

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/11/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUSTIN OASIS, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SOUTH AUSTIN BLVD CHICAGO, IL 60644</b>
--	---

(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) COMPLETE DATE
S 000	Initial Comments  Complaint Investigation: 2282996/IL145893 Complaint Investigation: 2283236/IL146211	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1210b) 300.1210d)1  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.  Section 300.1210 General Requirements for Nursing and Personal Care  b) 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	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/11/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUSTIN OASIS, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SOUTH AUSTIN BLVD CHICAGO, IL 60644</b>
--	---

(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) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that residents' medications are administered as ordered by the physician. This failure affected two residents (R2 and R3) out of three residents reviewed for quality of care and administration of prescribed medications. In addition to other medications of R2 that were missed, R2's psychotropic medication (Quetiapine) was also missed. As a result, R2's aggressive behavior escalated and R2 physically attacked another resident (R1). R1 sustained a blunt head trauma, fractured nose, and eyebrow laceration and was sent to the hospital.</p> <p>According to R2's physician progress notes dated 2/28/22 at 8:52 PM written by V29(Nurse Practitioner), both R2's Valproic Acid and Quetiapine are supposed to help manage R2's behavior problems.</p> <p>On 5/3/22 at 12:15 PM, V1(Administrator) presented R2's MAR (Medication Administration Records) and POS (Physician Order Sheets)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/11/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUSTIN OASIS, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SOUTH AUSTIN BLVD CHICAGO, IL 60644</b>
--	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>which were reviewed for R2's Psychotropic Medications.</p> <p>R2's POS dated 4/23/2020 states: Quetiapine Fumarate Tablet 100 mg Give 1 tablet by mouth every 12 hours related to Schizoaffective Disorder, Bipolar Type.</p> <p>There were missing entries for Nurses' signatures on the MAR for February 2022, March 2022 and April 2022 at 9 PM for Quetiapine Fumarate Tablet 100 mg(milligrams) Give 1 tablet by mouth every 12 hours: On February 16th, March 3rd, March 22nd, March 29th, and April 5th.</p> <p>R2's POS dated 4/23/2020 states: Valproic Acid capsules 250 mg, Give 500 mg by mouth every 12 hours.</p> <p>R2's Valproic Acid Capsules administration records had missing entries for nurses' signatures on 2/16/22 at 9 PM, 3/3/22 at 9 PM, 3/22/22 at 9 PM, 3/29/22 at 9 PM, 4/5/22 at 9 PM, 4/16/22 at 9 PM, 4/25/22 at 9 PM, and 4/26/22 at both 9 am and 9 PM.</p> <p>R2's care plan dated 4/18/2020 states that R2 is receiving psychotropic medications to help manage/alleviate symptoms of Dementia with Behavior Disturbances. Intervention states in part to Administer medications as ordered. R2's care plan dated 2/10/2022 states that R2 has a history of aggressive, inappropriate, attention-seeking and maladaptive behavior. Intervention states in part to give psycho-active medications as ordered.</p> <p>R2's MDS(Minimum Data Set) dated 4/12/2022, Section E(Behavior Section) shows the following: R2 has Delusions as a potential indicator of psychosis; Behavioral Symptom Presence and Frequency scored 2, which implies that "Physical Behavioral Symptoms directed toward others(like hitting, kicking, pushing, scratching, grabbing) occurred 4-6 days but less than daily.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/11/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUSTIN OASIS, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SOUTH AUSTIN BLVD CHICAGO, IL 60644</b>
--	---

(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) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>On 5/3/22 at 2.00 PM, V2(Director of Nursing) was interviewed regarding the MAR that shows resident's medications that were not signed by the nurses. V2 stated "Nurses are supposed to sign when they give medications to residents, and if they didn't give it, there is a chart code to put in, and they should also document in the resident's progress notes why the medication was not given. It is not acceptable to leave the MAR blank. If you didn't chart it, you didn't do it."</p> <p>On 5/3/22 at 1:48 PM, V19(R2's Attending Physician) was interviewed regarding R2's missed medications. V19 stated that if a resident does not take his psychotropic medications, they will start to have psychosis, delusional thoughts, physical and verbal aggression. V19 added that residents have a right to refuse their medications but that right ends when the resident becomes aggressive and hits another resident or a staff. V19 explained that the natural consequence or sequence of events is that when they don't take their medications, their judgement is impaired, and they become aggressive and may physically attack someone else.</p> <p>On 5/2/22 at 2:09 PM V10(QA Nurse/Fall Nurse) presented R3's MAR (Medication Administration Record) and POS (Physician Order Sheets) which were reviewed. There were missing entries for Nurses' signatures on the MAR for February 2022 as follows: February 13th at 9 PM- Haloperidol Tablet 10 mg Give 1 tablet by mouth two times a day February 16th at 9 PM-Haloperidol Tablet 10 mg Give 1 tablet by mouth two times a day February 23rd at 9 am- Haloperidol Tablet 10 mg Give 1 tablet by mouth two times a day. R3's POS dated 5/4/22 states: Haloperidol Tablet 10 mg Give 1 tablet by mouth two times a day for</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/11/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUSTIN OASIS, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SOUTH AUSTIN BLVD CHICAGO, IL 60644</b>
--	---

(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) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>psychosis until 3/5/22.</p> <p>On 5/3/22 at 2:00 PM V2(DON/Director of Nursing) was interviewed regarding R3's MAR that had the missing nurse's signature entries. V2 stated "The nurses are supposed to sign out on the MAR if they are giving the medication. The nurses are supposed to be using the codes if they are not giving the medication and documenting in the progress notes".</p> <p>On 5/2/22 at 12 PM V1(Administrator) presented the policy "Physician Orders". This undated policy states in part: These guidelines are to ensure that: #1. Changes in resident status/condition are assessed and physician notification is based on assessment findings and is to be documented in the medical record. #2 Any orders given by Physician are carried out.</p> <p>On 5/4/22 at 1:30 PM, V1 (Administrator) presented the facility's Medication Administration Policy. This undated policy states, under "Administration of Medications": Medications must be administered in accordance with a physician's order at his/her discretion e.g., the right resident, right medication, right dosage, right route, and right time.</p> <p>(A)</p>	S9999		