

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

PRINTED: 10/23/2007
FORM APPROVED
OMB NO. 0938-0391

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 C 09/13/2007
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MEADOWBROOK MANOR - LAGRANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 226 Continued From page 6

~~In-service will be given quarterly and the QI tool will be implemented with each allegation of abuse.~~

~~7. DON or designee to monitor completion utilizing employee roster and maintain with new hires as a component of orientation.~~

~~8. Nursing supervisor's on call phone number will be posted at all nursing stations.~~

~~9. The daily assignment sheet will indicate the on-call supervisor and the contact phone number.~~

~~10. The facility will identify those residents that are considered to be at increased risk for abuse based on diagnosis, level of cognitive function, level of physical functioning and communication limitations. These residents will be identified using MDS data. A listing of those residents at increased risk will be posted at all nursing stations for identification by staff.~~

~~11. DON or designee to audit all investigations to ensure that all components are met.~~

~~12. Staff are to sign acknowledgement of: Action to be taken by employees in the event of alleged abuse:~~

~~1. Immediately remove the resident from the abusive situation.~~

~~2. Remove the alleged abuser from the facility.~~

~~3. Resident will be assessed by licensed nurse.~~

~~4. Immediately report the abuse to the supervisor present or to the on-call supervisor.~~

F 226

F9999 FINAL OBSERVATIONS

F9999

LICENSURE VIOLATIONS

- 300.1210a)
- 300.1210b)3)
- 300.3240a)

Section 300.1210 General Requirements for Nursing and Personal Care

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

PRINTED: 10/23/2007
FORM APPROVED
OMB NO. 0938-0391

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 C 09/13/2007
NAME OF PROVIDER OR SUPPLIER MEADOWBROOK MANOR - LAGRANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 7</p> <p>a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include at a minimum the following procedures:</p> <p>b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These REGULATIONS were not met as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to implement its abuse policy and procedure when nursing staff received an allegation of sexual abuse from one resident (R1 in a sample of five residents), by not immediately reporting the resident's allegations to a supervisor so an investigation could be started. This failure had the potential of allowing possible evidence to</p>	F9999			

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

PRINTED: 10/23/2007
FORM APPROVED
OMB NO. 0938-0391

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 C 09/13/2007
NAME OF PROVIDER OR SUPPLIER MEADOWBROOK MANOR - LAGRANGE		STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F9999	<p>Continued From page 8</p> <p>be lost before a complete and timely investigation was started, and did not ensure the safety of residents in the facility.</p> <p>Findings include:</p> <p>Review of R1's clinical record contained documentation that R1 is an 84 year old resident with diagnosis including: Osteoporosis, Hypertension and Dementia.</p> <p>Review of R1's Nursing Note dated 06/10/07 at 6-2 PM states: "Resident (R1) weeped through out shift. ...Resident (R1) stated 'Someone was going to call the police due to her being raped.' Ativan administered to calm resident, will continue to monitor resident (R1)." R1's clinical record contained no documentation of staff assessing R1 for any signs of abuse, immediately after R1 reported allegations of sexual abuse to staff.</p> <p>Review of the facility's documentation into the investigation of R1's allegation were all dated 6/11/07. This indicated that the investigation was started the next day, not immediately after R1 reported allegations of sexual abuse to facility's staff on 6/10/07. The facility's abuse policy states that witnesses will sign their written statements. However, review of the facility's written statements from the resident, employees and possible witness, obtained during the 6/10/07 investigation, were not signed.</p> <p>Review of abuse investigations (conducted after 6/10/07) still contained documentation of written statements not signed by the interviewees. So, there was still evidence (on 9/13//07) of the facility's staff not following all of their abuse policy.</p>	F9999		

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

PRINTED: 10/23/2007
FORM APPROVED
OMB NO. 0938-0391

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 C 09/13/2007
NAME OF PROVIDER OR SUPPLIER MEADOWBROOK MANOR - LAGRANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	Continued From page 9 Review of the facility's abuse Policy and Procedures states the following: "PROTECTION/REPORTING/INVESTIGATION Upon receiving information that suspected abuse has occurred, or is occurring, the individual receiving the information will: ...Immediately notify the Administrator and/or DON. In the absence of the Administrator or DON, such reports should be made to the employee's direct Supervisor and to the Nurse Supervisor on duty. In addition, if the Administrator or DON are unavailable, the Director of Operations should be notified. The Nurse Supervisor shall document said incident on Accident/Incident Report Form. The Administrator, or designee, shall ensure that the following persons are notified immediately of the allegation of abuse and that an investigation is under way: ...c. Physician d. Responsible party... REPORTING/INVESTIGATION ...5. Immediate examination of the resident by a Licensed Nurse or Physician. Document the results of the examination on the Accident/Incident Report Form and the resident clinical record. REPORT/INVESTIGATION: ...5. ...The involved employee's supervisor will obtain, if possible, hand-written statements from employees, residents and witnesses... Document all interviews on the Witness Statement form, even if the individual claims to have no knowledge of the incident. ...The interviewer may write the employee's statements of the incident in the presence of a witness. The interviewer reads the statement back to the employee and the employee and witness sign the statement obtained." On 09/12/07, E4, the nurse caring for R1 when	F9999			

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

PRINTED: 10/23/2007
FORM APPROVED
OMB NO. 0938-0391

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 C 09/13/2007
NAME OF PROVIDER OR SUPPLIER MEADOWBROOK MANOR - LAGRANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 10</p> <p>R1 reported an allegation of rape on 6/10/07, was interviewed by phone. E4 told surveyor the following: "She (R1) was yelling out. I went in the room. She (R1) said she had been sexually abused. I told the director of nursing on Monday (6/11/07). ...I was surprised when she said it (allegation of abuse). I did not know for sure what may have happened to her (the day of 6/10/07). But, I documented it when she (R1) said it. She (R1) had never said it before. She (R1) told it to a Certified Nurses Aide (CNA). Then, the CNA told me the same thing to me."</p> <p>E7 was the CNA that reported to E4 that R1 had made an allegation of sexual abuse. E7 was interviewed on 7/03/07. E7 told surveyor the same thing she told E4 on 6/10/07. E7 said R1 was very upset and reported to her (E7) that she (R1) had been raped. E7 stated she reported R1's allegation of sexual abuse to E4.</p> <p>Z1 was the primary physician of R1, and was interviewed on 9/13/07 by phone. Z1 stated that he was not informed of R1's abuse allegation until the next day (on Monday, 6/11/07). When informed of R1's allegation of rape, Z1 said he told facility staff to start an internal abuse investigation. Z1 indicated that R1 had never complained of being sexually abused to him, and he was surprised to hear that she (R1) had made the allegation. Z1 said he expected facility staff to follow their abuse policy.</p> <p>On 07/03/07 at 10:00 AM., surveyor interviewed the director of nursing (E2), who was designated to conduct the investigation into R1's allegation of sexual assault. E2 indicated she became aware of R1's allegation of rape when she was reading the morning report on 6/11/07 at 8:00 AM. E2</p>	F9999			

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

PRINTED: 10/23/2007
FORM APPROVED
OMB NO. 0938-0391

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 C 09/13/2007
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MEADOWBROOK MANOR - LAGRANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F9999	<p>Continued From page 11</p> <p>said, "The allegation had been made on a Sunday (06/10/07). One of the Certified Nurses Aides (CNA/E7) went into R1's room because the resident was crying. R1 said someone was going to call the police because she was raped. The CNA went to get the nurse (E4). E2 also told surveyor that E4 did not have R1 examined for any signs of sexual abuse, or call the police. E2 said, "I told E4, she (E4) needed to contact me if any resident made this comment to her." E2 stated the CNA did change her (R1) during the day on Sunday, and they (the CNA's) did not see any bruising. E2 said, "I talked to R1 on Monday, and R1 reported that nothing happened. The police were not called. I don't think anything occurred. Her (R1's) doctor was called Monday morning." E2 also indicated that R1's son/responsible party was informed about the investigation on Monday (6/11/07) morning as well.</p> <p>However, the facility staff failed to follow/implement the facility's abuse policy as stated above. No nurse or physician immediately examined R1 for signs of abuse as required by the facility's Abuse Policy. R1's clinical record contains no documentation of any immediate assessment of her condition. Also, R1's physician and responsible party were not immediately informed about her allegations of abuse. When informed, Z1 said he directed facility staff to start an internal abuse investigation. The facility's abuse policy states that witnesses will sign their written statements. However, review of the facility's written statements from the resident and possible witness were not signed when obtained during the 6/10/07 investigation.</p> <p>The nursing staff also failed to immediately report</p>	F9999		
-------	--	-------	--	--

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

PRINTED: 10/23/2007
FORM APPROVED
OMB NO. 0938-0391

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 C 09/13/2007
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MEADOWBROOK MANOR - LAGRANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 339 9TH AVENUE LA GRANGE, IL 60525
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F9999	<p>Continued From page 12</p> <p>R1's allegation to any supervisor so that an investigation could be started. It was approximately 12 hours before anyone looked into R1's allegation of sexual abuse, or appropriate staff examined R1 for signs of a sexual assault. By starting the investigation approximately 12 hours after R1 made her allegations, facility's staff did not ensure R1 (who had memory problems) would give an accurate account of what happened to her, protect R1 from possible harm, and preserve evidence of possible abuse.</p> <p>During the daily staff meetings (on 7/03/07 and 09/13/07) with administrative staff (E2, E1/administrator and E3/assistant director of nursing), surveyor presented concerns that R1's allegations were not investigated in a timely manner. E1 told surveyor that E5 was a new nurse, and was disciplined for not reporting immediately to her supervisor. However, E1 did not explain or give evidence of E5 implementing the facility's abuse policy and procedures when R1 made her allegation of sexual abuse.</p> <p style="text-align: center;">(A)</p>	F9999		
-------	---	-------	--	--