FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION A. BUILDING: ___ COMPLETED IL6014518 B. WING 02/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 720 RAYMOND DRIVE MEADOWBROOK MANOR - NAPERVILLE

(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) COMPLETI DATE
S.000	Initial Comments	S 000		102
2 2 20 300	Annual Licensure Recertification		2	
S9999	Final Observations	S9999		
= 60	State of Licensure Violation:			- 0
	300.615e) 300.615f)			
ľ			# # # # # # # # # # # # # # # # # # #	10
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information			
	e) In addition to the screening required by Section 2-201.5(a) of the Act and this		W W	
	Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the	20	\$ " = = = = = = = = = = = = = = = = = =	
Ţ	Uniform Conviction Information Act [20 ILCS 2635] for all persons 18 or older seeking admission to	2.5	26 (2) ACC	44
æ 1	the facility, unless a background check was initiated by a hospital pursuant to the	60	<u> </u>	÷
8	Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as		7	× 4,
11.	required by the Department of State Police. (Section 2-201.5(b) of the Act)		38 81	
- 1	f) The facility shall check for the individual's name on the Illinois Sex Offender		(2) TI	
1	Registration website at www.isp.state.il.us and the Illinois Department of		* · · · · · · · · · · · · · · · · · · ·	
9 1.3	Corrections sex registrant search page at www.idoc.state.il.us to determine if the ndividual is listed as a registered sex offender.	ā.	Attachment A Statement of Licensure Violations	
3	individual is listed as a registered sex offender.			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 02/19/23

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6014518 B. WING 02/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 720 RAYMOND DRIVE **MEADOWBROOK MANOR - NAPERVILLE** NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 This requirement was not met a evidenced by: Based on interview and record review the facility failed to complete resident background checks and website checks within 24 hours of admission to the facility. This applies to 9 of 10 residents (R246-R254) reviewed for background checks in the sample of 35. The findings include: On 1/30/23 the facility provided a list of the last 10 new residents admitted to the facility. The facility also provided copies of the resident background checks and the Illinois Sex Offender and Illinois Department of Corrections website checks. Review of these documents shows: 1. R246 was admitted on 1/18/23. His background check was completed on 1/30/23 and both websites were checked on 1/30/23. 2. R247 was admitted on 1/18/23. Her background check was completed on 1/30/23 and both websites were checked on 1/30/23. 3. R248 was admitted on 1/19/23. His background check was completed on 1/30/23. 4. R249 was admitted on 1/22/23. His background check was completed on 1/30/23 and both websites were checked on 1/30/23.

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5. R250 was admitted on 1/23/23. His

6. R251 was admitted on 1/24/23. Her

both websites were checked on 1/30/23.

background check was completed on 1/30/23 and

DEPRINTED: 02/23/2023 **FORM APPROVED** Illinois Départment of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: **B. WING** IL6014518 02/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 720 RAYMOND DRIVE **MEADOWBROOK MANOR - NAPERVILLE** NAPERVILLE, IL 60563 (X4) ID PREFIX **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 background check was completed on 1/30/23 and both websites were checked on 1/30/23. 7. R252 was admitted on 1/23/23. His background check was completed on 1/30/23 and both websites were checked on 1/30/23. 8. R253 was admitted on 1/25/23. His background check was completed on 1/30/23 and both websites were checked on 1/30/23. 9. R254 was admitted on 1/25/23. His background check was completed on 1/30/23 and both websites were checked on 1/30/23. On 1/30/23 at 12:55 PM, R4 (Admissions Director) stated, "I just off track. I have the list on my clipboard but I just never get to it. They are supposed to be done within 24 hours. It has been very crazy with all the things I have to do so I did them all today." The facility policy entitled Abuse, Neglect, Mistreatment and Misappropriation of Resident Property dated 11/1/21 does not specifically address the need for resident background checks prior to admission. However, the policy does address and state, "When assessing a person's risk for abusing other vulnerable adults, or if a predatory offender is seeking admission or has been admitted to the facility..."

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