STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145710	B. WIN	IG			C <b>4/2012</b>
	ROVIDER OR SUPPLIER	BOLINGBROOK	•	431	ET ADDRESS, CITY, STATE, ZIP CODE WEST REMINGTON BOULEVARD DLINGBROOK, IL 60440		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT 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 APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 309	were not informed discoloration of the his discharge. I wo Emergency Room time I would've beed discoloration and p	of R's drainage, bluish scrotum, or scrotal pain until buld have sent R2 to the for evaluation and treatment at en informed of the bluish sain.		309			
F9999	LICENSURE VIOL		F99	999			
	300.1210b) 300.1210d)3)						
	Section 300.1210 ( Nursing and Perso	General Requirements for nal Care					
	and services to atta practicable physical well-being of the re- each resident's cor- plan. Adequate and care and personal resident to meet the care needs of the re- d) Pursuant to sub- care shall include, and shall be practical seven-day-a-week 3) Objective observational changes determining care re- further medical eva-	section (a), general nursing at a minimum, the following ced on a 24-hour, basis: vations of changes in a n, including mental and s, as a means for analyzing and equired and the need for aluation and treatment shall be taff and recorded in the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		145710	B. WIN	IG _			C <b>4/2012</b>
NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - BOLINGBROOK				4	REET ADDRESS, CITY, STATE, ZIP CODE 31 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)	ULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 5	F99	999			
	facility failed to comsymptoms to the phone of three resider medical symptoms. experiencing discor in treatment for scroto a local emergence.  Findings included:  R2 is a 61 year old the facility on 12/06 documented diagnor Cardiovascular Dischyperlipidemia, and R2's Admitting assedependent edemate was blanchable. Rand pitting edemate Plan dated 12/16/15 under skin integrity. positioning, keep clipain management.	resident who was admitted to 6/11. The face sheet oses that included ease, Hypertension, Obesity, d Acute Pancreatitis.  essment dated 12/06/11 noted to the scrotum; the scrotum 2 also had right hand edema o bilateral feet. R2's Care 1 addressed scrotal edema . The approaches included ean and dry, inspect daily, and					
		dated 12/16/11 ordered r six hours as needed for pain.					
	12/20/11 did not do	between 12/06/11 and cument any change in status uring this time, Vicodin was ng given for generalized pain.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145710		B. WING			C <b>4/2012</b>
NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - BOLINGBROOK				43	REET ADDRESS, CITY, STATE, ZIP CODE 31 WEST REMINGTON BOULEVARD BOLINGBROOK, IL 60440	<u> </u>	
(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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	0:700am document Z1, physician, was status. R2 was me Z1 examined R2. It bluish discoloration support and Lasix 01:50pm a scant lignoted: it had a foul 01:00pm with Vicoo was present at 01:5 and had not voided was relayed to the at At 04:00pm on 12/2 edema present with a foul odor. A Bluis the scrotum. Z2, Nof abdominal pain a indwelling urinary of inserted. 500 cubic urine was emptied in 07:30pm Vicodin which was rated at scale.  At 05:30am on 12/2 document that R2 is per deci-liter. Gluca remained unchange condition and R2 we Emergency Room for At that time Z2 tran hypoglycemia, scroscrotal drainage that smelling.	lursing Notes documented at ed 3+ edema to the scrotum. paged for this change in dicated with Vicodin for pain. There was no scrotal pain, or drainage. A scrotal were ordered at 10:30am. At the green/yellow drainage was odor. R2 was medicated at lin for scrotal pain. No pain 50pm. R2 voided at 07:00am since that time. R2's status	F99	666			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145710	B. WIN			C <b>01/04/2012</b>		
NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - BOLINGBROOK				4	REET ADDRESS, CITY, STATE, ZIP CODE 31 WEST REMINGTON BOULEVARD BOLINGBROOK, IL 60440	0.70	72312	
(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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F9999	blood sugar of 30. I R2 had been in a lo He was alert and o could not be rated. a "grapefruit" and s odor was noted. He and was slow to res	ent who was found with a R2's scrotum was swollen and of of pain due to this problem. omplained of scrotal pain that The scrotum was the size of ome discoloration and foul e was alert and oriented 2/3, spond.	F99	999				
	admitted with mass violaceous discolor exquisitely tender to	ive scrotal swelling with ation of the left scrotal sac; palpation. He was admitted scrotal gangrene and						
	Nurse,E8, Nurse, a privately regarding	tified Nursing Assistant, E7, nd Z1 were interviewed the status of R2's scrotal here were no change in prior to 12/12/11.						
	R2's scrotum was sexamined R2 on 12 time no scrotal discovere noted. At 01:1 yellow green drainal incontinence brief. not report to the phoecause he wanted the source. In additional between 07:00am at this information was of shift.	bout 10:30am E7 stated that swollen. He paged Z1. Z1 2/20/11 in the morning. At that coloration, pain, or drainage 50pm a small amount of ge was noted in R2's adult It was foul smelling. He did ysician about the drainage I to monitor it and determine ition R2 did not urinate and 01:50pm. E7 added that is relayed to E8 at the change						
	At 02.45pm on 01/	03/12 E8 stated that Z2 was						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		145710	B. WIN			C <b>01/04/2012</b>	
NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - BOLINGBROOK			•	43	REET ADDRESS, CITY, STATE, ZIP CODE 31 WEST REMINGTON BOULEVARD COLINGBROOK, IL 60440		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	notified of R2's inaturinary catheter wauriner turn and the present prior to the relieved. I did give I my shift. It relieved. On 01/03/12 at 11:0 too familiar with R2 examined him yet. to assess. Every th R2 to the hospital problem with sugar sugar control. I wadiscoloration, draindischarge to the hood on 01/03/11 at 11:4 stated,"I had exam 12/20/11. At that till His scrotum was syscrotal support. The pain, or discoloration examination. I was changes. Stranguloccur suddenly and sudden onset. R2 Obesity, Hypertensin Diabetes Mellitus. were not informed discoloration of the his discharge. I wo Emergency Room in the property of the	polity to void. An indwelling is inserted. There was good a abdominal pain that was insertion of the catheter was R2 Vicodin for scrotal pain on the scrotal pain.  Doam Z2 stated she was not in the was on my list of residents and in 12/20/11. I knew he had a in urinary retention, and blood is not aware of scrotal age, or scrotal pain prior to his spital.  Doam Z1was interviewed. He sined R2 in the morning of me he was medically stable. Wollen.: I ordered Lasix and a stere was no scrotal drainage, on at the time of my in not informed of these ation of blood vessels can also at risk because of on, Hypertension, and I, or my Nurse Practitioner of R's drainage, bluish scrotum, or scrotal pain until and have sent R2 to the for evaluation and treatment at in informed of the bluish	F99	999			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IULTIPLE CONSTRUCTION  ILDING	COMPLE	(X3) DATE SURVEY COMPLETED	
		145710	B. WING			C 01/04/2012	
NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR - BOLINGBROOK				STREET ADDRESS, CITY, STATE, ZIP CODE 431 WEST REMINGTON BOULEVARD BOLINGBROOK, IL 60440			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG			(X5) COMPLETION DATE	