

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145714	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER Oak Park Oasis		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow its Urinary Catheter Care policy to provide catheter care to residents. This applies to 3 of 4 residents (R2, R3, and R4) reviewed for indwelling catheter care in a sample of 4.1.R2 is an [AGE] year-old female admitted with moderate cognitive impairment as per the MDS dated [DATE]. On 7/16/25 at 9:00 AM, R2 was observed in her bed with an indwelling catheter bag with one-fourth urine placed flat on the bed. On 7/16/25 at 9:03 AM, V3 (Licensed Practical Nurse/LPN) stated that the indwelling catheter bag shouldn't be on the bed to prevent urine backflow, which could cause infection. A review of the indwelling catheter care plan document interventions including to position catheter bag and tubing below the level of the bladder.On 7/16/25 at 11:25 AM, observed V5 (Certified Nursing Assistant/CNA) providing catheter care to R2, who was on a geriatric chair. V5 used soap and water to wipe down the catheter without cleaning the labia. On 7/16/25 at 11:30 AM, V5 stated that she usually cleans the labia when R2 is in bed. V5 added that since R2 was on the chair, it was hard to spread out her legs to clean the labia. 2.R3 is a [AGE] year-old female admitted on [DATE] and having mild cognitive impairment as per the MDS dated [DATE]. On 7/16/25 at 9:10 AM, R3 was in her bed with an indwelling catheter in place, and V4 (Registered Nurse/RN) and V5 were checking R3's catheter. R3 was observed with an indwelling catheter not secured to her thigh with no stat lock or tape in place.3.R4 is a [AGE] year-old male admitted on [DATE] with moderate cognitive impairment as per the MDS dated /16/25. On 7/16/25 at 9:15 AM, observed R4 lying on his bed with a urine leg bag tied to his thigh and without having the catheter secured. On 7/16/25 at 11:45 AM, observed V7 providing catheter care to R4 (uncircumcised). V7 used soap and water to wipe down the indwelling catheter without retracting the foreskin to clean the catheter-meatal junction. On 7/16/25 at 2:00 PM, V2 stated, For uncircumcised male residents, the staff should retract the foreskin to cleanse the catheter-meatal junction while providing the catheter care. For female residents, staff should have clean labia while providing catheter care. The indwelling catheters should be secured to avoid tension, and also the bag should be kept to drain under gravity to prevent urine backflow. The facility presented the Urinary Catheter Care policy (5/14) document:5. Indwelling catheters will be secured to prevent trauma and tension.6. Catheters shall be positioned to maintain a downhill flow of urine to prevent a backflow of urine into the bladder or tubing during transfer, ambulation, and body positioning.16.Male residents who are uncircumcised shall have the foreskin retracted and the catheter-meatal junction cleansed, replacing the foreskin over the penis when the procedure is completed.</p>

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.

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