STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
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** 29562 Based on observation, interview, and record review, the facility failed to ensure that residents who requires assistance for activities of daily living (ADL) care were assisted for shaving and nail clipping. This applies to 2 of 3 residents (R84, R85) reviewed for ADL care in the sample of 31. The findings include: 1. According from face sheet, R85 is [AGE] years-old who has multiple medical diagnose which include dependence on hemodialysis. The Significant Change Minimum Data Set (MDS) dated [DATE], shows R85 is alert and oriented, and requires substantial to maximum assistance with hygiene and grooming. On June 4, 2024, at 1:54 PM, R85 was in bed resting. R85 displayed long dirty fingernails with black/brown substances underneath his fingernails. He had unkept, overgrown facial hair. R85 said that he would like his facial hair shaven, and his nails clipped, this would be more comfortable for him. On June 4, 2024, at 2:11 PM, V19 (Nurse) was prompted to assess R85's nails and said that she would clip it and clean it. On June 5, 2024, at 1:38 PM, V2 (Director of Nursing/DON) stated that staff should provide hygiene and grooming to residents which include shaving and nail clipping, during shower days and as needed to promote comfort, and good grooming. R85's active care plan shows that R85 has an ADL self-care performance deficit due to limited mobility. The same care plan shows R85 requires substantial assist of 1 staff participation with personal hygiene and oral care. 16746 2. R84 had multiple diagnoses including dementia without behavioral disturbance, based on the face sheet. R84's quarterly MDS (minimum data set) dated May 14, 2024 showed that the resident was severely impaired with cognition and required maximum assistance from the staff with regards to personal hygiene. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On June 3, 2024 at 12:13 PM, R84 was propelling her wheelchair along the hallway. R84 was alert and verbally responsive. R84 had accumulation of long and curling facial hair on her chin, above the lips and on the sides of her face. R84 stated that she needed the staff to shave her and requested to be shaven that day. V6 (LPN/Licensed Practical Nurse) was notified of R84's long and curling facial hair and the resident's request to be shaven that day. On June 4, 2024 at 10:49 AM, R84 was propelling her wheelchair along the hallway near the unit nursing station. R84 was alert and verbally responsive. R84 had accumulation of long and curling facial hair on her chin, above the lips and on the sides of her face. V5 (Registered Nurse/QA (Quality Assurance) Nurse) who was present, acknowledged that R84's facial hair were long and curling. According to V5, R84 needed the assistance of the staff to shave her facial hair. V5 was informed that V6 was informed on June 3, 2024 about R84's facial hair. V5 stated, shaving should have been done. R84's active care plan initiated on November 11, 2023 showed that the resident had an ADL (activities of daily living) self-care performance deficit. The same care plan showed multiple interventions including provision of substantial staff assistance with personal hygiene. On June 5, 2024 at 8:59 AM, V2 (Director of Nursing) stated that it is part of the nursing care and service to assist the resident with shaving/removing facial hair, especially with the female residents to ensure that the resident's personal hygiene and grooming are maintained. The facility's policy and procedure regarding activities of daily living support dated November 24, 2021 showed in-part, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 16746 Based on observation, interview and record review, the facility failed to ensure that a resident's medications were administered by the nurse and not left at the bedside for the resident to take on his own. This applies to 1 of 31 residents (R41) reviewed for medications at the bedside in the sample of 31. The findings include: R41 had multiple diagnoses including metabolic encephalopathy, altered mental status, alcohol dependence with alcohol-induced persisting dementia, cognitive communication deficit, bipolar disorder and hypocalcemia, based on the face sheet. R41's admission MDS (minimum data set) dated March 30, 2024 showed R41 was moderately impaired with cognition. The MDS showed R41 had functional limitation/impairment on both sides of his upper extremities. The same MDS showed R41 required maximum to total assistance from the staff with regards to most of his ADLs (activities of daily living). On June 3,2024 at 11:32 AM, R41 was in bed, alert and verbally responsive. R41 was observed attempting to take his medications from a medication cup and had spilled his pills on the bed. There was no nurse inside R41's room to monitor and ensure that the resident took his medications. V10 (Registered Nurse) was immediately called to R41's room. V10 stated that she had given the cup of medications that morning to R41 during the medication pass. V10 admitted that she left the cup of medications at the bedside for R41 to take. V10 with her gloved hands picked up the medications that were spilled on the bed. V10 retrieved between four to five unidentified pills, consisting of different colors and sizes, and placed the said medications back inside the medication cup. V10 then started administering the medications (same spilled medications) to R41. At 11:35 AM, V10 came out of R41's room with a two and a half pills remaining inside the medication cup. V10 claimed that out of the five medications, R41 took the one (1) tablet of Tramadol, one (1) tablet of Depakote and half (1/2) tablet of Potassium, and refused to take the one (1) tablet of Folic Acid and one (1) tablet of Vitamin D. V9 (Registered Nurse/unit manager) was notified about the medications being left at the beside by V10 and R41 being observed attempting to take his own medications without a nurse present. V9 stated that R41's medications should never be left at the bedside and that the nurse should make sure that the medications are taken by the resident to ensure that the resident receives all the ordered medications. Review of R41's active order summary report showed multiple orders including, Depakote delayed release 250 mg (milligram), 1 tablet by mouth two times a day; Folic acid 1 mg, 1 tablet by mouth one time a day; Calcium 600+D 600-20 mg-mcg (microgram), 1 tablet by mouth three times a day; Potassium sodium delayed release 10 meq (milliequivalent), 1 tablet by mouth one time a day with Potassium sodium extended release 20 meq, 1 tablet by mouth one time a day and Tramadol 50 mg, 1 tablet by mouth every 8 hours as needed for pain. The same active order summary report showed no order for R41 to self-administer his medications. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R41's medication administration audit report dated June 3, 2024 showed documentation by V10 that she administered the Calcium 600+D 600-20 mg-mcg to R41 at 8:05 AM, and the Depakote delayed release 250 mg, Folic acid 1 mg and the Potassium sodium delayed release 10 meq (milliequivalent) with Potassium sodium extended release 20 meq at 8:06 AM. Review of R41's controlled substance proof of use for Tramadol 50 mg, showed documentation by V10 that she removed one tablet of the said medication from the blister pack to administer to R41 on June 3, 2024 at 9:00 AM. On June 5, 2024 at 9:19 AM, V2 (Director of Nursing) stated that all nurses at the facility are expected to follow the professional standards of administering the residents medications as ordered by the physician, including making sure that all medications are taken by the resident in the presence of the nurse and that no medications are left at the bedside for the resident to take on their own without the supervision of the nurse. V2 further stated that making sure that the residents take their ordered medications from the nurse and not leaving the medications at the bedside is important to ensure that the ordered medications were administered as ordered by the physician and to ensure resident's safety. V2 added that R41 does not have an assessment and does not have an order to self-administer his medications. The facility's policy regarding medication administration dated April 2019 showed, Medications are administered in a safe and timely manner, and as prescribed. The same policy under interpretation and implementation showed in-part, 27. Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 29562 Based on observation, interview, and record review, the facility failed to follow physician's order and treatment plan for a resident who has pressure ulcers. This applies to 1 of 6 residents (R503) reviewed for pressure ulcers in the sample of 31. The findings include: On June 4, 2024, at 3:00 PM, R503 was sitting at the edge of the bed. R503 was alert but forgetful. When R503 was asked if received wound treatment that day, R503 replied that she could not remember if wound care was done. R503 laid down in bed and showed her wounds. R503 had pressure ulcers to her left and right inner buttocks which extends down to the gluteal folds and posterior left and right thighs. The wounds were uncovered. There was no trace of any ointment or cream to her wounds. The wound bed looks tender and raw. The spot at the edge of the bed where R503 was sitting was heavily saturated with urine which shows brown ring formation at the edges of the wetness on the fitted sheet. R503 was unable to recall of when she was last changed or cleaned for incontinence care. On June 4, 2024, at 3:30 PM, V20 (Wound Care Nurse) rendered wound care to R503. V20 cleaned the wound with normal saline solution. V20 applied Triad Ointment after she cleaned the wound. V20 said it's a thick white ointment. It stays on even when it gets wet. There will be traces of the ointment even when the site gets wet because it acts as the barrier. The staff are supposed to apply the Triad ointment to R503 three times a day and as needed for every incontinence care. Physician Order Summary (POS) to apply Triad Hydrophilic Wound Dress External Paste (Wound Dressings). Apply to peri-anal area, and buttocks topically two times a day for wound care. Apply to right posterior thigh topically two times a day for wound care and as needed. The same POS shows to apply to affected areas topically as needed for wound care. FYI: R503 has pressure injuries to per-anal extending to bilateral buttocks and right posterior thigh. On June 5,2024, at 11:04 AM, V16 rendered wound care to R503. V16 described and measured the wounds as follows: Stage 3 pressure Ulcers. Wound to left gluteal fold extending to posterior left thigh was measured as Length (L) 1.0-centimeter (cm) x Width (W) 13 cm. It was 70% slough and 30% granulation. The right gluteal fold which extended down to right posterior thigh was measured as (L) 0.9 cm x (W) 12.0 cm. Both wound beds had 80% slough and 20% granulation. V16 also measured the inner buttocks by the peri-anal and it measured as (L) 9.0 cm x (W) 15 cm combined. The wound bed in the inner buttocks has 70% granulation and 30 % slough with scant discharge. R503's active Care Plan shows R503 has potential for pressure ulcer development/impaired skin integrity related to decreased mobility and comorbidities. Currently has stage 3 pressure injury on left buttock, stage 3 pressure ulcer on R posterior thigh, and stage 3 pressure injury on sacrococcygeal/perianal/bilateral buttocks. The same care plan shows to administer medications as ordered. On June 5, 2024, at 1:21 PM, V2 (Director of Nursing/DON) stated staff should follow wound treatment as ordered. The pressure wound shouldn't be exposed to urine for a long period of time to prevent deterioration, promote healing, and prevent infection.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16746 Based on observation, interview, and record review the facility failed to assess and provide splints and therapy services to residents, to prevent further reduction in ROM (range of motion). This applies to 2 of 4 residents (R34 and R40) reviewed for range of motion in the sample of 31. The findings include: 1. R34 had multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, based on the face sheet. R34's annual MDS (minimum data set) dated April 19, 2024 showed R34 was moderately impaired with cognition. The MDS showed R34 had impairment in range of motion on one side of both upper and lower extremities. The same MDS showed that R34 required maximum to total assistance from the staff with her ADL's (activities of daily living). On June 3, 2024 at 10:56 AM, R34 was sitting in her wheelchair inside her room. R34 was alert, verbally responsive and was able to respond appropriately to questions. R34 had left arm and left hand weakness. R34 had difficulty opening her left hand and extending her left fingers and was not able to move and/or lift her left arm, even with the assistance of her right hand. R34 had no positioning device and/or splint of her left arm and left hand. According to R34 she does not use any device or splint on her left arm and left hand. On June 4, 2024 at 10:25 AM, R34 was sitting in her wheelchair inside her room, eating crackers using her right hand, while her left arm and hand were hanging on the side of her wheelchair with her left hand in a fisted position. V5 (Registered Nurse/Quality Assurance Nurse) who was present, asked R34 to lift her left arm and open her left hand, but the resident was not able to perform as requested. V5 stated that R34 appeared uncomfortable because her left arm and hand were hanging on the side of the wheelchair. V5 acknowledged that R34 cannot open her left hand and extend her left fingers without assistance. V5 was prompted to request the therapy department to screen and/or evaluate R34 to determine the need for a positioning device or a hand splint and any therapy services. R34's OT (occupational therapy) treatment encounter notes dated June 4, 2024 showed, [Patient] with [left upper extremity] weakness, rigidity with limited AROM (active range of motion) in all joints. [Left] hand not noted for spasticity or contracture but is noted with significant decrease in strength. ROM of fingers WFL (within functional limits). [Patient stated she uses [left] hand for stability during some ADLs and did not show interest in wearing a resting hand splint during the day. However, might consider one for night time to prevent contracture development. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On June 5, 2024 at 10:30 AM, V8 (Occupational Therapist) stated she had evaluated R34 on June 4, 2024 at around 1:00 PM, per Therapy Director and nursing request. V8 stated that based on her evaluation of R34, the resident had no active ROM on her left shoulder, with limited ROM on her left elbow and with weakness on her left wrist and hand. V8 stated she had recommended for R34 to use a resting hand splint on the left hand to be applied at night and remove before breakfast to maintain the functional position of the left hand and would also consider recommending for R34 to use a left arm trough to prevent subluxation (separation of the joint and clavicle) due to abnormal shoulder tone and for positioning of the left arm to maintain joint alignment. During the same interview, V8 stated she also had recommended for the resident to receive OT services three times per week to increase activity endurance and maintain right arm/hand function to perform self-care. 2. R40 had multiple diagnoses including end stage renal disease, dependence on renal dialysis, severe morbid obesity due to excess calories, type 2 diabetes mellitus with diabetic neuropathy, and history of transient ischemic attack and cerebral infarction without residual deficits, based on the face sheet. R40's quarterly MDS dated [DATE] showed R40 was moderately impaired with cognition. The MDS showed that R40 had no functional limitations or impairments on both her upper and lower extremities. The same MDS showed R40 required maximum to total assistance from the staff with most of her ADLs. On June 3, 2024 at 12:51 PM, R40 was sitting in her wheelchair inside her room. R40 was alert, oriented and verbally responsive. R40 was eating her lunch independently using her right hand. R40 was asked to move her left hand and extend her left fingers. R40 was not able to move her left hand without the assistance of her right hand and the resident was not able to open her left fingers, even with the assistance of her right hand. R40's left hand was contracted in a fisted position. R40 stated she was not receiving any therapy services and no splint or device was being applied to her left hand. According to R40 she wanted the therapy department to assess her left hand because she wanted a splint or device to help her to open and extend her fingers. On June 4, 2024 at 10:45 AM, R40 was sitting in her wheelchair inside the unit dining room. R40 was alert, oriented and verbally responsive. V5 (Registered Nurse/Quality Assurance Nurse) who was present asked R40 to move and open her left hand, and to extend her left fingers. R40 was not able to perform as requested. R40 stated, I cannot open my hand (referring to her left hand). According to V5, R40 had left hand contracture. V5 asked R40 if she uses any splint on her left hand. R40 responded, no. V5 was prompted to request the therapy department to screen and/or evaluated R40 to determine the need for a device or a hand splint and any therapy services. R40's OT (occupational therapy) evaluation and plan of treatment dated June 5, 2024 showed that the resident had flexion contracture of the left upper extremity more severe on the distal joints and with pain during stretching. The same evaluation showed that R40 would benefit from therapeutic activities/exercises to increase flexibility/ROM (range of motion), and consequent daily use of left upper extremity resting hand splint. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On June 5, 2024 at 11:05 AM, V7 (Occupational Therapist) stated she evaluated R40 that morning at around 9:45 AM per Therapy Director and nursing request. V7 stated that based on her evaluation, R40 had contractures on her left wrist and all her left fingers. According to V7, she had recommended for R40 to use a resting hand splint on the left hand during the day and remove at bedtime because it could help prevent further contracture of the left hand, and for prevention of skin breakdown and to promote hygiene of the left hand/palm area. V7 stated that R40 was agreeable to the recommendation. On June 5, 2024 at 9:13 AM, V2 (Director of Nursing) stated that she expects the nursing staff to report to her (V2), to the unit nursing managers or therapy department any changes and/or concerns regarding residents' range of motion, for immediate therapy (physical or occupation) evaluation/assessment and implementation of devices or therapy services to maintain, improve or prevent further decline.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29562 Based on observation, interview, and record review, the facility failed to provide timely incontinence care and peri-care in a manner that would prevent urinary tract infection (UTI). This applies to 2 of 6 residents (R94, R503) reviewed for bowel and bladder care in the sample of 31. The findings include: 1. Face sheet shows that R503 is [AGE] years-old who has multiple medical diagnoses which include Extended Spectrum Beta Lactamase (ESBL) Resistance in the urine, and urinary tract infection. On June 4, 2024, at 03:00 PM, R503 was sitting at the edge of her bed. R503 was alert but forgetful. R503's incontinence brief was heavily saturated with urine which overflowed to the incontinence pad and fitted bedsheet. The urine flowed down the side of the mattress and was observed with brown ring formation at the edge of the wetness. R503 was unable to say the exact time of when she was last checked and change for incontinence. On June 4, 2024, at 3:21 PM, V14 (Certified Nursing Assistant/CNA) and V15 (Wound Care CNA) rendered incontinence care to R503 who was heavily wet with urine and had a bowel movement. When V15 removed the soiled incontinence brief, it showed brown urine and feces. V14 wiped R503's buttocks but did not thoroughly clean it. V14 was prompted to wipe the back perineum again. As V14 did so, there were fecal matter and urine residue stain that was wiped off from the rectum and inner buttocks. Surveyor also prompted V14 to wipe the outer buttocks again and thoroughly dry before the wound care. R503's Minimum Data Set (MDS) dated [DATE], shows R503 requires total assistance for toileting. 2. Face sheet shows that R94 is [AGE] years-old who has multiple medical diagnoses which include Hallux Rigidus, Right Foot, Hallux Rigidus, Left Foot, Depression, Unspecified Osteoarthritis, Unspecified Site, Other Specified Anxiety Disorders, Dysphagia, Unspecified, Unspecified Severe Protein-Calorie Malnutrition, Encounter for Attention to Gastrostomy, Malignant Neoplasm of Larynx, Unspecified, Tracheostomy Status. On June 5, 2024, at 10:35 AM, V17 and V18 (Both CNA) rendered incontinence care to R94 who was heavily saturated with urine which overflowed to the incontinence pad down to the fitted sheet. V17 stated that she changed R94 prior to breakfast. V18 cleaned R94 from front to back of the perineum. R94 was uncircumcised. V18 did not retract the foreskin to clean the inner area. MDS dated [DATE], shows R94 requires total assistance for toileting. On June 5, 2024, at 1:08 PM, V2 (Director of Nursing/DON) stated when providing incontinence care they should clean from front to back ensure that the peri-area is completely cleaned and if a resident is not circumcised the staff should retract the foreskin. Check and change every two hours and as needed. This should be done to prevent infection or UTI. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility's Perineal Care with revision date of February 2018 shows: The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infection and skin irritation, and to observe the resident's skin condition. Steps in the Procedure: For a female resident: e. Wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks. f. Rinse and dry thoroughly. For a male resident: d. Retract foreskin of the uncircumcised male.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. 16746 Based on observation, interview and record review the facility failed to change a resident's Midline line dressing per facility policy and procedure. This applies to 1 of 3 resident's (R19) reviewed for IV (intravenous) catheter care in the sample of 31. The findings include: R19 had multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, based on the face sheet. R19's quarterly MDS (minimum data set) dated April 23, 2024 showed R19 was moderately impaired with cognition. On June 3, 2024 at 10:45 AM, R19 was in bed, alert, verbally responsive but with confusion. R19 had a single lumen Midline catheter (inserted into a vein) on her right inner upper arm. R19's Midline catheter site had a gauze dressing covered with a transparent tape and the dressing was dated 5/31/24. The transparent tape covering the gauze dressing was not intact. The tape was rolling and loose towards the antecubital fossa (depression located between the forearm and front of the arm). The transparent tape was not fully sealing the Midline catheter site. R19's active order summary report showed an order dated May 31, 2024 for, ok (okay) to have a midline due to use of [antibiotic] Zosyn [three times a day] x 7 days. The same active order summary report showed no order to indicate when and how often the Midline catheter dressing should be changed. On June 4, 2024 at 10:40 AM, R19 was in bed, alert, verbally responsive but with confusion. R19 had a Midline catheter on her right inner upper arm. R19's Midline catheter site had a gauze dressing covered with a transparent tape and the dressing was dated 5/31/24. V5 (Registered Nurse/Quality Assurance Nurse) who was present, acknowledged that the transparent tape used to cover the gauze dressing on R19's Midline catheter was not intact and was rolling and loose towards the antecubital area. V5 stated the transparent tape was not sealing the Midline catheter site to prevent contamination and infection. According to V5, R19's Midline was recently inserted and should be changed 24 hours after insertion, then every 7 days and as needed which included the rolling of the tape and/or the tape not secured or intact. R19's care plan initiated on June 4, 2024 showed the resident's right arm Midline catheter was inserted on May 31, 2024 for the administration of R19's IV (intravenous) antibiotic medication. The same care plan showed multiple interventions including changing of the Midline dressing and recording of the observations of the site. On June 5, 2024 at 9:02 AM, V2 (Director of Nursing) stated that for Midline catheter dressing changes, the nurses should follow the facility's policy and procedure to change the dressing after 24 hours of insertion, then weekly and as needed if the dressing was not intact, rolling or soiled. According to V2, the Midline catheter dressing changes are performed to ensure that the Midline catheter site was assessed for bleeding, assessed for signs of infection and to prevent contamination or infection of the IV site. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's intravenous therapy policy and procedure regarding Midline dressing changes dated April 2016 showed, The purpose of this procedure is to prevent catheter-related infections associated with contaminated, loosened or soiled catheter-site dressings. Under the general guidelines of the same policy and procedure showed in-part, 1. Change midline catheter dressing 24 hours after catheter insertion, every 5-7 days, or if it is wet, dirty, not intact, or compromised in any way.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 29562 Based on observation, interview, and record review, the facility failed to administer medication as prescribed by the physician and failed to ensure the medications being administered via gastrostomy tube were completely given to the resident. There were 6 errors observed out of the 25-medication opportunities resulting in a 24% medication error rate. This applies to 2 of 5 residents (R112, R129) reviewed during medication pass in the sample of 31. The findings include: 1. On June 4, 2024, at 4:45 PM, V11 (Nurse) checked R112's blood sugar level. R112's blood sugar showed 213 milligram (mg)/deciliter (dl). V11 administered Insulin Fiasp 5 units to R112. V11 confirmed to surveyor that it was the only dose prescribed by the physician for that hour. R112's Medication Administration Record (MAR) showed to give Insulin Fiasp (Insulin Aspart with Niacinamide)1000 units/ml. Inject 5 units subcutaneously three times a day for diabetes hold for blood sugar less than 140 mg/dl. The same MAR showed to give Fiasp Injection Solution 100 UNIT/ML (Insulin Aspart (with Niacinamide). Inject as per sliding scale: if 150 - 200 = 1 units; 201 - 250 = 2 units; 251 - 300 = 3 units; 301 - 350 = 4 units. 351+ = 5 units and call MD, subcutaneously three times a day for DM. V11 did not give the sliding scale to R112. Per blood sugar level of 213 mg/dl, R112 should have been given additional 2 units of the Insulin Fiasp. 2. On June 4, 2024, at 5:39 PM, V12 (Nurse) administered medications to R129 which includes acetaminophen 325 mg tablet (gave 2 tablets), atorvastatin 10 mg tablet, carvedilol 25 mg tablet, escitalopram 10 mg tablet, haloperidol 0.5 mg tablet, and senna laxative 8.6 mg tablet. Prior to administration, V12 individually crushed each medication and placed it separately to a medication cup. Upon administration, V12 poured water in each cup and swirled the cup to mix the medication to the water. V12 did not mix it by stirring. As she individually poured the medications to the gastrostomy tube, majority of the medications were left on the side and at the bottom of the cups. There were lots of sediments or residues for the acetaminophen, atorvastatin, carvedilol, escitalopram, and senna laxative. V12 was about to throw the medication cups away as an indication that she was done with the administration when surveyor prompted V12 to administer the rest of all the left-over medication sediments or residues to R129. On June 5, 2024, at 1:35 PM, V2 (Director of Nursing/DON) stated that when passing medications, the staff must ensure all medications are given as ordered. If the staff administer medication via g-tube, ensure that all crushed medications are properly stirred/melted with water. There should be no sediments and residue left in the cup to ensure that the full dosage of medications is given.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48308 Based on observation, interview and record review, the facility dietary staff failed to follow a resident's tray card and served the resident a food item she was known to be allergic to. This applies to 1 of 1 resident (R18) reviewed for food allergies in the sample of 31. The findings include: R18's EMR (Electronic Medical Record) showed R18 was admitted to the facility on [DATE], with multiple diagnoses including congestive heart failure, other sequelae following unspecified cerebral vascular disease, peripheral vascular disease, polyneuropathy, and unspecified dementia. R18's MDS (Minimum Data Set) dated May 21, 2024, showed R18 had moderate cognitive impairment, and required staff assistance with ADL's (Activities of daily Living) including dependent on staff for lower body dressing, and transfer and required substantial assistance with eating, bed mobility, bathing, toileting, and personal hygiene. R18's EMR physician order summary, showed R18's diet order, initiated on May 29, 2024, was regular texture, low concentrated sweets, no added salt diet, liquids thin consistency. The allergy to eggs and all egg products was listed under allergy on the order sheet. On June 3, 2024, at 11:50 AM, R18 was lying in bed, alert, and stated, Look what they served me, if I had eaten this, I would be in the hospital right now and pointed to a plate with scrambled eggs that was on her bedside table. R18 stated she is allergic to eggs and egg products and complained staff serving the food don't read the tray cards because she has been served eggs before despite the allergy. On June 4, 2024, at 10:44 AM, R18's tray card was reviewed with V1 (Administrator) and V3 (Food Service Supervisor) in the kitchen and informed that scrambled eggs were served to R18 for breakfast on June 3rd, 2024. V1 stated, she has an allergy to eggs that should not have been served to R18. The menu for June 3rd showed scrambled eggs was served as a breakfast entree. R18's tray card showed an allergy to eggs and all egg products was listed on the tray card for breakfast, lunch and dinner.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29562 Based on observation, interview, and record review, the facility failed to follow standard infection control practices with regards to hand hygiene and gloving during provisions of incontinence carer and administration of medications. This applies to 4 of 31 residents (R79, R85, R94, R503) reviewed for infection control in the sample of 31. The findings include: 1. Face sheet shows that R503 is [AGE] years-old who has multiple medical diagnoses which include Extended Spectrum Beta Lactamase (ESBL) Resistance in the urine, and urinary tract infection. R503 was observed on isolation. On June 3, 2024, at 10:50 AM, V21 (Nurse) stated R503 was on isolation for ESBL in urine. On June 4, 2024, at 3:21 PM, V14 (Certified Nursing Assistant/CNA) and V15 (Wound Care CNA) rendered incontinence care to R503. V15 removed the soiled diaper which was heavily saturated with urine. V15 changed her gloves without hand hygiene. V15 wiped R503's buttocks then she took the clean incontinence pad and diaper and placed it underneath R503 while wearing same gloves. V14 continued to changed gloves multiple times all throughout the provisions of incontinence care without hand hygiene in between tasks. 2. On June 4, 2024, at 4:56 PM, V11 administered medication to R79. Prior to administration, V11 who was wearing gloves, opened medication drawers, took the bingo blister pack, touched the mouse of the computer, and popped the medications (rivaroxaban and carvedilol) from the Bingo blister pack to her gloved hands before putting it to the medication cup. While wearing same gloves, V11 checked R79's vital signs, and gave the oral medications to R79. After R79 took all her oral medications, V11 proceeded to apply the diphenhydramine topical cream to R79's scalp while wearing same gloves. 3. On June 5, 2024, at 10:35 AM, V17 and V18 (Both CNA) rendered incontinence care to R94 who was heavily saturated with urine which overflowed to the incontinence pad to the fitted sheet. V17 stated that she changed R94 prior to breakfast. V18 cleaned R94 from front to back, changed incontinence brief, applied barrier cream, changed bed linens, and help repositioned R94. V18 changed her gloves all throughout the care, however, she did not perform hand hygiene in between tasks. 4. On June 5, 2024, at 1:52 PM, V13 (CNA) rendered incontinence care to R85. V13 cleaned R85 from front to back, and applied barrier cream with the same gloves. Afterwards, V13 changed his gloves without hand hygiene and applied cleaned brief and repositioned R85. V12 gathered all the soiled items in a bag, he removed his soiled gloves, and carried the soiled items out of the bedroom without hand hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146093	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor - Lagrange	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On June 5, 2024, at 12:54 PM, V2 (Director of Nursing/DON) stated staff must perform hand hygiene before and after passing medications and in between residents. If the nurse wears gloves while preparing medications, they shouldn't touch the medication directly and touch different things with same gloves. V2 said with regards to incontinence care, the staff must perform hand hygiene from beginning, in between tasks, and after care. They should also change gloves in between tasks. This is to be done to prevent infection or cross contamination. Facility's Policy and Procedure for Handwashing/Hand Hygiene dated 2001 shows: This facility considers hand hygiene the primary means to prevent the spread of infections. 7. Use alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (anti-microbial or non-anti-microbial) and water for the following situations: h. Before moving from one contaminated body site to a clean body site during resident care. j. After contact with blood or body fluids. m. After removing gloves. 8. Hand hygiene is the final step after removing and disposing of personal protective equipment. 9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.