(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			A. BOILDING.					
		IL6013120	B. WING		06/2	7/2024		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MEADO	MEADOWBROOK MANOR  431 WEST REMINGTON BOULEVARD  BOLINGBROOK, IL 60440							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE		
S 000	Initial Comments		S 000					
	Annual Licensure S	Survey						
S9999	Final Observations		S9999					
	Statement of Licensure Violations:							
	300.625 c) 1) 2)							
	background check identified offender a	resident's criminal history reveal that the resident is an as defined in Section 1-114.01 ty shall do the following:						
	Police, in the form a	fy the Department of State and manner required by the e Police, that the resident is an						
	be requested on the The inquiry shall be sex, race, date of bother identifiers req State Police. The inthrough the files of Police and the Fedelocate any criminal may exist regarding Bureau of Investigat Department of Statinquiry under this substory record information.	riminal history record inquiry to be identified offender resident. It based on the subject's name, irth, fingerprint images, and uired by the Department of inquiry shall be processed the Department of State eral Bureau of Investigation to history record information that go the subject. The Federal ition shall furnish to the e Police, pursuant to an subsection (c)(2), any criminal mation contained in its files.						
	The REQUIREMEN by:	IT was not met as evidence						
	Based on interview	and record review, the facility						

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

07/16/24 **Electronically Signed** 

TITLE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			3) DATE SURVEY COMPLETED	
		IL6013120	B. WING		06/2	7/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE			
MEADO\	MEADOWBROOK MANOR  431 WEST REMINGTON BOULEVARD  BOLINGBROOK, IL 60440						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 1	S9999				
		Department of State Police and int-based criminal history					
	This applies to all 250 residents residing in the facility.						
	The findings include	<b>9</b> :					
		Term Care Facility Application edicaid" dated June 25, 2024, census was 250.					
	On June 25, 2024, at 1:55 PM, V35 (Director of Admissions) said she is responsible for completing background checks on residents admitted to the facility.						
	and R249 had hits of background checks R249's criminal hist completed on June V1 (Administrator) of R247's criminal hist completed on June	at 2:57 PM, V35 said R247 on their criminal history  3. V35 continued to say cory background check was 20, 2024, and V35 sent it to on June 21, 2024. V35 said cory background check was 14, 2024. V35 continued to d R47's criminal history to V1.					
	vacation last week s fingerprinting for R2 R247's and R249's already been ordere	at 3:00 PM, V1 said he was on so he did not order 249. V1 continued to say fingerprinting should have ed and the Identified Offender we been notified immediately.					
		ronic Medical Record) showed to the facility on June 14,					

| Illinois Department of Public Health STATE FORM

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6013120	B. WING		06/2	7/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
MEADOWBROOK MANOR		REMINGTO	N BOULEVARD 0440		
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
2024, showed R247 including battery/bod As of June 25, 2024, not have documental fingerprint-based back R249's EMR showed facility on June 19, 20 R249's Criminal Histo 2024, showed R249 including burglary, the possession of a conton As of June 25, 2024, not have documental finger-print based back The facility's undated Offender Facility Policy Statement: It establish a resident senvironment. In according to identify previous of Identifying Offenders background must be after receiving the natcheck and must be contoned.	ory Record dated June 17, had multiple convictions lily harm.  at 3:00 PM, the facility does tion to show R247 had a ckground check.  d R249 was admitted to the 024.  ory Record dated June 20, had multiple convictions left, aggravated robbery, and trolled substance.  at 3:00 PM, the facility does tion to show R249 had a lockground check.  d policy titled "Identified licy and Procedure" showed, is the policy of this facility to sensitive and resident secure ordance with the provisions of Care Act, this facility shall story background on any mission to the facility in order riminal convictions  c:d. The finger-print based requested within 72 hours ame-based background	S9999			

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