

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/31/2026
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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents receive nutritionally adequate meals and follow recipes. These failures have the potential to affect all 172 residents receiving food prepared in the facility's kitchen. Findings include: On 07/28/26 at 3:23 PM, R1 stated orange juice is not served every day, so the residents are not getting their Vitamin C. R1 said, Isn't that a rule or something? Don't we need a certain amount of Vit C in the day? R1 stated on the menus it is only listed as beverage so, the kitchen gives them apple juice or cranberry juice or lemonade or fruit punch. R1 asked, but that is not real juice, right? Plus, when they give us any kind of juice it is watered down with ice. R1 said, Don't get me started on the milk. R1 stated the kitchen only serves milk at breakfast and that is only when it is available. V1 stated they run out of milk a lot so sometimes they do not serve any milk at all. R1 stated when the potatoes are served for lunch or dinner they are so hard they are inedible. On 07/28/26 at 12:10 PM, during lunch tray line observations observed the staff serving residents on regular diets received tuna sandwiches with a slice of cheese, potato chips, tomato soup, and chocolate pudding. None of the residents were served creamy coleslaw. The sandwiches did not appear heated or toasted. The yellow cheese inside the sandwich was not melted. On 07/28/26 at 12:50 PM, V22 stated she pulled the tuna sandwiches out of the refrigerator, and she is the one who prepared the sandwiches today. V22 stated she added mayo, Dijon Mustard and a little relish to the drained tuna fish, then added one scoop of tuna fish to a slice of bread (not toasted), topped the tuna fish with one slice of American cheese and then put another piece of bread on top of the cheese. V22 stated she then stacked the sandwiches on a large metal tray, covered them in plastic wrap and then put the tray into the refrigerator. V22 stated none of the sandwiches were heated. On 07/30/26 at 2:45 PM, V21 (Dietary Supervisor) stated the menus list a protein side and fruit/cold side for breakfast every day and at lunch and dinner a vegetable and salad/cold side every day. V21 stated she has the option of selecting one of these categories to serve the residents for that meal, both are not being served. For example, on the summer 2026 menu cycle 1 Tuesday the menu list for the vegetable is tomato basil soup and for the salad/cold side is creamy coleslaw. V21 stated the residents prefer soup so she decided to serve the soup instead of the coleslaw. Another example is the breakfast meals. On summer 2026 menu cycle 1 Wednesday the breakfast protein side is listed as turkey bacon and the fruit/cold side is listed as applesauce. V21 stated she served the residents turkey bacon instead of applesauce. On summer 2026 cycle menu 1 Thursday the breakfast protein side is listed as a hardboiled egg, and the fruit/cold side is listed as mandarin oranges. V21 stated she decided to serve the residents the hardboiled egg instead of the mandarin oranges. V21 stated residents are not served orange juice or cereal every day, only when they are listed on the menu. On 07/30/26 at 7:24 AM, during breakfast tray line observations observed (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145834 If continuation sheet Page 1 of 8

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents are receiving meals at scheduled times. These failures have the potential to affect all 172 residents receiving oral diets from the facility's kitchen. Findings include: On 07/28/26, surveyor was provided with a meal schedule which documented in part: breakfast 1st seating time 7:15-8:00 AM, 2nd seating time 8:15-9:00 AM, 2nd floor 7:35 AM, 3rd floor 7:50 AM. For lunch 1st seating time 12:00-12:45 PM, 2nd seating time 1:00-1:45 PM, 2nd floor 12:20 PM, 3rd floor 12:35 PM. On 07/28/26 at 12:33 PM, R6 stated meal delivery time in the facility is a problem. R6 stated meals are served late and it is an ongoing issue. R6 stated sometimes he has to wait for up to one hour to get his meal. On 07/28/26 at 3:18 PM, R1 stated today she received breakfast at 7:50 AM when she should have received it at 7:15 AM. R1 stated sometimes the breakfast can be up to one hour late. R1 stated when this happens no one tells the residents why it is late. On 07/29/26 at 12:06 PM, R15 stated he is the Resident Council President, and he eats all his meals in the main dining room during the first seating. R15 stated that when the meals are late it throws off the whole schedule and process. R15 stated there are two seating times in the main dining room so, when the delivery for the 1st seating is late it means he has less time to eat because the second seating group of residents are congregating in the hallways, trying to come in so he is rushed through eating. R15 stated eating should be calm and enjoyable and he should not have to rush through his meal to eat it. On 07/29/26 at 1:40 PM, V28 (Certified Nursing Assistant) stated she routinely works on the second floor unit and breakfast is usually served between 8:00-8:15 AM. V28 stated today breakfast was delivered after 8:00 AM. V28 stated she does not believe breakfast has ever been served as early as 7:35 AM on the second floor. On 07/29/26 at 2:20 PM, V29 (Certified Nursing Assistant) stated she hears residents complaining all the time that the meals are being served late. V29 stated they go down to the main dining room and then come back up complaining that they have been waiting for a while and they have not received their tray yet. V29 stated that when this happens, the residents will go wait into their room for a while and then go back downstairs to the main dining room. V29 stated the residents have a routine and they want to eat when they are hungry. V29 stated not all residents have access to snacks and it is frustrating to them when their meals are late. V29 stated this happens a lot. V29 stated the meals should be on time because it throws the residents off and makes them mad and this is when their behaviors start and then the staff have to focus on managing their behaviors which would be avoidable if their meals were delivered on time. On 07/29/26 at 2:44 PM, V30 (Certified Nursing Assistant) stated residents complain about sitting down in the main dining room for a long time and not being served their meals on time. V30 stated this makes the residents agitated. V30 stated the residents like routine and it throws them off. On 07/29/26 at 12:52 PM, V27 (Activity Director) stated she stays in the room when the Resident Council Meeting is going on and takes minutes of the meeting. V27 stated at the June Resident Council Meeting Minute there were complaints about meals not being on time. V27 stated she filled out a grievance/complaint form about the dietary concerns brought up including the late meal delivery times and gave it to V21 (Dietary Supervisor) to address. V27 stated the July Resident Council Meeting was held yesterday, 07/28/26 and one of the dietary concerns brought up again by the residents were the trays not being delivered on time. On 07/30/26 at 8:00 AM, surveyor arrived on the third-floor unit. Breakfast trays had not been delivered yet. On 07/30/26 at 8:05 AM, observed V32 (continued on next page)		

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	(Activity Aide) waiting in the hallway on the third floor. V32 stated she has been on the unit since 7:40 AM waiting for the trays to arrive so she can pass them out to the residents. V32 stated the meals come at all different times. V32 stated it upsets the residents when the meals are late because they feel they have already gotten up early so why should they have to wait so long for their meal. V32 stated the residents need to get their medications at certain times and they do not want to be late for smoke break. On 07/30/26 at 8:15 AM, observed R16 sitting in his wheelchair in the third-floor hallway. R16 stated he has been waiting a long time for his breakfast, and he is hungry. R16 asked the surveyor, where is it? It should be here by now! On 07/30/26 at 8:28 AM, breakfast trays arrived on the third floor. The posted mealtime for the third floor is 7:50 AM. On 07/30/26 at 3:10 PM, V21 (Dietary Manager) stated mealtime schedule should be followed because the residents are expecting to receive their meals at the posted time. V21 stated she lets the residents know if there is a delay in service and the kitchen will get the meal out as soon as possible. V21 stated the mealtime schedule for first seating time for breakfast listed as 7:15-8:00 AM which means to the kitchen that they have between those two time periods to get the breakfast meal delivered to the residents. On 07/31/26 at 9:10 AM, via telephone interview V33 (Registered Dietitian) stated the kitchen should be keeping to the posted mealtime schedule. V33 stated this is important for consistency for the residents and staff as they are expecting the food to be served at the posted times. V33 stated many of the activities in the facility are centered around the meals. For example, some medications are meal sensitive, so the staff is giving out medication expecting the meals to be served at the posted times. V33 stated some of the residents go to day programs, appointments, activity functions so they are expecting to get their meals at the posted time. V33 stated that when the residents receive their meals late, they may start to worry they will be late for their smoke break or late for pick-ups to programs and this can trigger behaviors in the residents. V33 stated based on the mealtime schedule the residents in the main dining room during the first seating are expecting to receive their breakfast at 7:15 AM. V33 thinks the kitchen thinks they have the range between 7:15-8:00 AM to serve the first seating their breakfast but the second seating in the main dining room is arriving and expecting their breakfast to be served at 8:15 AM so if breakfast is served late to the first seating, then it will push back and affect the second seating. V33 stated the first seating residents should have ample time to eat their meal and they should not be rushed to eat. V33 stated it is important for the residents to have at least 30 minutes to eat so they have time to fully complete their meals. V33 stated a 10-15-minute late grace period is acceptable but not anything later than that. R1's diagnosis includes but not limited to Nicotine Dependence, Major Depressive Disorder, Hypertension, Obesity, Gastro-Esophageal Reflux Disease Without Esophagitis, Bipolar Disorder, Chronic Obstructive Pulmonary Disease, Anemia. R1's [NAME] Data Set (MDS) dated [DATE] indicates R1's cognition is intact. R6's diagnosis includes but not limited to Unspecified Fall, Edema, Acquired Absence of Other Right Toe(s), Hypertension, Anemia, Chronic Kidney Disease, Peripheral Vascular Disease, Type 2 Diabetes Mellitus, Venous Insufficiency (Chronic) (Peripheral). R6's MDS dated [DATE] indicates R6's cognition is intact. R15's diagnosis includes but not limited to Nicotine Dependence, Chronic Venous Hypertension (Idiopathic) With Inflammation of Bilateral Lower Extremity, Chronic Kidney Disease, Stage 3, Hypertension, Hypokalemia, Alcohol Abuse, Anemia. R15's MDS dated [DATE] indicates R15 cognition is intact. R16's diagnosis includes but not limited to Acquired Absence of Right Foot, Peripheral Vascular Disease, Anxiety Disorder, Chronic Obstructive Pulmonary Disease, Depression, Hypertension, Alcohol Use, Cocaine Abuse, Major Depressive Disorder, Acquired Absence Of Other Right Toe(s), Unspecified Open Wound, Right Foot. R16's MDS dated [DATE] indicates R16 cognition is moderately impaired. Facility provided copy of Grievance/Concern Form dated 06/30/26 at 10:20 AM which (continued on next page)		

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	documented in part, residents stated food not on time.Facility provided copy of document labeled Resident Council Meeting July 28th, 2026, which documented in part, Dietary - Residents stated trays be late.Facility provided document titled, Midnight Census Report dated 07/28/26, 9:09 AM which indicates there are 173 residents in the facility. V2 (Director of Nursing) stated there is one resident who receive nothing by mouth (NPO).Facility provided kitchen policy titled Frequency of Meals dated 2018 which documents in part, meals will be served at regular times and at times that are comparable to typical mealtimes for the areas in which the healthcare community is located.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to sanitize kitchen equipment based on facility policy. These failures have the potential to affect all 172 residents receiving food prepared in the facility's kitchen. Findings include: On 07/28/26 at 1:05 PM, R1 brought cup of juice to surveyor and stated, there is a roach in my cup and gave surveyor her cup. Surveyor observed tiny oval bodied insect light tan in color floating on top of the liquid inside R1's plastic cup. The insect was not moving. On 07/28/26 at 1:07 PM, V24 (PM Cook) looked into R1's cup and said, that is a roach! V24 looked at it again and said, that is definitely a roach and that should absolutely not be in a resident's cup. On 07/28/26 at 1:09 PM, V21 (Dietary Supervisor) looked into R1's cup and said, it looks like it could be a roach or a gnat. V21 stated the cups and juice dispensers are washed after every meal using the dishwashing machine which cleans and disinfects the cups. V21 stated she does not know how the roach got in there, but it should not be there. On 07/28/26 at 1:29 PM, observed V26 (Dietary Aide) working by the dishwasher feeding a rack of dirty plastic cups into the dish machine. V26 stated if the cups do not look clean then they are sent through the dish machine again. On 07/28/26 at 1:38 PM, surveyor requested for the dish machine be tested. V21 stated she thinks the dish machine is a low temperature machine. On 07/28/26 at 1:42 PM, observe V21 remove a white test paper strip from a circular container labeled as (Chlorine Test Paper) and on the side of the bottle there was a chart to indicate the parts per million of sanitizer detected when tested. On 07/28/26 at 1:45 PM, V21 tested the dish machine water while running the machine and the test paper remained white. There was no change to indicate there was any sanitizing solution in the dish machine. Observed large plastic barrel near the dishwasher that appeared empty except for a very small amount of blackish colored liquid barely covering the bottom. On 07/28/26 at 1:59 PM, V21 stated the color on the test strip did not change because there was no chemical sanitizer in the barrel. V21 stated whatever liquid was in the sanitizer barrel was too low so none was going into the machine which is why when V21 checked the sanitizer concentration level earlier it did not change. V21 stated when she noticed the large plastic barrel container with chemical sanitizer so low she asked one of the Dietary Aides to put in a new barrel of sanitizing solution. V21 stated she does not know how long the dish machine was without sanitizer, but the staff is supposed to check it before every meal, so she thinks the sanitizer just ran out now. On 07/31/26, 2:03 PM, observed V25 (Dietary Aide) remove emptied plastic barrel container and hook up a new plastic container of labeled as Chorine Additive for Dishwashing to the dish machine. Surveyor observed the new plastic barrel container which contained a pale-yellow liquid inside. Surveyor requested for V21 to recheck the concentration to make sure the sanitizer was feeding into the machine, V21 stated she would like to run the dishwasher a couple of times now that the new bottle of sanitation solution was added. On 07/28/26 between 2:03 - 2:07 PM, observed V21 run the dishwasher through three to four cycles. On 07/28/26 at 2:08 PM, V21 tested the water in the dish machine, and the color of test strip did not change at all, it remained white. V21 stated it may need more time to warm up. V21 continued to run the dish machine. On 07/28/26 at 2:10 PM, V21 tested the water in the dish machine again while the dish machine was running and again there was no change in color on the test strip; it remained white. V21 stated she does not see a change in the color and the concern is that the items being put into the dish machine are not getting sanitized which is a problem for the safety of the residents. V21 stated she will call the service company to come fix the dish machine and they will use paper plates and plastic silverware until the dish machine is (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	operating properly. On 07/29/26 at 8:45 AM, Surveyor observed that technician arrived to fix the dish washer machine after it was observed not cleaning dishes properly. On 07/29/26 at 11:45 AM, R15 stated lately the plastic cups are not clean. R15 stated can see a film which looks like a cloudy residue around the top of the cups. R15 stated when he sees a dirty cup it makes him wonder if they are being cleaned properly and worries that could make him sick. R15 asked, Who wants to drink out of a dirty cup? It is not sanitary. R15 stated if he was at home he would only drink out of a clean cup and since this is his home now, he expects to be given clean cups to drink out of. On 07/29/26 at 1:37 PM, V28 (Certified Nursing Assistant) stated the plastic cups often look dirty, she can see food particles or residue on the inside and/or outside of the cup. V28 stated she saw a live roach inside one of the cups last week. V28 stated she does not know if the roaches are attracted to the water or food residue in the cups. V28 estimated that when the cups are sent up on the beverage cart at mealtime 10 or more cups are not usable because they are dirty. On 07/29/26 at 2:10 PM, V29 (Certified Nursing Assistant) stated she has received complaints from residents living on the second floor about the cups not being dirty. V29 stated the cups are cloudy; it seems like they have not been properly cleaned or sanitized based on the look of the cups. V29 stated this is a routine problem on the second floor and that sometimes as much as 10-20 cups or all of them are dirty and not usable. On 07/29/26 at 2:40 PM, V30 (Certified Nursing Assistant) stated she routinely hears residents complain that the drink cups are dirty and not cleaned properly. On 07/31/26 at 8:56 AM, via telephone interview V33 (Registered Dietitian) stated the facility has a low temperature dish machine which means any items put inside get cleaned using a chemical which is a sanitation solution. V33 stated the sanitation solution is needed to clean the items being washed and to kill off bacteria to prevent cross contamination and infections. V33 stated if there is not any sanitation solution in the dish machine then nothing being put into the dishwasher is getting cleaned and this could make the residents sick; it is not sanitary. R1's diagnosis includes but not limited to Nicotine Dependence, Major Depressive Disorder, Hypertension, Obesity, Gastro-Esophageal Reflux Disease Without Esophagitis, Bipolar Disorder, Chronic Obstructive Pulmonary Disease, Anemia. R1's Minimum Data Set (MDS) dated [DATE] indicates R1's cognition is intact. R15's diagnosis includes but not limited to Nicotine Dependence, Chronic Venous Hypertension (Idiopathic) With Inflammation of Bilateral Lower Extremity, Chronic Kidney Disease, Stage 3, Hypertension, Hypokalemia, Alcohol Abuse, Anemia. R15's MDS dated [DATE] indicates R15 cognition is intact. Facility provided document titled, Midnight Census Report dated 07/28/26, 9:09 AM which indicates there are 173 residents in the facility. V2 (Director of Nursing) stated there is one resident who receive nothing by mouth (NPO). Facility provided kitchen policy titled, Machine Washing and Sanitizing (Low Temperature Dishwashing Machine) dated 2017 which documents in part, dishwashing machine may be used for cleaning and sanitizing tableware, utensils, equipment, pots and pans. Dishwashing machine using chemicals (typically chlorine) for sanitizing and the final rinse will be 50 part per million (PPM) hypochlorite (chlorine) on dish surface.		