(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		G	С	
145710	B. WING _			2/2006
AOLINOPROOK		, , , ,		
BOLINGBROOK	E	BOLINGBROOK, IL 60440		
Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETION DATE
age 8	F 324			
the facility.	F9999			
ATIONS				
anal Care t provide the necessary care ain or maintain the highest al, mental, and psychological esident, in accordance with imprehensive assessment and uate and properly supervised ersonal care shall be provided meet the total nursing and ds of the resident. care shall include at a ving and shall be practiced on lay a week basis: ecautions shall be taken to idents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision brevent accidents. Supervision of Nursing supervise and oversee the the facility, including:				
	` IDENTIFICATION NUMBER:	A BUILDIN 145710 BOLINGBROOK ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) AGE 8 ID PREFIX TAG F 324 THE PROPERTY OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) F 324 THE PROPERTY OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) F 324 THE PROPERTY OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) F 324 F	A BUILDING 145710 STREET ADDRESS, CITY, STATE, ZIP CODE 431 WEST REMINGTON BOULEVARD BOLINGBROOK STREET ADDRESS, CITY, STATE, ZIP CODE 431 WEST REMINGTON BOULEVARD BOLINGBROOK, IL 60440 A BUILDING STREET ADDRESS, CITY, STATE, ZIP CODE 431 WEST REMINGTON BOULEVARD BOLINGBROOK, IL 60440 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY) F9999 ATIONS General Requirements for onal Care the facility. F100NS F1324 F132	IDENTIFICATION NUMBER: 145710 A BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 431 WEST REMINGTON BOULEVARD BOLINGBROOK ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL S.C. IDENTIFYING INFORMATION) AGE 8 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 324 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 324 F 324 F 324 F 324 F 325 ATIONS General Requirements for mal Care to provide the necessary care ain or maintain the highest al, mental, and psychological seident, in accordance with mprehensive assessment and uate and properly supervised meet the total nursing and ds of the resident, care shall be practiced on lay a week basis: ecautions shall be taken to idents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents. Supervision of Nursing supervise and oversee the f the facility, including: up-to-date resident care plan

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		145710	B. WIN	1G _		10/12	2/ 2006
NAME OF PROVIDER OR SUPPLIER MEADOWBROOK MANOR - BOLINGBROOK				4	REET ADDRESS, CITY, STATE, ZIP CODE 31 WEST REMINGTON BOULEVARD BOLINGBROOK, IL 60440	10/12	1/2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	and goals to be accorders, and personal Personnel, represenursing, activities, of modalities as are of be involved in the plan. The plan shall reviewed and modineeded as indicate. The plan shall be remonths. Section 300.3240 A a) An owner, licens or agent of a facility resident. These requirements by: Based on observative review the facility faresident (R3) while receiving oxygen videvelop an initial casmoking habits. The hospitalized with set to the left arm and left findings include: During a visit to a left goal oxygen intervenous therapy intervenous th	seessment, individual needs complished, physician's all care and nursing needs. Inting other services such as dietary, and such other redered by the physician, shall preparation of the resident care to be in writing and shall be fied in keeping with the care of by the resident's condition. Eviewed at least every three whose and Neglect ee, administrator, employee of shall not abuse or neglect at a service where the service was and record alled to properly supervise one smoking and actively a nasal cannula and to the are plan to address R3's is failure resulted in R3 being econd and third degree burns	F99	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145710	B. WIN	IG			C 2/2006	
	PROVIDER OR SUPPLIER	OLINGBROOK	•	4:	REET ADDRESS, CITY, STATE, ZIP CODE 31 WEST REMINGTON BOULEVARD BOLINGBROOK, IL 60440			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)				
F9999	Initial Assessment PM noted "R3 was nasal cannular. Supartial thickness but hair/burned off note A review of the Emdated 9/12/06 read contractures due to upper extremity, R3 thickness burns, de noted from the left biceps region anter third degree burn, palong the posterior insensate with som this." During an interview approximately 11:0 smoking outside in out against the rule smoke with the oxy of the facility where had my own cigared cigarette for me. I remember her namin trouble. It was many gone out there. I we butt on the ground, yelled for help, no one heard me." R3 was asked to de hold a cigarette in I contractures. R3 sable to hold the cig	rige 10 spital Emergency Department Notes dated 9/12/06 at 3:31 smoking while on oxygen via perficial burn to left upper leg, irn to left forearm. Loose ed to left side near neck." regency Physician Report "R3 is noted to have her multiple sclerosis. Left is is noted to have partial ep thickness with blistering shoulder down to the mid for aspect. R3 also has a palm size, of the left forearm lateral aspect, mid forearm, re slight erythema surrounding with R3 on 9/26/06 at O AM, R3 stated "I was the back of the facility. I went res. I was told that I was not to regen. I was sitting in the back res. An aide came and lit the was left there alone. I can't res. I don't want to get anyone restrying to toss the cigarette but it fell on my left side. I cone else was out there. No remonstrate how she is able to mer hand due to her severe howed surveyor that she is arette in between her right fille finger only after another	F99	999				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		145710	B. WI	NG			C 2/2006
	PROVIDER OR SUPPLIER	OLINGBROOK	•	431	ET ADDRESS, CITY, STATE, ZIP CODE I WEST REMINGTON BOULEVARD DLINGBROOK, IL 60440		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	R3 spoke with a so no one heard R3 ye have complete concontractures to the limited movement i ability to flex and e severely limited. During an interview worker) on 9/26/06 Z1 stated that R3 v admission to the heart this should be able to get a cigare. On 9/28/06 a review Data Assessment of as totally dependent her activities of dair R3 as "moderately The Assessment of assessed R3's cog independence." A review of the fact that R3 was origina 5/7/06 with diagnost Sclerosis, Respirat Contractures, Schiz Quadriplegia. A review of the fact that R3 was origina 5/7/06 with diagnost Sclerosis, Respirat Contractures, Schiz Quadriplegia. A review of the fact that R3 was origina 5/7/06 with diagnost Sclerosis, Respirat Contractures, Schiz Quadriplegia. A review of the fact that R3 was origina 5/7/06 with diagnost Sclerosis, Respirat Contractures, Schiz Quadriplegia. A review of the fact that R3 was origina 5/7/06 with diagnost Sclerosis, Respirat Contractures, Schiz Quadriplegia. A review of the fact that R3 was origina 5/7/06 and 9/29/0 approximately 2:30 change of shift for the second seco	age 11 buts the cigarette in her hand. If voice (which explained why sell) and R3 was observed to tractures to the left hand and right hand and arm with in her elbow and wrist. R3's extend her elbow and wrist is If with Z1 (hospital social at approximately 12:00 PM, was referred to her after her ospital emergency room. "I felt investigated, she (R3) is not exte and light it herself." If wo f the facility's Minimum dated for 3/5/06 assessed R3 int on others for all aspect of all ly living. The facility assessed impaired" for cognitive skills. The facility assessed impaired for cognitive skills. The facility assessed impaired for cognitive skills. The facility on sis which included Multiple ory Failure, Multiple coaffective Disorder and for R3 found that R3 had at 2L/NC PRN (when needed). If the facility's current for R3 found that R3 had at 2L/NC PRN (when needed). If the facility's current for R3 found that R3 had at 2L/NC PRN (when needed). If the facility's current for R3 found that R3 had at 2L/NC PRN (when needed). If the facility's current for R3 found that R3 had at 2L/NC PRN (when needed). If the facility's current for R3 found that R3 had at 2L/NC PRN (when needed).	F99	999			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145710	B. WIN	IG _			C 2/2006
	ROVIDER OR SUPPLIER	OLINGBROOK		43	EET ADDRESS, CITY, STATE, ZIP CODE 31 WEST REMINGTON BOULEVARD COLINGBROOK, IL 60440	,	
(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	floors." E1 stated to R3 on 9/12/06 fr stated that R3 was with staff present. During an interview R3 on day shift) on in to her room, transincontinent care. Shed, so I transferre wheel chair and shout side in the backhear about the incide have to feed her. I or how she got the to tell her not to sm. During a review on written statement, in during the time of the ton, I did my rounds building having a cresidents." (E14 C shift) A review of the facility's Inservithat four aides were the 2-10 PM shift. In for the inservice. A review of the sign E7 (both 2nd. floor were in the private window. Both hear outside on fire. Bo	other half was covering the hat E13 (CNA) was assigned om 6:00 AM to 2:00 PM. E1 assessed to smoke outside with E13 (CNA assigned to 9/28/06, E13 stated "I took R3 sferred her to her bed for the does not like to stay in d her back to her motorized e was off. She (R3) likes to sit k. I left at 2:00 PM, I did not dent until the next day. We don't know how she smokes cigarette. We were instructed toke with the oxygen on." 9/29/06 of E14's signed tread "I was at an inservice he incident. When I first came and R3 was in the front of the onversation with other NA assigned to R3 on evening lity's staffing for 9/12/06 and ce Attendance Sheet found assigned to the first floor for Four of the aides were signed	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		145710	B. WIN	NG _			C 2/2006
NAME OF PROVIDER OR SUPPLIER MEADOWBROOK MANOR - BOLINGBROOK			•	4	REET ADDRESS, CITY, STATE, ZIP CODE I31 WEST REMINGTON BOULEVARD BOLINGBROOK, IL 60440		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	2 10 PM shift) and 6-10:00 PM shift) o they were at the nu daily report. An obstound that the glass dining room where smoke is in clear vi E10 stated "when I someone to light he her "NO," that she cE15 took a cigarette asked her (R3) whe R3 told her from an A review of the faci stated, "On 9/12/06 cigarette and E15 a because she's (R3) minutes somebody patio caught on fire by staff. 911 were During an interview denied giving R3 the to ambulate independently and the popened two drawer contained several pone lighter. A review that R1 has been a independently. R1 states and sindependently. R1 states are the number of the popened two drawer contained several pone lighter. A review that R1 has been a independently. R1 states are the number of the popened two drawer contained several pone lighter. A review that R1 has been a independently. R1 states are the number of the popened two drawer contained several pone lighter. A review that R1 has been a independently. R1 states are the number of the popened two drawer contained several pone lighter.	rith E10 (LPN assigned to the E11 (LPN assigned to the E11 (LPN assigned to the n 9/28/06, both stated that reses desk exchanging the ervation made on 9/28/06 door to the outside of the smokers are allowed to ew from the nurses station. First came on, R3 wanted er cigarette. I heard E15 tell cannot smoke with oxygen. Eaway from her (R3) and ere did she get the cigarette. Other resident (R1). Itity's incident report summary, R3 was asking E15 for a advised R3 that she can't on oxygen. Then a couple of discovered resident on the and was rescued immediately called and R3 sent hospital." with R1 on 9/28/06, R1 e cigarette. R1 was observed ndently in his room. R1 s of his cabinet which eackages of cigarettes and w of R1's assessment found	F99	999			