STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145714	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Park Oasis	625 North Harlem Oak Park, IL 60302

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50519 Based on interview and record review, the facility failed to protect a resident from a potential sexual abuse by not monitoring a resident with a history of wandering from going into other resident rooms. This failure affected one (R1) of three residents reviewed for abuse. Findings include: R1 is a [AGE] year-old female who was admitted to the facility 07/13/2021 with diagnosis history of Dementia with behavioral disturbance, Psychosis, Vitamin D Deficiency, Gastroesophageal reflux disease, Dysphasia, Bipolar, and history of falling. On the (MDS) Minimal data Set assessment of 06/24/24 section C the BIMS (Brief Interviewed Mental status) score was 07/15and on MDS of 06/25/24 section GG R1 requires walking supervision or touching assistance. R2 is a [AGE] year-old male who was admitted to the facility on [DATE] and discharged [DATE] after an allegation of sexual abuse towards R1. R2 has a diagnoses history of Dementia, Hypertensive, Encephalopathy, Cerebral atrophy, Right Inguinal Hernia, and Anemia. On the (MDS) Minimal data Set assessment of 07/10/24 section C the BIMS (Brief Interviewed Mental status) score was 12 /15 and on MDS of 07/1024 section GG R2 requires walking supervision or touching assistance. On 09/30/24 at 11:19 AM R3 said R1 has a habit of wandering in and out of rooms and did so just a couple of days ago. R3 said on 09/16/24 he was in his room when R1 came in and sat down on R2's bed. R3 said R2 touched R1 inappropriately then wrapped his arms around R1's leg. R3 said he then went straight to the nursing station to call the nurse. R3 said R1 had her brief on but she exposed herself and R2 does not wander around. R3 said, I never seen him touching anyone inappropriate before. On 09/30/24 at 11:25 AM V5 (Licensed Practical Nurse) said that she was by the nursing station charting, when R3 came in and let her know that R1 wandered into his room, and that R1 was there with R2. V5 requested V6(Certified Nursing Assistant) to go and get R1 out of the room. When V6 came back to the nursing station, V6 said that R1 had her dressing up to her waist and R2 had his pant off. R1 was brought to the nursing station and had bowel movement all over. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145714	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Park Oasis	625 North Harlem Oak Park, IL 60302

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/30/24 at 4:35PM V6 (Certified Nursing Assistant) said, he was going down the hallway when R3 was talking to V5 (Licensed Practical Nurse), R3 stated that R1 is in the room with R2. V5 asked me to go investigate what was going on. V6 stated that when he went to the room, he saw R2 on top of R1. R1 had her dress up to her waist without her brief and R2 had his jeans at his thigh level without his brief. V6 said he called V5. R1 and R2 were separated. On 09/30/24 at 12:51PM V10 Family Member was called and stated, I received a phone call on 09/16/24 around 8:00 PM and received a report that R1 and R2 were found without pants. V10 said, R1 was then sent to the hospital for evaluation. On record review R1 was taken to a local Hospital for Sexual Assault Exam (SANE) and Police report completed. R1 returned to the facility the next day. On 10/01/24 at 2:26 PM V1 (Administrator) said, the diagnosis of dementia of R1 and her wandering behavior will place her at risk for abuse and requires increased supervision. V1 stated that he was not aware of how long R1 was not supervised before a staff member went to get on R1 out of R2's room. On 10/01/24 at 2:50PM V2 (Director of Nursing) said that R1 cannot speak for herself, and her Dementia is advanced and cannot give consent for sexual activity. V2 said R1 requires close monitoring because of her wandering behavior and R1 was not supervised when she went to R2's room. On 09/30/24 V1 provided a Facility Policy titled, Abuse Prevention Program Facility Policy undated. Which reads: This facility affirms the right of our residents to be free from abuse. Abuse means any physical, or mental injury or sexual assault inflected upon a resident other than by accidental means.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145714	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Park Oasis	625 North Harlem Oak Park, IL 60302

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40718 Based on interviews and record reviews the facility failed to follow their policy and procedure for Involuntary Discharge by not demonstrating that the safety of individuals in the facility was endangered due to the clinical or behavioral status of a resident who was not permitted to return to the facility after hospital transfer and by not ensuring the required documentation for transfer or discharge was included in the resident's medical record. This failure applies to one (R2) of three residents reviewed for involuntary discharge. Findings include: R2 is a [AGE] year-old male with a diagnoses history of Vascular Dementia without Behavioral Disturbance, Depression, Cognitive Communication Deficit, Degenerative Disease of the Nervous System, Seizures, Hepatitis C, Dysphagia, and Gout who was admitted to the facility 10/26/2022. R2's progress note dated 9/16/2024 at 6:20 PM documents he was transferred to the Hospital per physician orders for a psychological evaluation around 6 pm; progress note at 11:14 PM documents progress note was entered late, Writer was made aware at approx. 3:20pm R2 was involved in an inappropriate occurrence with female peer. R2 is alert and orientated x 2 with confusion and bouts of forgetfulness, benefits from cues and supervision due to poor decision-making skills. Writer spoke with notified nurse practitioner of incident and was given orders to send R2 to the hospital with a petition. R2's Discharge Minimum Data Set, dated dated dated [DATE] documents his return was anticipated. R2's progress note created by V2 (Director of Nursing) dated 9/17/2024 documents he was admitted to the hospital for psych evaluation. Belongings packed and bed remains on hold for 10 days per policy. Abuse Investigation Report dated 09/20/2024 documents R2 was observed engaged in sexually inappropriate behavior with R1 after she wandered into his room, and he was sent to a hospital for psychiatric evaluation. R2's progress note dated 9/21/2024 documents V9 (Family Member) came to pick up R2's clothes and left the facility with one bag of clothes. R2's progress note created by V3 (Social Services Director) dated 9/23/2024 documents Writer emailed R2's POA paperwork and upcoming medical appointments to VA Clinic addressed to the Admissions Department at another facility. Family also came to pick up the last bag of clothing within R2's room. On 09/30/2024 at 11:01 AM V7 (Certified Nursing Assistant) stated she heard there was an incident with R2 but she was not working on that day. V7 stated she has worked in the facility for two years and typically works on the 2nd floor and has not known R2 to ever engage in any inappropriate behaviors. V7 stated none of the other residents have ever complained about any inappropriate behaviors from R2. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145714	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Park Oasis	625 North Harlem Oak Park, IL 60302

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/30/2024 at 11:20 AM V8 (Housekeeper) stated she has never observed R2 engaged in any inappropriate behaviors and had not had known of any previous incidents involving sexually inappropriate behaviors from R2. V8 stated R2 does not roam and wander around. R2's current care plan does not include documentation of a history of sexually inappropriate behaviors or any other behaviors that would place him or other residents in danger. On 09/30/2024 at 11:54 AM V1 (Administrator) stated R2 was sent to another facility just to be on the safe side. On 09/30/2024 at 12:15 PM V2 (Director of Nursing) sated R2 does not have any discharge records or reports because it was V4's (Psychiatrist) decision to send R2 to another facility. V2 stated no one from the facility talked to R2 to determine if it was his wish to discharge. V2 stated she was not aware that R2 was transferred to another facility until after it was done. V2 stated R2 is confused and forgetful with a diagnosis of dementia. V2 stated R2's family notified the facility that R2 was transferred to another facility and spoke with the V3 (Social Services Director) about his transfer. V2 stated she and V1(Administrator) spoke with R2's family regarding his discharge and they were concerned about the facility he was transferred to. V2 stated R2's family was advised it wasn't the facility's decision, it was the decision of the hospital social worker. V2 stated she and V1 spoke with V9 (Family Member). V2 stated R2 and his family did sign a contract for him to stay at this facility. V2 stated residents are not transferred or discharged to another facility without them or their family member requesting it. V2 stated she can't speak to why this did not apply to R2 because she wasn't a part of the process of having him transferred. V2 and V1 agreed R2 was their responsibility. When asked by the surveyor why no one asked V9 if she wanted R2 to return to the facility, V2 stated V9 never mentioned she wanted R2 to come back to the facility and informed she would handle having him transferred to another facility. On 09/30/2024 at 12:31 PM V9 (Family Member) stated the facility called her and said R2 couldn't come back here. V9 stated the facility didn't give her any options and did what they did with him and that was it. V9 stated her wish was for R2 to remain at the facility but they made it clear as day they didn't want him to come back to the facility. V9 stated she was told that a woman entered R2's room, and he was found on top of her. V9 stated she was told that clothes were down and then was told they were not down. V9 stated she was told multiple different stories about the incident that occurred between R2 and R1. V9 stated R2 had responded about the incident by saying it wasn't like that but they weren't listening to him. V9 stated R2's belongings were packed and she picked up his things because she felt like she had no other choice. On 10/01/2024 at 11:54 AM V2 (Director of Nursing) sated the physician never provided any documentation to the facility regarding R2's transfer/discharge to another facility. On 10/01/2024 at 12:35 PM When asked if R2 had a history of engaging in sexually inappropriate or other unsafe behaviors towards other residents V2 (Director of Nursing) responded not that she was aware of. V2 stated at least approximately 6 months ago R2 was involved in some type of altercation with a male that he shared a room with before. V2 stated she would not say she considered R2 to be a threat to the other residents. V2 stated if residents engage in behaviors that are unsafe for other residents they will be petitioned out to the hospital for a psychological evaluation. V2 stated if this is a continuous issue where they've tried to intervene unsuccessfully then they would initiate an involuntary discharge. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145714	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Park Oasis	625 North Harlem Oak Park, IL 60302

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Involuntary Discharge or Transfer Policy received 09/30/2024 states: The facility will provide proper procedure of an involuntary transfer or discharge pursuant to the regulations of the Health Care Financing Administration for States and long-term care facilities, 42 CFR 438.12 (federal regulations): and State rules and regulations. The resident's record must include the (1) reasons for the transfer/discharge (2) needs that cannot be met by the facility, steps taken to meet those needs, and needs that can be met by new facility as documented by resident's physician. Documentation in the notice must (1) demonstrate the condition which warrants the transfer. The resident's physician must document in the record if the reason for discharge is either the resident's welfare cannot be met; or any physician can document in the resident's record when the safety of other individuals are endangered. The explanation and discussion of the transfer or discharge with the resident and his representative shall be summarized in the resident record. The Illinois Department of Public Health (IDPH) prescribed form entitled Notice of Involuntary Transfer or Discharge and Opportunity for Hearing must be completed and given to the resident with a copy placed in the resident record. The resident's record must include descriptive ongoing documentation to demonstrate the need for transfer/discharge. R2's most current physician order sheet does not include an order for discharge. R2's medical records did not include documentation a history of sexually inappropriate or unsafe behaviors from R2 or of the physician's reason's for his discharge.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145714	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Park Oasis	625 North Harlem Oak Park, IL 60302

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50519 Based on interview and record review, the facility failed to provide adequate supervision for a resident with dementia and a history of wandering by not ensuring that the resident was not wandering into resident rooms. This failure affected one (R1) of three residents reviewed for supervision. Findings include: R1 is a [AGE] year-old female who was admitted to the facility 07/13/2021 with diagnosis history of Dementia with behavioral disturbance, Psychosis, Vitamin D Deficiency, Gastroesophageal reflux disease, Dysphasia, Bipolar, and history of falling. R2 is a [AGE] year-old male who was admitted to the facility on [DATE] and discharged [DATE] after an allegation of sexual abuse towards R1. R2 has a diagnoses history of Dementia, Hypertensive, Encephalopathy, Cerebral atrophy, Right Inguinal Hernia, and Anemia. On 09/30/24 at 11:19 AM R3 said R1 has a habit of wandering in and out of rooms and did so just a couple of days ago. R3 said on 09/16/24 he was in his room when R1 came in and sat down on R2's bed. R3 said R2 touched R1 inappropriately then wrapped his arms around R1's leg. R3 said he then went straight to the nursing station to call the nurse. R3 said R1 had her brief on but she exposed herself and R2 does not wanderer around. R3 said, I never seen him touching anyone inappropriate before. On 09/30/24 at 11:25 AM V5 (Licensed Practical Nurse) said, when she was by the nursing station charting, R3 came in and let me know that R1 wandered into his room, and she was there with R2's. V5 requested V6 (Certified Nursing Assistant) to go and get R1 out of the room. When V6 came back to the nursing station, V6 said that R1 had her dressing up to her waist and R2 had his pant off. On 09/30/24 at 4:35PM V6 (Certified Nursing Assistant) said, he was going down the hallway when R3 was talking to V5 (Licensed Practical Nurse). R3 stated that R1 is in the room with R2. V5 asked me to go investigate what was going on. V6 stated that when he went to the room, he saw R2 on top of R1. R1 had her dress up to her waist without her brief and R2 had his jeans at his thigh level without his brief. V6 said he called V5. R1 and R2 were separated. On 09/30/24 at 11:20AM V8 (Housekeeper)stated that R1 wanderers around the unit, and she did not see R2 being sexual inappropriate or touching anyone in the past. On 09/30/2024 at 12:31 PM V9 (Family Member) stated if they were being watched I'm trying to figure out how she even got in his room. On 10/01/2024 at 12:40 V2 (Director of Nursing) stated that R1 wanderers around the unit, and she sits by the nursing station or goes to the dining room. On 10/01/24 at 2:26 PM V1 (Administrator) said, the diagnosis of dementia of R1 and her wandering behavior will place her at risk for abuse and requires increased supervision. V1 stated that he was not aware of how long R1 was not supervised before a staff member went to get on R1 out of R2's room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145714	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Park Oasis	625 North Harlem Oak Park, IL 60302

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/01/24 at 2:50PM V2 (Director of Nursing) said, that R1 cannot speak for herself and her Dementia is advanced and R1 cannot give consent for sexual activity. V2 said R1 requires close monitoring because of her wandering behavior and R1 was not supervised when she went to R2's room. On 10/01/2024 at 3:08PM V2 provided Facility Policy Title Wanderers undated, which reads: Residents identified as wanderers will have a Preventative Program to prevent possible injury and/or elopement. Supervision and Safety: 3. Staff will use various sources to identify residents' risks factors 4. The type and frequency of supervision is determined by individuals' resident assessment needs. 10. Staff to make visual rounds on residents minimally every two hours and more often, if necessary, based on resident's assessment needs.