DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/15/2006 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|--|--|---|--------------------|---|---|------------------------|-------------------------------|--|
| | | IDENTIFICATION NUMBER. | A. BUI | | | | | |
| | 145874 B. WING | | IG _ | | | C 04/28/2006 | | |
| NAME OF PROVIDER OR SUPPLIER MEADOWBROOK MANOR - NAPERVILLE | | | | 7: | REET ADDRESS, CITY, STATE, ZIP CODE 20 RAYMOND DRIVE IAPERVILLE, IL 60563 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D | BE CROSS- | (X5) COMPLETION DATE | |
| F 324 | 2006 and will co educated. The Adr all staff is inservice 4. The administrate will randomly check policy is followe 5. A proposal for th obtained and instal 6. Once the front devening receptionis activating the all | ms began effective April 19, ontinue until all staff is ministrator will make sure that d. or and maintenance director or to make sure that this | F3 | 324 | | | | |
| F9999 | alarm remains active lobby is supervious sun | rated until the front rised. TIONS ATIONS General Requirements for nal Care ecautions shall be taken to sidents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision | F99 | 999 | | | | |
| | d)2) All exterior doc | General Buiding Requirements ors shall be equipped with a the staff if a resident leaves | | | | | | |

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| F9999 | during certain periodevice for part-time hour a day supervis required. These regulations as Based on observation interview the facility cognitively impaired resulted in the resident on 4/2/06 at 4:30 was delivering stat. The resident's temp 95.4. This was for one regresidents who were the findings included 1. An incident report documents the follow outside the building car." Was brought man. A total body at temperature of 95.4 documents the follow temperature of 95.4 documents the follow reservant in her was tation. This is a new station. This is a new station in from the outside. The outside but is united the outside but is united the station of the station in the outside the outside but is united the station of | cterior door that is supervised ds may have a disconnect use. If there is constant 24 sion of the door, a signal is not are not met as evidenced by: on, record review and a failed to supervise a diresident. This failure dent being found in the parking that the parking that being found in the parking that the parking that being the parking that the | F99 | 999 | | | |

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| | 145874 | | | | | | |
| NAME OF PROVIDER OR SUPPLIER MEADOWBROOK MANOR - NAPERVILLE | | | | 72 | EET ADDRESS, CITY, STATE, ZIP CODE 20 RAYMOND DRIVE APERVILLE, IL 60563 | 04/20 | 3/2000 |
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| F9999 | E1(Administrator) v 10:50am. E1 said of from 8:00am through desk in the lobby. I receptionist leaves, switch on the front of that no one will con not at the front desl front doors still ope staff/visitors to exit. has a camera which first floor nurses sta at the nurses statio camera, the front desid said the nurse mad was not at the desk | vas interviewed on 4/19/06 at the front door is supervised the front door is supervised the 8:00pm by staff who sit at a E1 said that when the evening they are to flip the enter door to "No." This ensures he into the facility when staff is k. When this switch is on the n without alarming to allow E1 said that the front door his hooked to a monitor at the ation. E1 said that if no one is n after 8:00pm to watch the cor is not supervised. E1 e her rounds on 4/2/06 and at to supervise the front door been when R2 got out the | F99 | 9999 | | | |