

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 10/25/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>50469</p> <p>Based on observation, interview, and record review the facility failed to provide privacy and dignity to residents. This deficiency affects three (R65, R112 and R372) of three residents in a sample of 24 reviewed for residents right.</p> <p>Findings include:</p> <p>On 10/22/24 at 9:10AM, R372 observed in bed with Foley catheter bag hanging on left side of bed visible when entering the room with no privacy bag covering.</p> <p>On 10/22/24 at 9:20AM, R112 observed sitting in bed with Foley catheter bag on left side of bed sitting on floor and no privacy bag covering.</p> <p>On 10/23/24 at 1:23 PM, V14 (Licensed Practical Nurse) did not provide privacy during intravenous medication administration for R112, V14 did not close room door and did not pull privacy curtain.</p> <p>On 10/23/24 at 1:28PM, R64 observed in bed with no privacy curtain available.</p> <p>On 10/22/24 at 9:25AM, V14 (Licensed Practical Nurse) verified that R372 did not have a Foley catheter privacy covering bag, V14 said that the Foley catheter bag should have a privacy bag covering in place.</p> <p>On 10/22/24 at 9:28AM, V14 verified with surveyor that R112 Foley catheter bag was sitting on the floor and that no privacy covering bag was in place. V14 said that Foley catheter bag should not be on the floor and that it should have a privacy bag covering in place.</p> <p>On 10/22/24 at 11:28AM, V3 (Director of Nursing) said that Foley catheter bags should not be placed on floor and should have privacy bag covering in place.</p> <p>On 10/23/24 at 1:30PM, V14 said that he should have provided privacy to the resident when administering intravenous medication.</p> <p>On 10/23/24 at 1:45PM, V14 verified with surveyor that R64 did not have a privacy curtain available V14 said that R64 should have a privacy curtain available for privacy.</p> <p>(continued on next page)</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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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/23/24 at 1:47PM, V10 (Housekeeping Supervisor) verified that no privacy curtain available for R64. V10 said that all residents should have a privacy curtain available.</p> <p>On 10/23/24 at 1:53PM, V3 said that all residents should have a privacy curtain in place and available for resident privacy.</p> <p>Facility's policy on Resident Rights -revised 11/2018</p> <p>Policy: Employees shall offer all residents privacy and treat all residents with respect, kindness and dignity. To provide an environment of care that supports a positive self image.</p> <p>Policy Interpretation and Implementation:</p> <p>n. Privacy and confidentiality.</p> <p>ee. The right to an environment that preserves dignity and contributes to a positive self image.</p> <p>Facility's policy on Dignity-revised 1/2015</p> <p>Policy: Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, and individuality.</p> <p>Responsibilities: All Staff</p> <p>10. Staff shall promote, maintain, and protect residents privacy, including bodily privacy during assistance with personal care and during treatment procedures.</p> <p>11. Urinary catheter bags shall be covered.</p> <p>Facility's policy on Urinary Catheter Care-revised 5/2014</p> <p>Purpose: To establish guidelines to reduce the risk of, or prevent infections in resident with an indwelling catheter.</p> <p>Standards:</p> <p>7. Urinary drainage bags and tubing shall be positioned to prevent either from touching the floor.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>40001</p> <p>Based on observation, interview and record review the facility failed to ensure the care plan was updated to reduce the risk of falls for one of three residents (R77) reviewed for falls in a sample of 24.</p> <p>Findings include:</p> <p>On 10/22/2024 at 10:30am R77 was observed in a chair next to the nurse's station.</p> <p>On 10/22/2024 at 10:33am V24 (Licensed Practical Nurse-LPN) said she is a high fall risk I'm waiting for activity to take her to the dining area.</p> <p>On 10/24/2024 at 11:00am V28 (Minimum Data Set-MDS Consultant), observed with the surveyor that R77 had a fall on 5/25/2024 sustaining a hematoma and no care plan update, R77 had a fall on 9/10/2024 no injury and no care plan update.</p> <p>On 10/24/2024 at 11:05am V3 (Director of Nursing-DON) said the MDS coordinator should update the care plan after every fall she resigned last week.</p> <p>A fall incident report dated 5/25/2024 indicated that R77 had an unobserved fall and sustained a hematoma to forehead and was transferred to the local hospital, no care plan update. On 9/10/2024 R77 had a unobserved fall no injury and no care plan update. An order Summary Report indicated that R77 has a history of falling and an unspecified injury of the head.</p> <p>Facility Policy:</p> <p>Care Plan revised 4/27/21 and 3/15/22</p> <p>Policy:</p> <p>All residents will have comprehensive assessments and an individualized plan of care developed to assist them in achieving and maintaining their optimal status.</p> <p>Procedure:</p> <p>B. When a change occurs in a resident's condition the Care Plan Coordinator is notified by a member of the Interdisciplinary team. The care plan is then reviewed and updated.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview, and record review the facility failed to provide nail care to dependent resident. This deficiency affects one (R110) of three residents in the sample of 24 reviewed for ADL (Activity of Daily Living) care.</p> <p>Findings include:</p> <p>On 10/22/24 at 8:50AM, Observed R110's bilateral fingernails with long and dirty. There are with black matter inside the fingernails.</p> <p>On 10/23/24 at 9:50AM, Observed R110 still with long and dirty fingernails. Showed observation to V23 LPN (Licensed Practical Nurse). V23 said that the CNA (Certified Nurse Assistant) should provide nail care- clean and trim R110's fingernails when providing personal hygiene or bathing/shower. They should check resident fingernails weekly.</p> <p>On 10/23/24 at 1:38PM, Informed V3 Director of Nursing (DON) of above observation. V3 said that the CNA should check for resident's nails when providing ADLs (Activity of Daily Living) and provide nail care as needed.</p> <p>R110 is admitted on [DATE] with diagnosis listed in part but not limited to Acute respiratory failure with hypoxia, Tracheostomy status, Reduced mobility, Severe protein calorie malnutrition. Comprehensive care plan indicates that he has ADL self-care performance deficit related to malnutrition, respiratory failure, dysphagia, epilepsy, tracheostomy tube , gastrostomy tube, resident requires substantial to total assist with ADLs.</p> <p>Facility's policy on ADLs (Activity of Daily Living) indicates:</p> <p>Purpose: To preserve ADL function, promote independence and increase self-esteem and dignity.</p> <p>Facility's policy on Care of Nails indicates:</p> <p>Purpose:</p> <ul style="list-style-type: none"> *To provide cleanliness *To prevent infection *To promote safety <p>Procedure:</p> <ol style="list-style-type: none"> 1. Observed condition of resident nails during each time of bathing. 3. Explain procedure and bring equipment to bedside in shower room. <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. After bathing, use orange stick and clean debris from around and under fingernails</p> <p>5. Trim fingernails in an oval fashion avoiding tissue after bathing or when needed. Be sure nails are soft before trimming.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview, and record review the facility failed to follow physician order in application for right hand splint to resident. This deficiency affects one (R110) of three residents in the sample of 24 reviewed for Restorative Nursing Program.</p> <p>Findings include:</p> <p>On 10/22/24 at 8:56AM, Rounds made with V13 Restorative Nurse to R110. Observed R110 lying on bed with tracheostomy tube connected to oxygen concentrator. He does not wear right hand splint.</p> <p>R110 is admitted on [DATE] with diagnosis listed in part but not limited to Acute respiratory failure with hypoxia, Tracheostomy status, Reduced mobility, Severe protein calorie malnutrition. Active physician order sheet indicates: Primary care physician confirmed order for right hand splint dated 7/30/24. Comprehensive care plan indicates that he has ADL self-care performance deficit related to malnutrition, respiratory failure, dysphagia, epilepsy, tracheostomy tube, gastrostomy tube, resident requires substantial to total assist with ADLs. Admission restorative Nursing assessment dated [DATE] and most recent assessment dated [DATE] indicated: A. Range of motion to right wrist and fingers (Flexion and extension)- moderate loss/50% of norm.</p> <p>On 10/23/24 at 9:40AM, Observed R110 still not wearing right hand splint. R110 said that he does not wear splint on his right hand. V23 LPN said that she has not seen R110 with right hand splint.</p> <p>On 10/23/24 at 11:29AM, V27 Therapy Director said that they have not received referral from nursing to evaluate R110 for right hand splint. 27 said that they have not evaluated R110 for right hand splint. V27 said that he is not aware that there was an order for right hand splint for R110.</p> <p>On 10/23/24 at 12:10PM, Informed V13 Restorative Nurse that R110 was observed since yesterday that he was not wearing right hand splint as ordered. R110 said that he does not wear right hand splint. V13 said that R110's right hand splint was ordered and waiting for arrival.</p> <p>On 10/23/24 at 1:38PM, Informed V3 Director of Nursing (DON) of above observation made. V3 said that they should apply the right-hand splint as ordered by physician. The therapy should be notified of R110's right hand splint order to be evaluated, then R110 will be place on restorative nursing program for the application of right-hand splint.</p> <p>Facility's policy on physician orders indicates:</p> <p>These guidelines are ensured that:</p> <p>2. Any orders given by Physician are carried out.</p> <p>Facility's policy on Splints/Braces/Devices indicates:</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. A Physician's order is necessary to apply a splint/brace or restorative device. The order should include the application location and time to be worn.</p> <p>Facility's policy on Restorative Nursing indicates:</p> <p>Description and rationale:</p> <ul style="list-style-type: none"> *To promote each resident's ability to maintain or regain the highest degree of independence as safely as possible *To promote each resident's highest practicable level of mental, physical and psychosocial functioning *To prevent further loss of independence *To promote wellness and prevent debilitation <p>*Includes, but is not limited to, programs in walking/mobility, dressing and grooming, eating and swallowing, transferring, bed mobility, communication, splint or brace assistance, amputation care and continence program</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview, and record review the facility failed to have an order for tracheotomy tube size and oxygen usage in resident chart. The facility failed to ensure to have an accessible spare tracheostomy tube kit in case of emergency /accidental decannulation. The facility failed to ensure oxygen tubing is changed and dated weekly and as needed. This deficiency affects two (R110 and R372) of three residents in the sample of 24 reviewed for Respiratory Care.</p> <p>Findings include:</p> <p>On 10/22/24 at 8:50AM, Rounds made with V13 Restorative Nurse to R110. Observed R110 lying in bed with tracheostomy tube connected to oxygen concentrator at 2.5LPM.(liter per minute) Oxygen tubing is not dated. V13 searched the bedside drawer for spare tracheostomy tube set or obturator but unable to locate. V13 said that there should be a spare tracheostomy tube at bedside for in case of emergency.</p> <p>On 10/22/24 at 11:30AM, Informed V3 DON (Director of Nursing) of above observation made with R110 having no spare tracheostomy tube set at bedside. V3 said that there should be a spare downsize of tracheostomy tube size of R110 at bedside for emergency in case of accidental decannulation.</p> <p>On 10/24/24 at 10:55AM, V3 DON said that they don't have respiratory therapist that comes to the facility for R110. They don't have policy on respiratory services except for Tracheostomy care. V3 said that there should be an order for tracheostomy tube size in resident chart and oxygen that resident should be receiving. Informed V3 that R110 does not have physician order for size of his tracheostomy tube and oxygen order.</p> <p>R110 is admitted on [DATE] with diagnosis listed in part but not limited to Acute respiratory failure with hypoxia, Tracheostomy status, Shortness of breath, Gastrostomy, Dysphagia. Acute on chronic congestive heart failure. Active physician order sheet does not indicate size of tracheostomy tube and no order for oxygen usage via tracheostomy.</p> <p>Facility unable to provide policy on Respiratory services.</p> <p>Facility's policy on Tracheotomy care indicates:</p> <p>24. Be sure that a duplicate sterile tracheostomy tube with obturator is available at bedside.</p> <p>Facility's policy on oxygen equipment indicates:</p> <p>Objective: To administer oxygen in condition in which infection control is maintained.</p> <p>Procedure:</p> <p>4. Oxygen tubing/nebulizer mask will be changed and dated weekly and as needed.</p> <p>50469</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/22/24 at 9:15AM, R372 observed receiving oxygen via nasal cannula, oxygen nasal cannula tubing was observed with no date.</p> <p>On 10/22/24 at 9:16AM, V26 (Certified Nurse Aide) said that no date was observed on oxygen tubing, and it should a label with date on it.</p> <p>On 10/22/24 at 9:25AM, V14 (Licensed Practical Nurse) said that oxygen tubing should be labeled and dated, V14 verified R372 nasal cannula oxygen tubing did not have a date.</p> <p>On 10/22/24 at 10:19AM, V4(Assistant Director of Nursing) said she is unaware if oxygen tubing should be labeled. V4 said to refer to facility policy.</p> <p>R372 admitted to facility on 10/4/24. Diagnosis include but not limited to cellulitis, type 2 diabetes mellitus, essential hypertension, heart failure, anemia. Physician order dated 10/9/24 for Oxygen 1-2 L per nasal cannula as needed for shortness of breath. Care plan dated 10/9/24 Focus: Resident receives oxygen via nasal cannula.</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>50469</p> <p>Based on observation, interview, and record review the facility failed to ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs. This deficiency affects one (R112) of one resident reviewed for intravenous medication administration in a sample of 24 residents.</p> <p>Findings include:</p> <p>On 10/23/24 at 1:23 PM, observation made with V14 (Licensed Practical Nurse) for intravenous medication administration for R112, V14 did not perform hand hygiene between change of gloves and before exiting room. V14 did not provide privacy during intravenous medication administration, V14 did not close room door and did not pull privacy curtain.</p> <p>On 10/23/24 at 1:30PM, V14 said that he should have performed hand hygiene between glove change and provided privacy to the resident when administering medication.</p> <p>On 10/23/24 at 1:52PM, V3 (Director of Nursing) said that LPN (Licensed Practical Nurse) can administer intravenous medications. Also said that V14 should have performed hand hygiene before and after glove usage and before exiting room. V3 said that resident privacy should be provided when administering medications.</p> <p>On 10/24/24 at 11:25AM, V14 (Licensed Practical Nurse) said that he is not intravenous certified and does not remember when any intravenous medication training was provided.</p> <p>On 10/24/24 at 12:06PM, V3 (Director of Nursing) said that V14 (Licensed Practical Nurse) should not have administered any intravenous medication without the supervision of a Registered Nurse. V14 should have waited for any available Registered Nurse to administer intravenous medication.</p> <p>R112 was admitted to facility on 8/21/24. Diagnosis include but not limited to sepsis, acute cystitis with hematuria. Physician order on 10/15/24 for Piperacillin sodium-Tazobectam sodium in Dextrose intravenous solution 3-0.375GM/50ML every eight hours for sepsis for ten days.</p> <p>Facility's Policy on Intravenous Therapy- revised 7/2014</p> <p>Purpose:</p> <p>To establish guidelines to reduce the risk or to prevent infections during the administration of intravenous fluids and/or medications.</p> <p>Standards:</p> <p>1. Only Physicians, Registered Nurses or Nurse Practitioners shall insert intravenous.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. All personnel inserting intravenous or administering intravenous fluids and medications shall have had training in the procedure. The qualifications must include an adequate return demonstration of intravenous skills. Records shall contain evidence of competency.</p> <p>3. Thorough hand washing shall be performed before and after the insertion.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview, and record review the facility failed to implement enhanced barrier precaution protocol. The facility failed to observe appropriate infection control protocol in handling soiled linens. The facility failed to have measures in place to prevent the growth of legionella and other opportunistic waterborne pathogen in building water system. The facility failed to clean, disinfect medical equipment, and perform hand hygiene during Intravenous medication administration. These deficiencies have the possibility to affect all residents in the facility.</p> <p>Findings include:</p> <p>On 10/22/24 at 6:18AM, Observed soiled linens in a green plastic bag on the floor in the hallway outside by room [ROOM NUMBER] and two bags by the therapy room. V14 LPN (Licensed Practical Nurse) said that it should not be placed on the floor, it should be brought to the soiled linen chute.</p> <p>On 10/22/24 at 6:31AM, V15 CNA (Certified Nurse Assistant) said that soiled linens in green plastic bag should not be placed on the floor, it should be brought directly to the soiled linen chute.</p> <p>On 10/22/24 at 7:05AM, Observed V16 CNA placed the three soiled linens in green plastic bags on recliner chair and holding a bag while pushing the reclining chair to the soiled linen chute at 1 main unit. V16 said that she uses the recliner chair to transport the soiled linen because they cannot find the soiled linen barrel. V16 CNA does not wear gloves.</p> <p>On 10/22/24 at 7:11AM, Observed soiled laundry chute at the 1 main unit open with overflowing of soiled linen in green plastic bags. There are four green plastic bags with soiled linen on the floor. The soiled linen barrel/container is overflowing. V17 CNA said the laundry chute is overflowing because of accumulated soiled linens from evening to night shift. She said that laundry staff will come and collect it when they come this morning.</p> <p>On 10/22/24 at 7:19AM, Observed V18 Housekeeping Aide removing the stacks of soiled linen in green plastic bags inside the laundry chute without wearing gloves. There are loose soiled linens that pulled out from the laundry chute. Once V18 cleared it, he tossed the bags inside the laundry including those bags on the floor. Surveyor introduced self to employee and ask for his name. Employee refused to give his name. Showed to V19 Housekeeping observation made. V19 said that they have only one housekeeper for 7-3 shift and 1pm to 9pm shift. All soiled linens in green plastic bag are piled up at laundry chute at 1 main unit, the CNAs should be bringing the soiled linen to the basement soiled laundry room. V19 said that V18 should be wearing gloves when handling soiled plastic bags.</p> <p>On 10/22/24 at 8:20AM, Informed above observation to V7 (Infection Preventionist). V7 said that the soiled linens in green plastic bags should not be placed on the floor. Recliner chair should not be used as transport for soiled linen bags. Staff should be using gloves when handling soiled linens. Soiled linen bags should not be piled on the floor, the laundry chute and soiled linen barrel should be closed, and not overflowing. Staff should be observing infection control protocol in handling soiled linens.</p> <p>(continued on next page)</p>		

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 10/25/2024
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.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/22/24 at 8:33AM, Observed R10's urinal with half-filled urine on top of the bedside tray table next to the water pitcher. V21 CNA said that R10 is continent and uses urinal as she points to R10's urinal on the tray table. V21 left the room, leaving the urinal on the bedside tray table next to water pitcher.</p> <p>On 10/22/24 at 8:35AM, Informed and showed observation to V7 Infection Preventionist. V7 said that V21 should remove the urinal at R10's bedside tray table for infection control.</p> <p>On 10/22/24 at 8:50AM, Rounds made with V13 Restorative Nurse to R110. V13 donned gloves. R110 is on enhanced barrier precaution. After checking R110's Gastrostomy Tube site dressing and Low air loss mattress, she removed gloves left the room without performing hand hygiene and went to nursing station.</p> <p>On 10/22/24 at 8:56AM, V13 said that she is the Restorative nurse and working on the unit because the nurse did not show up. V13 about to start to open her medication cart to start her medication administration when surveyor informed her that she did not perform hand hygiene after removing the gloves when she left R110's room who is on enhanced barrier precaution. V13 said that she forgot to wash her hands after removing her gloves when leaving R110's room. V13 said that she should wash her hands after removing her gloves.</p> <p>On 10/22/24 at 9:16AM, V10 Housekeeping /Laundry Supervisor said the CNA should put soiled linen bag in laundry chute. It is just normal for the laundry chute to overflow because they only have small laundry chute. He said that no soiled linen bag should be on the floor. If the laundry chute is already overflowing the CNA should bring the soiled linen to the basement soiled laundry room. Rounds made to laundry room where they kept all the clean linen delivered by laundry vendor company. Observed laundry with scattered trashes on the floor- used gloves, plastics bags, cardboard papers, used tissues, etc. V19 Housekeeping aide in the processing of cleaning. V10 said that they should be cleaning after each shift.</p> <p>On 10/22/24 at 10:30AM, V1 Administrator said that he does not have maintenance in the building.</p> <p>On 10/22/24 at 2:00PM, V1 Administrator presented copy of water sample testing at boiler room and 1st floor nursing station sink for legionella collected on 7/18/24 with negative results. V1 said that they do the water testing for legionella annually. Surveyor requested for facility's documentation of measures to prevent growth of legionella and other opportunistic waterborne pathogen in the building water system.</p> <p>On 10/23/24 at 9:54AM, Observed R110 with audible congestion. R110 has tracheostomy connected to oxygen concentrator. V23 LPN preparing to suction R110. After opening, the normal saline solution bottle, V23 LPN removed her gloves, did not perform hand hygiene. She opened the suction kit, took on a glove and put on to her right hand. She started suctioning R110 via tracheostomy tube with no gloves on left hand. After V23 LPN suctioned R110, surveyor informed observation made that she did not perform hand hygiene. V23 said that she forgot. V23 said that she should wear both gloves and performed hand hygiene after gloves removal.</p> <p>On 10/23/24 at 9:30AM, Follow up with V1 Administrator regarding documentation of monitoring for legionella and other water pathogen. V1 said, he still looking for it.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/23/24 at 2:10PM, Follow up with V1 Administrator regarding documentation of monitoring for legionella and other water pathogen. V1 said, he still looking for it.</p> <p>On 10/23/24 at 10:00AM, V3 DON (Director of Nursing) said that they don't need physician order for residents on enhanced barrier precautions.</p> <p>On 10/24/24 at 2:00PM, V1 Administrator unable to provide documentation of monitoring for legionella and other pathogen.</p> <p>Facility's policy on Linen and Laundry handling for laundry department indicates:</p> <p>Purpose: To ensure proper handling of soiled and clean linen and personal laundry to prevent the spread of microorganisms.</p> <p>Standards:</p> <p>3. Every effort will made to ensure that soiled articles do not come into contact with the floor, uniforms, furniture, or other areas deemed clean.</p> <p>6. Laundry personnel shall wear aprons and utility or non-sterile gloves when handling linens soiled with blood or body fluids.</p> <p>8. Soiled linens and personal linens shall not be placed on the floor during the sorting process.</p> <p>16. Hands shall be washed immediately in the event of accidental contamination of blood and body fluids and handling soiled linens and laundry.</p> <p>Facility's policy on Enhance Barrier Precaution (EBP) indicates:</p> <p>EBP refer to an infection control intervention designed to reduce transmission of multidrug- resistant organism that employs targeted gown and glove use during high contact resident care activities.</p> <p>EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfers of MDROs to staff hands and clothing.</p> <p>EBP are indicated for residents with any of the following:</p> <p>*Wound and or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.</p> <p>Facility's policy on Hand washing policy indicates: Purpose: To remove dirt, organic material, and transplant microorganisms which are found on the hands and to reduce the potential of resident morbidity and mortality from nosocomial infection. Policy: All facility staff will practice hand washing activities with an anti-microbial agent or water-less antiseptic agent in accordance with this policy. Standards: d. Immediately after glove removal. Before leaving the room of a resident in an isolation room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>50469</p> <p>On 10/23/24 at 1:23 PM, observation made with V14(Licensed Practical Nurse) for intravenous medication administration, V14 did not perform hand hygiene between change of gloves and before exiting room.</p> <p>On 10/23/24 at 1:45PM, V14 said that he should have performed hand hygiene between change of glove and before exiting resident room.</p> <p>On 10/23/24 at 1:52PM, V3 (Director of Nursing) said that LPN's (Licensed Practical Nurses) can administer Intravenous medications. Also said that V14 should have performed hand hygiene when changing gloves and before exiting resident room.</p> <p>49871</p> <p>On 10/22/24 at 8:30AM during medication pass observation, V14 (Licensed Practical Nurse/LPN) used the blood pressure (BP) machine on a resident. After the task, V14 initially returned the BP machine inside the medication cart. When V14 realized the machine was not cleaned, V14 pulled the BP machine and started to clean and disinfect. V14 used one sheet of the Microdot disinfection wipe. BP machine was visibly wet for about five seconds. V14 said the machine needs to be visibly wet for one minute to disinfect according to the product label.</p> <p>On 10/22/2024 at 12:20PM, V3 (Director of Nursing) said the BP machine should be cleaned and disinfect between resident used. Staff should follow the contact time for disinfecting according to the product label and recommendation. V3 stated they do not have policy for cleaning and disinfecting blood pressure machine.</p> <p>Microdot Bleach Wipe Specification:</p> <p>Direction for Use: It is a violation of Federal Law to use this product in a manner inconsistent with its labeling.</p> <p>Disinfection:</p> <p>4. Remove pre-saturated 6 X 6 wipe.</p> <p>5. Apply towelette and wipe desired surface to be disinfected.</p> <p>A 30 second contact time is required to kill the bacteria and viruses on the label except a 1-minute contact time is required to kill Candida albicans and Trichophyton interdigitale, and a 3-minute contact time is required to kill Clostridium difficile spores. Reapply as necessary to ensure that the surface remains visibly wet for the entire contact time.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview, and record review the facility failed to ensure completion of infection verification tool upon initiation of antibiotic using the McGeer's criteria. This deficiency affects one (R108) of three residents in the sample of 24 reviewed for Antibiotic Stewardship Program.</p> <p>Findings include:</p> <p>On 10/23/24 at 12:02PM, V3 Director of Nursing (DON) and V7 Infection Preventionist said that R108 is currently on Cephalexin 500mg(miligram) Two tablets orally twice a day for Cellulitis. Both said that infection verification assessment was not done upon initiation of antibiotic using McGeer's criteria. V3 said that the floor nurse is the one responsible for completing the Mc Geer's criteria/Antibiotic assessment when the nurse received antibiotic order from the physician. Then V7 will review the assessment/criteria is being met for antibiotic usage.</p> <p>On 10/24/24 at 9:50AM, Observed R108 sitting on bed with right lower leg bandage. He is alert and oriented, able to verbalize needs to staff.</p> <p>R108 is admitted on [DATE] with diagnosis listed in part but not limited to Cellulitis, Lymphedema, Morbid obesity. Active physician order sheet indicates: Cephalexin oral tablet 500mg give two tablets by mouth two times a day for cellulitis for 15 days started on 10/8/24. Vashe wound external solution 0.033% (Wound cleanser). Apply to right outer calf topically everyday shift for wound care. Cleanse with Vashe. Cover with soaked Vashe, abdominal pads, wrap with kerlix and secure with Ace wrap.</p> <p>Facility's policy on Antibiotic Stewardship Program indicates:</p> <p>It is the policy of the facility to ensure that antibiotic Stewardship practiced within the facility in accordance with CMS regulations which will promote appropriate use of antibiotics while optimizing the treatment of infections at the same time reducing the possible adverse events associated with antibiotic use. This is to ensure that the antibiotics prescribed and administered use the guidelines stated in the McGreer's Criteria. The purpose being to ensure that the residents are not subject to the inappropriate use of antibiotics and therefore the resident have improved outcomes with fewer adverse events. Antibiotic Stewardship is part of the Infection Prevention and Control Program.</p> <p>Procedures:</p> <p>*The Infection Control Designee/Nurse will document discussion with the physician and or nurse practitioner as indicated related to antibiotic use and the McGreer's Criteria being met.</p> <p>*The infection Verification Tool will be completed by the nurse upon initiation of antibiotics using McGreer's Criteria.</p>		