, V17 (CNA) stated staffing was not good and staff had been working short for weeks. V17 stated they have been trying to do their best, but staff aren't giving showers because we're swamped. On 2/20/2026 at 9:55 AM, V13 LPN (Licensed Practical Nurse) stated the shift is always short and they have 3-4 CNAs, and we rarely have five. V13 stated giving the showers is difficult and the TV room is very difficult to monitor. On 2/20/26 at 1:09 PM, V15 (Restorative Aid) had been pulled to the second floor and was monitoring the residents in the TV room. On 2/26/26 at 12:10 PM, V18 (LPN/Restorative Nurse) stated that she started in January of this year and has a total of five Restorative Aids, with one Aid to help her specifically. V18 stated sometimes this Aide also gets pulled to the unit. V18 stated that when the Restorative Aids get pulled to work as CNAs, residents are not walking, and the Restorative charting is not getting done. On 2/26/26 at 10:59 AM V10 (Restorative Aid) stated that she works with the Restorative Nurse and Restorative Aids are pulled to the floor at least 2-3 days a week. V10 stated we are short on the floor with sometimes only three CNAs and it's hard. V10 stated on second and third floors, they have a lot of mechanical lift transfers and with short staff it is hard to give showers, and the care is not going to be good. V10 stated ideally it should be five CNAs, but they don't look at the care residents need. On 2/24/2026 at 11:00 AM, V2 (DON/Director of Nursing) stated it is always a two-person transfer when a mechanical lift is used. On 2/26/26, a list was provided that showed 75 residents required the use of a mechanical lift for transfers, and another list showed 70 residents were supposed to be on restorative programs. The Facility Assessment Tool (reviewed 6/24/2025) showed it is licensed for 197 residents with an average daily census of 140. Part 1.7 under Other, the Tool showed the facility takes sleeping preferences and bathing preferences into account when determining staffing and resource needs to assist the staff in tailoring each resident's care needs and preferences. Part 3.2 in the Staffing Plan section of the Tool where it should list the full-time equivalents of Licensed Nurses and Certified Nursing Assistants needed to staff the facility was left blank. Under individual staff assignment, the Tool showed individual staffing assignments are determined at the facility level and take into consideration the current support/care needs of the residents that include, but are not limited to, medical/physical conditions, acuity, therapeutic needs .</p>		