

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146119	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Meadowbrook Skld Nsg & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 320 South 2nd Street Grayville, IL 62844	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to change an indwelling urinary catheter per physician's orders for 1 of 3 residents (R1) reviewed for urinary catheters in a sample of 16.</p> <p>Findings include:</p> <p>R1's admission Record documents an admission date of 11/23/22, with diagnoses including chronic kidney disease, benign lipomatous neoplasm of kidney, and neuromuscular dysfunction of the bladder.</p> <p>R1's Minimum Data Set, dated [DATE], documents R1 has a Brief Interview for Mental Status (BIMS) score of 15, indicating R1 is cognitively intact. Section H, Bladder and Bowel, documents R1 was indwelling urinary catheter.</p> <p>R1's Care Plan documents a Focus area with an initiation date of 6/8/23 of: High Risk for Urinary Tract Infection due to: Indwelling Catheter. Documented interventions include Change catheter and drainage bag per MD orders with an initiation date of 6/8/23.</p> <p>R1's Order Summary Report, with a print date of 6/17/25, documents an order of, Catheter: 18 FR (french) Coude catheter with 10cc (cubic centimeter) balloon Dx (diagnosis) Neuromuscular Dysfunction of Bladder; change once monthly and PRN (as needed) one time a day every 28 day(s) for infection prevention, with an order date of 6/16/25.</p> <p>R1's Treatment Administration Record (TAR) for April, May, and June 2025 documents an order, dated 3/28/25, to change catheter once monthly and PRN. There is no documentation on the April, May, and June 2025 TAR's indicating R1's catheter was changed.</p> <p>R1's Progress Note's in the Electronic Health Record (EHR), dated 3/28/25, documents, Nurse received N.O. (new order) to insert an 18 Fr 10ml (milliliter) coude catheter d/t (due to) res. (resident) catheter coming out c (with) balloon intact. Nurse inserted c no resistance felt and no c/o (complaints of) pain or discomfort at this time. Catheter patent and drng (draining). There was no documentation in R1's EHR documenting R1's catheter was changed since 3/28/25.</p> <p>On 6/16/25 at 10:47 AM, R1 stated she had not had her indwelling urinary catheter changed since 3/28/25.</p> <p>(continued on next page)</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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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/17/25 at 10:55 AM, V13 (Medical Doctor/MD) stated his expectations for the facility would be to change R1's indwelling urinary catheter as ordered. V13 stated that means he would expect the indwelling urinary catheter to be changed monthly from March 28th.</p> <p>On 6/16/25 at 2:38 PM, V2 (Director of Nurses/DON) stated indwelling urinary catheters should be changed as ordered by the medical doctor. V2 stated R1's doctor's orders are for R1's indwelling urinary catheter be changed every month.</p> <p>On 6/17/25 at 12:55 PM, V1 (Administrator) stated if the medical doctor's order states the indwelling urinary catheter should be changed every thirty days, then it should be changed every thirty days. V1 stated, As the old saying goes, if it wasn't documented it wasn't done, but facility administration would call all the nurses to check and make sure if it was done and just forgotten to document it.</p> <p>On 6/17/25 at 2:17pm, V2 stated he had called all the nursing staff, and was unable to find a nurse that had changed R1's indwelling urinary catheter in the past two months. V2 stated R1's indwelling urinary catheter was changed on the evening of 6/16/25 by V12 (Registered Nurse/RN), and the doctor was notified it was the first time R1's indwelling urinary catheter had been changed in over two months.</p> <p>On 6/17/25 at 12:04 PM, V12 stated she changed R1's indwelling urinary catheter on the evening of June 16th at request of V2.</p> <p>On 6/17/25 at 12:03 PM, V11 (RN) stated she has been on leave since April 13th, but before that, she doesn't remember changing an indwelling urinary catheter on R1.</p> <p>On 6/17/25 at 2:11PM, V17 (Licensed Practical Nurse/LPN) stated indwelling urinary catheters should be changed as ordered by the physician. V17 stated she had never changed R1's indwelling urinary catheter. V17 stated she doesn't know the last time R1's indwelling urinary catheter was changed.</p> <p>On 6/17/25 at 11:00 AM, V7 (RN) stated she doesn't remember changing an indwelling urinary catheter on R1 in the past two months.</p> <p>On 6/17/25 at 11:04 AM, V10 (LPN) stated she doesn't remember changing an indwelling urinary catheter on R1 in the past two months.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide sufficient staffing to ensure resident care needs are met. This failure has the potential to affect all 47 residents living in the facility.</p> <p>The findings include:</p> <p>1. R1's admission Record, dated 06/17/25, documents an admission date of 11/23/2022, with diagnoses in part of type 2 diabetes mellitus, morbid obesity, chronic obstructive pulmonary disease, chronic kidney diseases, and chronic diastolic (congestive) heart failure.</p> <p>R1's Minimum Data Set (MDS), dated [DATE], documents in Section C a Brief Interview for Mental Status (BIMS) score of 15 which indicates R1 is cognitively intact. Section GG documents eating as setup and clean-up assistance, and toileting, personal hygiene, and showering as dependent.</p> <p>R1's Care Plan, with a revision date of 04/07/23, documents a focus area of R1's requires extensive assistance with ADL's (Activities Daily Living) r/t (related to) reduced mobility, lack of coordination, impaired mobility and weakness.</p> <p>On 06/16/25 at 10:47AM, R1 stated she believes the facility is short of staff. R1 stated everyone at the facility keeps quitting. R1 said at nighttime, all they have is one helper a lot of times, and she needs two staff to assist her at times with positioning. R1 said sometimes it takes over an hour for staff to answer the call light, but other times only 15 minutes. R1 said the longer wait time is usually in the evening and on the weekend.</p> <p>2. R3's admission Record, dated 06/17/25, documents an admission date of 04/29/25, with diagnoses in part of traumatic subdural hemorrhage, chronic obstructive pulmonary disease, type 2 diabetes, history of falling, and other intervertebral disc degeneration.</p> <p>R3's MDS, dated [DATE], documents in Section C a BIMS score of 13 which indicates R3 is cognitively intact. Section GG documents R3 is independent with most ADL functions.</p> <p>R3's Care Plan, with a revision date initiated of 04/29/25, documents a focus area of needs assistance with ADL'S related to [SIC].</p> <p>On 06/16/25 at 11:10AM, R3 stated the facility does not have enough staff in the evening and on the weekends. R3 stated he doesn't require much assistance from staff, but he can tell they don't have hardly any workers in the evening or on the weekend most of the time.</p> <p>3. R4's admission Record, dated 06/17/25, documents an admission date of 02/25/25, with diagnoses in part of type 2 diabetes mellitus, hypertension, diverticulosis, other chronic pain, and unspecified osteoarthritis.</p> <p>R4's MDS, dated [DATE], documents in Section C a BIMS score of 14, which indicates R4 is cognitively intact. Section GG documents R4 is dependent with toileting, showers, dressing, and personal hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R4's Care Plan, with a revision date of 03/27/25, documents a focus area of R4 needs assistance with ADL's related to unsteadiness on feet, other abnormalities of gait and mobility, other lack of coordination, ataxia.</p> <p>On 06/16/25 at 10:33AM, R4 stated the facility is short of staff. R4 said sometimes the facility only has maybe one or two CNA's (Certified Nurse Assistants) show up to work. R4 said they have even had some staff walk out. R4 said sometimes you have to wait for an hour for someone to answer your call light to get changed. R4 said weekends and midnight and evening shift is when she has to wait the longest.</p> <p>4. R5's admission Record, dated 06/17/25, documents an admission date of 04/28/25, with diagnoses in part of type 2 diabetes mellitus, chronic respiratory failure, other lack of coordination, neuromuscular dysfunction of bladder, other chronic pain, other kyphosis, and unspecified urinary incontinence.</p> <p>R5's MDS, dated [DATE], documents in Section C a BIMS score of 14, which indicates R5 is cognitively intact. Section GG documents R5 is Set-up and clean up assist with eating, dependent with toileting, and substantial/maximal assistance with showering.</p> <p>R5's Care Plan, with a revision date of 06/04/25, documents a focus area of needs assistance with ADL's related to displacement of internal fixation device of vertebrae, major depressive disorder, kyphosis cervicothoracic region.</p> <p>On 06/16/25 at 10:40AM, R5 stated it takes the staff sometimes two hours to answer the call light. R5 said on average it doesn't take them that long to answer the call light, but sometimes she can be left for quite some time. R5 said the facility has a problem with keeping good staff.</p> <p>5. R6's admission Record, dated 06/17/25, documents an admission date of 05/19/22, with diagnoses in part of type 2 diabetes mellitus, fibromyalgia, morbid obesity, unspecified dementia, and chronic pain syndrome.</p> <p>R6's MDS, dated [DATE], documents in Section C a BIMS score of 14, which indicates R6 is cognitively intact. Section GG documents R6 requires set-up and clean-up assistance with eating, toileting, dressing, and personal hygiene, and requires substantial/maximal assistance with showering.</p> <p>R6's Care Plan, with a revision date of 03/27/25, documents a focus area of R6 has Self-Care deficit as evidenced by needs assistance with ADL's, dementia, contusion, psychological needs.</p> <p>On 06/16/25 at 11:08AM, R6 stated it takes staff sometimes 30-45mins to answer a call light. R6 said night shift is the worst for being short of staff.</p> <p>6. R10's admission Record, dated 06/17/25, documents an admission date of 12/06/21, with diagnoses in part of inflammatory polyarthropathy, other chronic pain, morbid obesity, chronic kidney disease, urinary incontinence, and vitreous degeneration.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 06/16/25 at 1:50PM, V4 (CNA) stated she does believe that facility is short of staff in relation to CNA's. V4 said the facility does not have enough staff to care for the resident properly. V4 said that sometimes they have enough staff, but not all the time, most of the time they are short of staff. V4 said that only maybe two days a week they are fully staffed.</p> <p>On 06/16/25 at 2:09PM, V14 (CNA) stated the facility is short of staff most shifts, but it is worse on evening shift and sometimes on the weekend. V14 said he always tries to get all the resident care done to the best of his ability. V14 said sometimes he can't get all the showers done that he is supposed to have completed.</p> <p>On 06/17/25 at 8:42AM, V8 (CNA) stated the facility is short of staff. V8 said that today was her day off and they asked her to come in because they needed help for several days in a row, because you guys (Surveyors) are here. V8 said the weekends are where they are the shortest of staff, especially Sundays. V8 stated showers don't get done, because they don't have enough staff. V8 said they don't have enough staff to be able to provide appropriate care to the residents. V8 said they should have at least 3 CNA's on the regular hall every day, and most of the time they don't.</p> <p>On 06/17/25 at 11:04AM, V10 (Licensed Practical Nurse/LPN) stated short staffing is causing the resident to have to wait longer to receive care that they need.</p> <p>On 06/17/25 at 12:55PM, V1 (Administrator) stated the facility does not have any staffing problems. V1 stated the facility does use agency to pick up shifts if needed. V1 stated she has been trying to lean away from using agency as much. V1 said she believes the facility has enough staff to cover care needs. V1 stated the CNA's work 12-hour shifts, and they have four CNA's on day shift, along with 2 nurses and a activity aid that works the dementia unit. V1 said there are two nurses on day shift until 5:00PM, then there is one nurse until 7:00AM. V1 said on evening into night shift they have 3 CNA's and one nurse. V1 said there has been evening into night shift on a couple of days they only had one nurse and two CNA's for the entire facility. V1 said she thinks that the residents would still be able to get proper care if the right staff are working. V1 stated the facility does not have a policy on staffing.</p> <p>On 06/17/25 at 2:11PM, V17 (LPN) stated she feels the facility is short of staff at times. V17 said times when they only have two aides in the building on nights that they try to give the resident the care they need, but it's very hard to get done.</p> <p>On 06/17/25 at 2:17PM, V2 (Director of Nursing/DON) stated he believes the facility has enough staff to be able to care for the residents on a day-to-day basis. V2 said he believes when they have two CNA's and one nurse on nights they are able to care for the residents properly. V2 said it is difficult, but doable. V2 said they are always working on trying to improve on staffing.</p> <p>The Facility Assessment, dated 04/01/2,5 documents under total number needed of FTE (Full Time Employees) on average or range documents Licensed Nurse providing direct care as 2.67 (FTE) per day, Nurse Aides as 8 (FTE) per day.</p> <p>The daily assignment for 06/02/25 documents from 6PM to 6AM 1 nurse and 2 CNA's.</p> <p>The daily assignment for 05/27/25 documents from 6PM to 6AM 1 nurse and 2 CNA's.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility Midnight Census Report, dated 6/16/25, documents there are 47 residents residing in the facility.</p>