Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6006795 B. WING 04/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **625 NORTH HARLEM** OAK PARK OASIS **OAK PARK, IL 60302** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S 000 **Initial Comments** S 000 Complaint 2292404/IL145110 **Final Observations** S9999 S9999 Statement of Licensure Findings: 300.1210b) 300.1210d)6) 300.3240a) Section 300.1010 Medical Care Policies The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including. but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care The facility shall 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 resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal Attachment A care needs of the resident. Restorative Statement of Licensure Violations measures shall include, at a minimum, the following procedures:

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

TITLE

(X6) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6006795 B. WING 04/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **625 NORTH HARLEM** OAK PARK OASIS **OAK PARK, IL. 60302** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **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 Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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. Pursuant to subsection (a), general d) nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. 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) These Regulations were not met as evidenced by: Based on observation, interview and record review the facility failed to assess a resident for injury in a timely manner following a suspected unwitnessed fall. This failure resulted in R1 not

receiving treatment for a fractured left femoral

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feel if he did fall and wasn't hurt at the time that he would be able to get himself up. Unable to talk to resident as he is out to the hospital at this time. Staff reports that prior to this, resident did not say or show any signs of pain or injury. Review of progress notes shows a raised area to forehead earlier in the week, but according to staff there was no change in his condition since then.

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On 4/11/22 at 1:30 PM V8 (R1's son) stated. "I

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: _ C B. WING IL6006795 04/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **625 NORTH HARLEM** OAK PARK OASIS OAK PARK, IL 60302 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 asked him if he had pain in Russian and he shook his head up and down. When he got the bump on his head, they called me, and I went over there and I was trying to put his pants on and he couldn't stand up. His legs were shaking. I thought, 'what is going on?' and I told the nurse. Then they didn't do anything else. Then when he couldn't walk, they sent him out for the x-ray. There is a stairway across the hall from his room and that door is not locked. He doesn't know up from down and I think he fell on the stairs." R1's Progress Notes dated 3/14/22 state, "While observing resident during morning rounds, small red area noted to left forehead. Area cleaned with normal saline and Bacitracin applied to area." On 4/8/22 at 2:30 PM V6 (LPN) stated, "I came in that morning, and I was doing my rounds. I saw the area on his left forehead was open and reddened. That was not there the day before when I worked. I told (V2) about it. He would usually sit in a chair in his room. That day he was trying to get out of the bed. He used to walk in the halls all the time but then even before this he started to slow down and wouldn't be out walking every day." R1's Progress Notes dated 3/16/22 state. "Resident told son, who is visiting that he has leg pain. Resident cannot tell writer that he is in pain due to language barrier. Resident did not grimace or have any facial expressions of pain. Administered Tylenol without any issues will continue to monitor." R1's Progress Notes dated 3/17/22 state, "Resident was noted to be moving slow to feed himself and missing his mouth. He was assisted to sit up by the side of the bed and was feed by

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the writer. Due meds given to time with 650mg

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R1's Care Plan dated 9/11/21 states, "(R1) has

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006795			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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S9999	Dementia, Speaks I R1's Care Plan date at risk for falls relate problems, unaware interventions include Monitor/document/re MD for signs/sympte mental status, new inability to maintain R1's Hospital Orthop showing dated of 3/2 left. Post-Operative	munication related to Russian." ed 9/10/21 also states, "(R1) is ed to confusion, gait/balance of safety needs" The e: 1/18/22: eport as needed x 72 hours to oms: pain, bruises, change in onset: confusion, sleepiness, posture, agitation" pedic Progress Notes 23/22 states, " Hip fracture, Day 1 left hip alf of the hip is replaced).	S9999				

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