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	05/22/2026

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a functioning Gastrostomy Tube (GT) was available for a GT resident to administer bolus feed and free water flush as ordered by the physician. The facility also failed to follow its Gastrostomy or Jejunostomy Feeding policy by not administering the GT free water flush before and after feeding as ordered by the physician. This applies to 1 of 2 residents (R3) reviewed for GT care in a sample of 5.The Findings include:R3 is a [AGE] year-old male admitted on [DATE] with severe cognitive impairment as per the Minimum Data Set (MDS) dated [DATE].R3 was admitted with an admitting diagnosis of gastrostomy, dehydration, seizure, and anoxic brain damage.A review of the progress notes dated 4/2/26 documented that R1 was sent for an appointment with his mother, and, upon being seen by the MD, became agitated, with his heart rate elevated, and was admitted to the county hospital.A review of the hospital/Medical Intensive Care Unit (MICU) consult note dated 4/2/26 documented that R3's labs on admission to the county hospital showed an elevated sodium level (Hypernatremia) of 161, and MICU was consulted for further management given the complexity of the patient's issues.On 5/20/26 at 12:00 PM, observed V6 (Registered Nurse/RN) performing a 200 ml free water flush with R3's GT. Observed the GT port leaking onto R3's stomach, and V6 was unable to administer the bolus feeding and free water flush. V6 stated that she was supposed to give a free water flush of 200 ml altogether.A review of the R3's POS (Physician Order Sheet) documented that the physician placed an enteral feed order three times per day, 475 (ml), and a 300 ml free water flush before and after feeding at 0800, 1200, and 1600.On 5/20/26, at 1:10 PM, V2 (Director of Nursing/DON) attached an extension to the current GT port, and it was still leaking. V2 stopped feeding, saying that The port is leaking, and I need to consult with our nurse consultant.On 5/20/26 at 2:00 PM, V2 stated, Nurses are supposed to verify the physician orders and flush GT with the amount of water the MD ordered. R3 had a history of hypernatremia, so the MD ordered 300 ml before and 300 ml after feeding. Insufficient amount of feeding & flush can cause dehydration.The facility presented an undated Gastrostomy/Jejunostomy Feeding policy documented: Refer to MAR (Medication Administration Record) for orders for feeding amount, frequency, and water flush before beginning.

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