

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145834	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/27/2025
NAME OF PROVIDER OR SUPPLIER  Austin Oasis, The		STREET ADDRESS, CITY, STATE, ZIP CODE  901 South Austin Blvd Chicago, IL 60644	

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 - 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.  (continued on next page)

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure that residents are free from abuse for two of four residents (R2, R4) reviewed for abuse in the sample of eight. This failure resulted in R2 requiring antibiotics for treatment of a bite to R2's hand. Findings include: R2's face sheet documents R2 is a [AGE] year-old admitted to the facility on 10.31.2024, with diagnoses including but not limited to: Unspecified psychosis, Hallucinations, Parkinsonism, and Anxiety disorder. R2's MDS (Minimum Data Set of 8.13.2025) documents a BIMS (Brief Interview for Mental Status) of 15 denoting R2 is cognitively intact. R4's face sheet documents R4 is a 55-year-old admitted to the facility on 7.2.2025, with diagnoses including but not limited to: Type 2 diabetes Mellitus, Cerebral infarction, Acute kidney failure, and Opioid use. R4's MDS (Minimum Data Set of 9.18.2025) documents a BIMS (Brief Interview for Mental Status) of 15 denoting R4 is cognitively intact. Final Incident Investigation Report (10.24.2025) documents in part: On 10.18.2025, the facility administration was notified by facility nurse that residents (R2) and (R4) were involved in an altercation in the elevator that verbally challenged her reasoning. Both residents had minor injuries in reference to the altercation. (R4) was interviewed and stated that (R2) refused to allow another resident on the elevator. (R4) stated that (R2) became angry and attacked him. (R4) stated that he only fought back to defend himself. (R2) was interviewed and stated that after she told a waiting resident to wait until the next elevator, (R4) hit her. (R7) was in the elevator at the time of the incident and corroborated (R2's) account of the incident. (R6) was also in the elevator at the time of the incident and corroborated (R4's) account of the incident. On 10.25.2025, at 11:45 AM, R4 said R2 told another resident that they could not get on the elevator. I told R2, you can't do that, then (R2) hit me and I retaliated. On 10.25.2025, at 2:14 PM, R7 said R2 told another resident they couldn't get on the elevator. R4 told R2, you can't do that. R7 then hit and choked R2. On 10.25.2025, at 3:30 PM, V7 (RN-Registered Nurse) said Social Service told me R2 is fighting with a man. I got between them (R2 and R4). R4 said R2 wouldn't let anyone on the elevator. I don't recall what R2 said. I assessed them both. R2 looked like she had a bite mark on her hand, the skin was broken. I don't recall which hand. I called the on-call NP (Nurse Practitioner) and received an order for an antibiotic for R2. On 10.27.2025, at 11:08 AM, via telephone, V8 (NP) said I was told that R2 was bit by another resident and was refusing to take the antibiotic that was ordered by another provider. We all have bacteria in our mouths, any break in the skin can increase the risk for infection. The antibiotic was to prevent an infection. I gave an order for a topical antibiotic ointment. R2 was not in the facility during the investigation. On 10.18.2025, at 11:28 PM, Nursing Progress Note documents in part, Resident stated that she was involved in an altercation on the elevator with another resident. The residents were separated and the peer was moved to another floor. On 10.22.2025, at 6:16 PM, Nursing Progress Note documents in part, Resident seen this evening by infection control NP (V8). NP notified of resident's refusal to take Amoxicillin-Pot Clavulanate Oral Tablet 875-125 MG (milligrams). New order for Triple Antibiotic External Ointment to be applied topically to right hand and leave out to air BID (twice daily) x 5 days, order carried out as ordered. Abuse Prevention Program Facility Policy (undated) documents in part: This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of property, corporal punishment, and involuntary seclusion. Abuse: Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Physical abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment.</p>		