

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145710</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/31/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEADOWBROOK MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>431 WEST REMINGTON BOULEVARD BOLINGBROOK, IL 60440</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0761  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure medication rooms were secured with locks. The facility also failed to ensure only authorized personnel were allowed in the medication rooms. This failure has the potential to affect all 141 residents in the facility. The findings include: The Facility Data Sheet, dated 8/20/20, shows the facility census as 141. 1. On 8/20/20 at 8:20am, the medication room check was conducted on the first floor with V11 (Nurse). The medication room door was unlocked. Upon entrance, there was a medication cabinet with 4 compartments. Three of the four compartments were unlocked. V11 stated the medications in the cabinet are house stock. V7 (Infection Control Practitioner) and V8 (Medical Records Personnel) were also sitting inside the medication room. On 8/20/20 at 8:24am, V7 stated he uses the medication room as his office. V7 stated he works from the office five days a week, but does not have a key to the room. V7 has a desktop and other belongings in the medication room. V7 further stated he is not a nurse and is a physician from India, but does not have a license to practice in USA. On 8/20/20 at 8:29am, V8 stated she came into the room to do some paperwork. V8 stated the door was unlocked when she walked into the medication room. V8 denied having a key to the medication room. Both V7 and V8 were not authorized to be in the medication room by themselves. A note at the door reads: This office must be locked at all times. No personal item belongings allowed inside. 2. On 8/20/20 at 8:40am, the medication room on the second floor was checked with V9 (Nurse). The medication room door was unlocked. There were several medications in the return bin. V9 stated it belonged to discharged residents. The room also contained the emergency intravenous drug box and convenience box. On 8/20/20 at 8:45am, V9 stated the medication room should have been locked. 3. On 8/20/20 at 9am, the medication room on the third floor was checked with V10 (Nurse). The medication room door was unlocked. There were several medications in the return bin placed on the cabinet. The medication refrigerator was also unlocked. The refrigerator contained narcotics that belonged to residents on the floor. There were also bottles of water in the refrigerator. V10 stated she could not find the padlock for the refrigerator and that both the refrigerator and the main medication room door should have been locked. On 8/20/20 at 11:20am, V3 (Director of Nursing, DON) stated the medication room doors should have been locked. V3 further stated the first floor medication room is shared with some staff, but there will be some changes moving forward. Review of facility's policy titled Storage and Expiration Dating of Medications, Biologicals, Syringes and Needles, with a revision date of 10/28/19, showed: 3.1. Facility should store Schedule II-V controlled substances, in a separate compartment within the locked medication carts and should have a different key or access device, i.e. 3.1.1. Store all drugs and biologicals in locked compartment within the locked compartments, including the storage of schedule II-V medications in separately locked, permanently affixed compartments, permitting only authorized personnel to have access. 3.3. Facility should ensure that all medications and biologicals, including treatment items, are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors. 3.6. Facility should ensure that food is not to be stored in the refrigerator, freezer, or general storage areas where medications and biologicals are stored. 13.1. Facility should ensure that Scheduled II-V controlled substances are only accessible to licensed nursing, Pharmacy, and medical personnel designated by Facility.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.