STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054957	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK OASIS	625 NORTH HARLEM , OAK PARK, Illinois, 60302

(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) COMPLETION DATE
S0000	Initial Comments Facility Reported Incident of 8/4/25/2609951	S0000		
S9999	Final Observations Statement Of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210d)6) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active	S9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 participation of the resident and the resident's guardian or representative, as applicable 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 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. 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: 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. These regulations were not met as evidenced by: Based interview and record review facility failed to follow its abuse prevention policy and did not prevent an incident of resident-to-resident abuse. This deficient practice affected two of three residents (R1 and R2) reviewed for abuse. This failure resulted in R2 directing a racially derogatory term at R1 and spitting on R1. R1 was unavailable for interview during the survey; however, based on the Reasonable Person Concept, a reasonable person in R1's situation would likely experience humiliation, emotional distress, fear, and a sense of being unsafe because of the incident. Findings Include: R1 is not available for observation or interview. R1 MDS dated 8/1/25 denotes BIMS score of 10 (cognitive impairment). R1 care plan dated 7/28/28 with revision date of 8/12/25 denotes in-part R1 comprehensive assessment reveals history of suspected abuse or neglect or factors that may increase her susceptibility to abuse/neglect. R1 will be treated with respect, dignity and reside in the facility free of mistreatment, ongoing. R1 progress note dated 8/4/25 denotes R1 accused another resident of spitting on her and calling her the N word when she walked by him in the hallway.	S9999		

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S9999	Continued from page 2 R2 face sheet shows diagnosis of delusional disorder, schizophrenia, unspecified psychosis. Facility final incident report dated 8/8/2025 denotes in-part on 8/4/25 the resident allegedly called a co-peer a name and spit in her face. R2 put on 1:1 monitoring until sent to hospital for psych evaluation. Investigation initiated. On 8/4/25 at approximately 3:30am, R2 and R1 were waking past each other on two main hallways. The resident calls R1 a black nxxxxx bxxxxx and spits in her face. R1 goes to the nurse's station to report incident to the nurse. R1 states she said nothing to provoke the incident. When asked why he called the resident a name and spat on her, R2 replies by speaking gibberish and off topic. R2 is put on 1:1 monitoring, sent to the hospital for psych evaluation. Witness statements dated 8/6/25 denotes in-part, on Sunday after handing R1 some linen from the cart for her bedding, while she was walking back to her room I heard R1 say" don't spit on me " and I looked up and told R2 to go back to his room. R2 progress notes dated 9/1/25 denotes in-part resident spit on one of the female residents without apparent reason. Writer tried to assess the resident why he spit on the resident, got no good reason except bad words coming from his mouth. Writer tried to talk to the resident to avoid getting near him because of his behavior issues. R2 plan of care dated 10/18/2024 with revision date of 9/2/25 denotes in-part for moderate to intense anger, related to poor listening skills, often becoming angry, defensive calling staff names, calling residents and staff Nxxxxx. R2 has history of spitting on other residents. Interventions are to encourage resident to talk about his feelings during support groups, work with the resident on improving listening skills, encourage resident to talk about anything that might be on his mind, anything that bothers him. There are no updated interventions noted for 9/1/2025, spitting incident. There are no intervention updates noted for the 8/4/25 spitting incident. R2 care plan has no updated intervention for the identified behaviors noted on the comprehensive quarterly assessment dated 7/9/25. R2 MDS dated 7/9/2025 denotes BIMS score of 14, section E for behaviors denotes R2 has physical, verbal, and other behaviors directed towards others 1-3 times a week.	S9999		

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S9999	Continued from page 3 9/15/25 at 10:59am V2 (Administrator) stated investigation was conducted he had no findings, administrator agreeable that spitting on resident is an assault. Resident right policy, date 11/2018, denotes in-part employees shall offer all resident privacy and treat all residents with respect, kindness and dignity. To provide an environment of care that supports a positive self-care. Facility policy abuse prevention and reporting effective date 6/7/2013 denotes in-part; the facility affirms the right of our residents to be free from abuse, neglect, misappropriation of property, corporal punishment, and involuntary seclusion. Abuse is willful infliction. The Resident Rights for People Living in the Long-term care denotes in-part, you must not be abused, neglected, or exploited by anyone, financially, physically, verbally, mentally or sexually. (B)	S9999		