

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  05/16/2024
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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572</b></p> <p>Based on observation, interview and record review, the facility failed to ensure that 5 residents (R2, R5, R77, R114 and R137) have clean and sanitary bathrooms, failed to ensure that an incontinent brief was properly disposed for 1 resident (R18) and failed to ensure that 1 resident (R76) has a screen in the bedroom window. This failure affected a total of 7 residents reviewed for resident's rights to enjoy a safe and clean homelike environment, in a total sample of 65 residents.</p> <p>Findings include:</p> <p>On 5/13/24 at 10:24am, this surveyor observed human feces on the wall in R2's, R5's and R114's bathroom.</p> <p>On 5/13/24 at 10:25am, R5 said, Oh honey, the bathroom is always messy. Sometimes there is poo on the toilet seat too. It's just terrible.</p> <p>R5's Face Sheet documents, in part, diagnoses of unspecified dementia, heart failure, hyperlipidemia, schizoaffective disorder and bipolar disorder. R5's Minimum Data Set, dated dated [DATE], documents, in part, a Brief Interview for Mental Status (BIMS) score of 09 which indicates that R5 is moderately cognitively impaired.</p> <p>On 5/13/24 at 10:25am, R2 said, Tell me about it. There's poop all over the bathroom. It's not mine. It's gross.</p> <p>R2's Face Sheet documents, in part, diagnoses of heart failure, hypertension, hyperlipidemia, schizophrenia and bipolar disorder. R2's Minimum Data Set, dated dated [DATE], documents, in part, a Brief Interview for Mental Status (BIMS) score of 11 which indicates that R2 is moderately cognitively impaired.</p> <p>R114 was not able to be interviewed.</p> <p>R114's Face Sheet documents, in part, diagnoses of hyperlipidemia, schizoaffective disorder, unspecified dementia and hypertension. R114's Minimum Data Set, dated dated [DATE], documents, in part, a Brief Interview for Mental Status (BIMS) score of 00 which indicates that R114 was unable to complete the interview.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/13/24 at 10:37am, This surveyor observed human feces on R77's and R137's bathroom wall.</p> <p>On 5/13/24 at 10:38am, R137 said, That's probably my only issue with this place. Is they (facility staff) need to clean better. At least clean the shit up in my bathroom. It's disgusting.</p> <p>R137's Face Sheet documents, in part, diagnoses of type 2 diabetes, hemiparesis and hemiplegia, hyperlipidemia and anemia. R137's Minimum Data Set, dated dated [DATE], documents, in part, a Brief Interview for Mental Status (BIMS) score of 13 which indicates that R137 is cognitively intact.</p> <p>R77 was not able to be interviewed.</p> <p>R77's Face Sheet documents, in part, diagnoses of type 2 diabetes, hyperlipidemia, schizoaffective disorder, anxiety disorder and anemia. R77's Minimum Data Set, dated dated [DATE], documents, in part, a Brief Interview for Mental Status (BIMS) score of 15 which indicates that R77 is cognitively intact.</p> <p>On 5/13/24 at 10:48am, this surveyor inquired about the brown substance on the wall in R2's, R5's and R114's bathroom. V6 (Licensed Practical Nurse/LPN) replied, That's stool! I'll get someone to clean that up right away!</p> <p>On 5/13/24 at 10:51am, this surveyor inquired about the brown substance on the wall in R77's and R137's bathroom. V6 replied, Oh Lord! You know what that is! More stool again! That's a housekeeping issue. I'll get someone to clean that up right away! I'm sure the residents are not happy with this.</p> <p>On 5/15/24 at 11:09am, V11 (Housekeeping Supervisor) stated, Housekeeping is responsible for cleaning the resident's bathrooms. If there is poo on the walls of the resident's bathroom or on the resident's toilet seat, it is also housekeeping's responsibility to clean that.</p> <p>Facility policy title, Housekeeping Guidelines, dated 2/14, documents, in part, Purpose: To provide guidelines to maintain a safe and sanitary environment for residents, facility staff and visitors . Housekeeping personnel shall adhere to daily cleaning assignments developed so to maintain the facility in a clean and orderly manner .All horizontal surfaces will be cleaned daily and as needed with an approved disinfectant.</p> <p>Facility Policy title Resident Rights, dated, 11/18, documents, in part, To provide an environment of care that supports a positive self image . The right to an environment that preserves dignity and contributes to a positive self image.</p> <p>Facility job description title, Job Description Position Title: Environmental Services/Housekeeping Director, undated, documents, in part, The Director supervises a variety of activities in housekeeping and laundry in maintaining the center in an orderly, clean, and sanitary condition.</p> <p>Facility job description title, Job Description Position Title: Housekeeper, undated, documents, in part, The Housekeeper ensures that the center is maintained in a clean and sanitary condition at all times to provide for care and welfare of the customers in a healthful environment. In addition, he/she ensures that good housekeeping services are performed in every department of the center and are planned in cooperation with the department head.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility job description title, LPN Job Description, undated, documents, in part, Ensure assigned work areas and resident rooms are maintained in a clean manner.</p> <p>45196</p> <p>Findings include:</p> <p>R76's Brief Interview for Mental Status (BIMS) dated shows that R76 has a BIMS score of 15 which indicates that R76 is cognitively intact.</p> <p>R76 has a diagnosis which includes but not limited to: Obesity, major depressive disorder, generalized anxiety, paranoid schizophrenia and essential hypertension.</p> <p>On 05/13/24 at 11:05 am, Surveyor observed R76's room with the window open about six inches and without a window screen. Surveyor observed five flies flying in R76's room. R76 stated that R76 did not know how long R76's window has been without a window screen.</p> <p>On 05/14/24 at 1:27 pm, Surveyor observed R76's room remain with the window open about six inches and without a window screen. Surveyor observed five flies still flying in R76's room.</p> <p>On 05/15/24 at 9:35 am, V17 (Maintenance Director) stated that all residents windows should have a window screen. V17 explained that windows screens are in place to prohibit flies and other insects from entering the resident's window. V17 then explained that the residents should have the luxury of opening the window in the resident's room without concerns of insects such as flies getting into the residents' room. V17 stated that V17 is responsible for ensuring that every resident's window has a window screen and that V17 would place a window screen in R76's room window.</p> <p>The facility's job description titled Maintenance Director documents in part: Job Summary: The Maintenance Director is responsible for the day-to-day activities of the Maintenance Department in accordance with current federal, state and local standards, guidelines and regulations governing our facility and maintained in a clean, safe and comfortable manner. As the Maintenance Director you are delegated the administrative authority, responsibility, and accountability necessary to carry out your assigned duties. Essential Duties and Responsibilities: Including the following, other duties may be assigned. 1. Performs overall supervision of the Maintenance Department including hands-on performance of maintenance and repair work. 2. Maintains the building in good repair and free of hazards such as those caused by electrical, plumbing, heating and cooling systems, life safety etc.</p> <p>The facility's job description titled Maintenance Assistant documents, in part: Position Summary: The Maintenance Assistant provides a variety of standard and unskilled tasks in the maintenance and repair of center grounds and facilities. Responsibilities/Accountabilities: 2. Maintains the building grounds in a clean, safe, and orderly condition . 5 Makes minor repairs on handrails, windows, flooring walls, ceiling, beds, wheelchairs, Geri-chairs (geriatric chairs), electrical equipment, sprinkling systems, generators, emergency lighting, fire alarms and extinguishers, changes filters on HVAC (heating, ventilation, and air conditioning) equipment, carriers, lifts and stocks supplies.</p> <p>45644</p> <p>Findings include:</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R18's admission diagnoses includes but not limited to bipolar, schizoaffective disorder, depression, and multiple sclerosis.</p> <p>R18's (4/17/24) BIMS (Brief Interview of Mental Status) score is 15. Functional Status for toileting hygiene and personal hygiene requires substantial/maximal assistance. Mobility: wheelchair. Walk coded a 9 (Not applicable- Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury).</p> <p>On 5/13/24 at 10:30 am, surveyor entered R18's room and a foul smell was noticed. Surveyor observed a soiled incontinent brief with a brown substance inside the brief on a flat linen sheet lying on the floor. R18 stated that the CNA (Certified Nursing Assistant) came in to change me and took the brief off and put it on the floor. She said she was coming back but didn't come back. Surveyor inquired to R18, how does that make you feel, the CNA leaving the room and not coming back? R18 stated, Well, it does not make me feel good about it. I don't like smelling feces. I do not want to smell it. If I could walk, I would put it in the garbage myself.</p> <p>On 5/13/24 at 10:38 am, Surveyor requested for V19 LPN (License Practical Nurse) to come into R18's room. V19 saw the soiled incontinent brief on R18's floor. V18 stated, This is not acceptable. Where is the aide? Surveyor inquired to V19 if this is the practice here at the facility to throw a soiled incontinent brief on the floor instead of disposing it properly? V19 stated, This is not the practice here and is not acceptable.</p> <p>On 5/13/24 at 10:45 am, V21 CNA (Certified Nursing Assistant) stated, I left the diaper on the floor. I was supposed to get a bag and I got sidetracked and started doing something else. Surveyor inquired to V21 if leaving an incontinent brief on the floor is acceptable? V21 stated, No it is not acceptable to leave it on the floor,</p> <p>On 5/15/24 at 11:47 am, V2 DON (Director of Nursing) stated, Staff should have all their supplies with them when they are giving incontinent care on the residents. Surveyor inquired to V2 if it is the facilities practice throwing a soiled incontinent brief on the floor? V2 stated, It is not the facilities practice throwing a soiled incontinent brief on the floor. It is not acceptable.</p> <p>Facility policy (11/18) titled Resident Rights documents in part, 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents right to: ee. The right to an environment that preserves dignity and contributes to a positive self-image. 3. Our facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity.</p> <p>Facility policy (9/14) titled Incontinency Care documents in part, Procedure: 9. Place soiled cloths in linen hamper bag . Potentially infectious or biohazardous waste will be handled and disposed of in accordance with all appropriate regulations.</p> <p>Facility's undated job description titled Certified Nursing Assistant documents in part, Infection Control: ., no soiled linen or bags on floors. Provide privacy and dignity with care.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility undated job description titled LPN (License Practical Nurse) documents in part, Essential Duties and Responsibilities: 1. Directs the day-to-day functions of the Nursing Assistants. 22. Make multiple daily rounds on your shift to ensure acceptable standards are met. 38. Ensure assigned work areas and resident rooms are maintained in a clean manner.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>32338</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the laundry chute in the hallway of the second floor and the fourth floor, are locked to prevent residents from falling through the chute to the ground floor. This failure has the potential to affect all 40 residents on the second floor, and all 44 residents on the fourth floor, reviewed for safety from environmental hazards.</p> <p>Findings include:</p> <p>On 5/13/24 at 11:15am after the entrance conference, V1 (Administrator) presented the facility census as 163 residents as follows:</p> <p>Second Floor - 40, Third Floor - 37, Fourth Floor - 44, Fifth Floor - 42.</p> <p>On 5/13/24 at 10:59am on the fourth-floor hallway, the laundry/linen chute was observed to be unlocked. V15(CNA/Certified Nurse Assistant) was called to see the linen chute. V15 stated It's supposed to be locked for the protection of the residents, so no one will fall and hurt themselves. I used it this morning and it's always likes this. I don't have a key and cannot lock it. I will call maintenance.</p> <p>On 5/13/24 at 11:05am, V17(Maintenance Director) came to the fourth floor and stated It cannot lock. I have to replace the latch that comes through here and replace the cylinder. Yes, the cylinder comes with a key.</p> <p>On 5/14/24 at 12:55pm, V17 stated I put a lock on it. I did the same thing for the second floor also. So, all the floors now have locks for the chutes. I did in-service for the staff to always lock the chute.</p> <p>On 5/13/24 at 1:10pm, V1(Administrator) was notified of this and stated that he(V1) would ask Maintenance to fix it because We don't want any resident to fall through.</p> <p>Facility's policy on supervision and Safety dated 3/15. This policy states: Our policy strives to make the environment as free from hazards as possible. Resident safety and supervision are facility-wide priorities. #2 states: Safety risks and environmental hazards are identified on an ongoing basis through employee training conducted upon hire, annually and as needed.</p> <p>45644</p> <p>Findings include:</p> <p>Census on the second floor is 40 residents.</p> <p>On 5/13/24 at 11:40 am, Surveyor observed laundry/linen chute on the 2nd floor unlocked. Surveyor inquired to V23 CNA (Certified Nursing Assistant) if the linen chute should be locked? V23 CNA tested the linen chute and saw it was not locked and could not lock the chute. V23 CNA stated, It normally is locked. I don't know what's wrong with it. It should be locked.</p>		

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<p>F 0741</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that the facility has sufficient staff members who possess the competencies and skills to meet the behavioral health needs of residents.</p> <p>32338</p> <p>Based on observation, interview, and record review, the facility failed to have sufficient Psychiatric Rehabilitation Services Coordinators/PRSC to meet the individualized psychosocial and mental health needs of residents.</p> <p>This failure has the potential to affect all 49 residents with diagnoses of Severe Mental Illness and other residents in the facility who require psychosocial support.</p> <p>Findings include:</p> <p>On 5/13/24 at 11:15am after the entrance conference, V1 (Administrator) presented the facility census as 163 residents as follows:</p> <p>Second Floor - 40, Third Floor - 37, Fourth Floor - 44, Fifth Floor - 42.</p> <p>V1 later presented the list of 49 residents with diagnoses of Severe Mental Illness (SMI).</p> <p>On 5/13/24 between 10:30am and 12pm, residents including R47, R58, and R83 were observed just sitting in the room with flat affect. R47, R58, and R83 all stated that they have not spoken with any Counselor or PRSC in a while. Nursing staff, including V9(Licensed Practical Nurse, LPN) and V15(CNA/Certified Nurse Assistant) were observed and interviewed on the fourth floor regarding the availability of social services staff to speak with residents individually. V9 stated that the social worker/PRSC was not there on the floor.</p> <p>On 5/14/24 at 8:55am, V18(PRSC) was asked how many PRSCs work in the facility and how many residents were on the case load for each PRSC. V18 stated that's he is the only PRSC for the morning shift and another PRSC is supposed to come for the afternoon shift. Inquired from V18 if V5 (Social Services Director/PRSD - Psychiatric Rehabilitation Services Director), was available in the building. V18 stated that V5 will not be here today but would be here tomorrow. Inquired from V18 how only one PRSC in the building right now will be able to meet the psychosocial needs of the residents. V18 stated that he (V18) is responsible for all residents on the 2nd floor and 4th floor (approximately 84 residents) while the other PRSC that comes for the afternoon shift is responsible for the third floor and 5th floor (approximately 79 residents).</p> <p>On 5/14/24 at 10am, V1(Administrator) expressed the concerns that only one PRSC was available in the building and the other PRSC would only come in the afternoon shift. Inquired from V1 if the afternoon shift PRSC would come at 12 noon, V1 stated that this PRSC turned in a resignation letter and 5/15/24 was supposed to be her last day at the facility. The surveyor asked V1 how the PRSD and one PRSC can provide psychosocial services to 163 residents. V1 stated that they had advertised the positions and made efforts to hire more PRSCs to meet the needs of the residents.</p> <p>(continued on next page)</p>		

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<p>F 0741</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/15/24 at 11:45am, V5 (Social Services Director/PRSD - Psychiatric Rehabilitation Services Director), was interviewed regarding the individualized mental health services the facility provides for residents. V5 stated that they encourage residents to attend groups and that they are trying to hire psychiatric rehabilitation services coordinators/PRSCs, and someone was interviewed already. The surveyor inquired from V5 how many PRSCs the facility is trying to hire. V5 stated that the facility is trying to hire 2 or 3 PRSCs. At this time, V5 presented a list of 49 residents with diagnoses of Severe Mental Illness (SMI).</p> <p>Facility's undated document titled Psychiatric Rehabilitation Service Coordinator (PRSC) under Responsibilities states in part: #A: To provide the resident with a stable therapeutic relationship. This includes welcoming the new resident, providing support, establishing a trusting relationship, and initiating the assessment process. #E: To provide and /or coordinate the delivery of the psychiatric rehabilitation services programs; #F: To monitor the resident in the areas of self-directed care and for overall compliance with the treatment plan. #6 states to provide active listening with individuals on the assigned case load. The PRSC needs to establish a good rapport with residents and be available to provide behavioral intervention/counseling.</p> <p>Facility's document titled Administrative Code Section 300.4090, #C) 5) states in part: There shall be a PRSC for each 30 participants.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572</b></p> <p>Based on observation, interview and record review, the facility failed to label an opened multi dose vial and discard an expired opened multi dose vial. These failures have the potential to affect all 44 residents on the 4th floor and all 42 residents on the 5th floor, potentially affecting a total of 86 residents at the facility reviewed for labeling and storage of drugs and biologicals.</p> <p>Findings include:</p> <p>On [DATE] at 9:56am, with V9 (Licensed Practical Nurse/LPN), during observation of medication storage on the 4th floor, a house stock vial of Tuberculin PPD (purified protein derivative) was observed opened with no label of when it was opened. The tuberculin label states that once opened discard after 30 days. When asked the purpose of labeling the Tuberculin PPD once opened, V9 (LPN) replied, Because it expires 30 days after opening so the test may not be accurate.</p> <p>On [DATE] at 10:07am, with V10, (LPN), during observation of medication storage on the 5th floor, a house stock vial of Tuberculin PPD was opened with an open date of [DATE]. The house stock vial of Tuberculin PPD is more than 30 days passed the open date. The tuberculin label states once opened discard after 30 days. When asked about the opened date on the house stock vial of Tuberculin PPD, V10 replied, The open date on the vial says [DATE]. It's definitely over 30 days since the vial has been opened. I am going to report it to the DON (Director of Nursing) and throw it out because it isn't good anymore.</p> <p>On [DATE] at 1:47pm, V2 (Director of Nursing/DON) stated Tuberculin PPD vials should be dated once opened. Once it hits 30 days toss it. It's expired after opening after 30 days and you can't use it.</p> <p>V1, Facility Administrator, presented document title, (Facility) Midnight Census report [DATE], stating that there are 44 residents on the 4th floor and 42 residents on the 5th floor.</p> <p>Facility policy title, Medication Administration Policy, dated ,d+[DATE], documents, in part, Multi-use vials and house stock liquids must be dated when opened.</p> <p>Facility policy title, MEDICATION PASS: PROCESS AND PROCEDURE, dated ,d+[DATE], documents, in part, NOTE: Date when opened if house stock.</p> <p>Facility Policy title Resident Rights, dated, ,d+[DATE], documents, in part, To provide an environment of care that supports a positive self image . The right to an environment that preserves dignity and contributes to a positive self image.</p> <p>Facility job description title, LPN Job Description, undated, documents, in part, Ensure an adequate supply of house stock medications, equipment and supplies Make multiple daily rounds on your shift to ensure acceptable standards are met.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility job description title, Director/Assistant Director of Nursing Job Description, undated, documents, in part, Ensure that adequate supplies are readily available .Ensure that stock level of medications, medical supplies, equipment, etc. is maintained on premises at all times to adequately meet the needs of the resident.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45346</p> <p>Based on observation, interview and record review the facility failed to ensure food in the refrigerator and freezer was labeled with a date indicating when the item was placed into the refrigerator/freezer, a thermometer was inside of the freezer, and expired food was discarded on or before the expiration date.</p> <p>These failures have the potential to affect 163 residents in the facility who are receiving an oral diet.</p> <p>The findings include:</p> <p>On [DATE] at 9:17am while in the walk-in refrigerator, observed 1 box of chicken base cups- the date on the box was unreadable.</p> <p>On [DATE] at 9:20am surveyor checked the thermometer on the outside of freezer; temperature reading of minus 3 degrees. Surveyor asked V8 (Dietary Manager) to locate the thermometer inside of the freezer. V8 stated there is no thermometer in the inside of the freezer. V8 stated, yes there should be a thermometer in the inside of the freezer. V8 stated a thermometer is needed inside of the freezer to have an accurate temperature inside of the freezer just in case the thermometer on the outside of the freezer goes out or breaks.</p> <p>On [DATE] at 9:36am while inside the freezer surveyor observed a box labeled [DATE] Emergency Only Do Not Touch. The box contained 1 bag of frozen seasoned mashed potatoes with no expiration date on the bag. V8 (Dietary Manager) stated I have not checked the date of this (referring to the box and bag of mashed potatoes inside the box), I have glanced over this box.</p> <p>On [DATE] at 9:39am while inside the freezer surveyor observed the following items not labeled with a date the items were stored in the freezer: a box of 48 pizza puffs, 1 two-pound box of chicken breast patties and 6 full turkeys in a plastic bin.</p> <p>On [DATE] at 9:40am while inside the freezer observed a box of Thick and Easy Shaped Pureed frozen foods, the box was labeled [DATE] and the use by date on the product containers inside the box was [DATE]. Also observed a box of egg pasta sheets with a date of [DATE] written on the box. V8 (Dietary Manager) stated those things are outdated.</p> <p>On [DATE] observed the dry storage room with V8 (Dietary Manager). Observed one plastic bag containing breadcrumbs on the top shelf of a chrome rack. The bag of breadcrumbs documented on a label a prep date of [DATE] and a use by date of [DATE].</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Austin Oasis, The		STREET ADDRESS, CITY, STATE, ZIP CODE  901 South Austin Blvd Chicago, IL 60644	
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 12:27pm V8 (Dietary Manager) stated the purpose of labeling the food containers in the freezer, cooler and dry storage room so that staff can monitor what and when food are put into these areas and know when those food items should be removed from those areas. V8 stated the dietary aide is responsible for labeling food items when the food items are placed in the freezer, refrigerator, and dry food storage areas and checking for expired food items. V8 stated it is my expectation that all kitchen staff label food items who the food items come into the kitchen. V8 stated if a food item is not labeled with a date or checked for an expiration date the resident can get sick. V8 stated the purpose for having a thermometer in the inside of the refrigerator and freezer is to keep an accurate temperature in the inside of the refrigerator and the freezer. V8 stated the thermometer should be inside the freezer and refrigerator just in case the thermometer on the outside of the refrigerator and the freezer goes out. V8 stated I placed a thermometer in the freezer the other day. V8 stated me and the cooks should be checking the thermometers in the freezer and refrigerator in the morning, at twelve noon, and at night before leaving the facility for the day. Upon inquiry from the surveyor, V8 stated that there were 163 residents who are receiving an oral diet.</p> <p>On [DATE] at 1:50pm observed a thermometer inside of the freezer, the temperature reading on the thermometer was in acceptable range.</p> <p>Reviewed the Facility's Policy dated ,d+[DATE] Food Storage which documents in part, 5. All stored food products will be covered, identified, and dated. Dating of potentially hazardous foods shall indicate the last day the item can be consumed.</p> <p>Reviewed the Facility's undated Policy titled Older Adults and Food Safety Guidelines for Safe Food Handling which documents in part, use a refrigerator/freezer thermometer to check the temperatures.</p> <p>Reviewed the Facility's policy dated ,d+[DATE] and titled Food Preparation which documents in part, 17. Expiration dates on food products will be monitored daily and if outdated, shall be discarded. 18. Food items not stored in the original container will be stored in clean labeled and dated containers.</p> <p>Reviewed the facility's undated Food Service Director Job Description which documents in part, 2. Adheres to all sanitary and food safety regulations governing handling and serving of food.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>45346</p> <p>Based on observation, interview and record review the facility failed to ensure the outside dumpster lid was closed and garbage bags were placed into the dumpster to prevent pests and rodents from entry into the garbage bin. This failure has the potential to affect all 163 residents residing in the facility.</p> <p>Findings include:</p> <p>The (05/13/2024) facility census was 163.</p> <p>On 05/13/2024 at 9:55am escorted to the outside dumpsters by V8 (Dietary Manager), observed four dumpsters for the facility. Observed the red dumpster overfilled with trash bags which caused the lid of this dumpster to be opened. Observed a dumpster with three lids, the middle lid was opened. Observed a plastic trash bag sitting on the side of the dumpster.</p> <p>On 5/13/2024 at 9:56am V8 (Dietary Manager) stated the plastic trash bag sitting on the ground next to the dumpster contains charcoals.</p> <p>On 5/13/2024 at 10:00am V8 (Dietary Manager) stated I don't know what was going on this weekend, the staff was just overfilling the trash dumpsters. The garbage disposal company comes to the facility every day to empty the dumpsters. V8 stated the dumpster lids should be closed, this can cause rodents to be around the facility.</p> <p>On 05/14/2024 at 9:45am observed two white trash bags overfilling the dumpster which caused the dumpster lid to be open.</p> <p>On 5/15/2024 at 12:27pm V8 (Dietary Manager) stated it is all the staff job to check the lid of the dumpsters to make sure the lids are closed. V8 stated the manager of housekeeping, and the administrator is responsible for maintaining the outside dumpsters.</p> <p>On 5/15/2024 at 2:44pm V17(Maintenance Director) stated the staff does rounds to check to see if the outside dumpsters are not overfilled with trash and to make sure the lids are closed. V17 stated the dumpster lids should be closed, open dumpster lids will attract rodents.</p> <p>Reviewed the facility's policy dated 5/14 and titled Waste Management which documents in part, 4. Plastic liners shall be tied and placed in outside dumpster, and dumpster lid kept closed. 5. Maintenance and Housekeeping personnel shall assure the dumpster area is kept clean and all trash bags are inside the dumpster, and dumpster lids closed.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45196</b></p> <p>Based on observation, interview and record review the facility failed to you provide appropriate Personal Protective Equipment (PPE) supplies for two residents (R22 and R86) with Enhance Barrier Precautions; and failed to display Enhance Barrier Precaution sign for one resident (R8). This failure affected all 37 residents on the third floor and all 42 residents on the fifth floor reviewed for infection control.</p> <p>Findings include:</p> <p>On 05/13/24 V1 (Administrator) presented a facility census of 37 residents on the third floor and 42 residents on the fifth floor at the facility.</p> <p>On 05/13/24 at 10:26 am, R26, R33 and R86's room was observed with a sign displayed Enhanced Barrier Precautions . Providers and Staff must also wear gloves and gown for the following high contact resident care activities: Dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use: central lines, urinary catheter, feeding tube, tracheostomy, wound care: any skin opening requiring a dressing Surveyor observed R86 with a urinary catheter leg bag adhered to R86's left leg. Surveyor did not observe Personal Protective Equipment (PPE) supplies available for R26, R33 and R86 room that was available for staff use.</p> <p>On 05/13/24 at 11:44 am, Surveyor brought this observation to V2 (Director of Nursing, DON) and V2 stated, Every Enhanced Barrier Precaution room should have PPE supplies for staff to use. They (referring to staff) must have taken it down. It was one up there (referring to the PPE door supplies). R86 requires Enhanced Barrier Precautions because R86 has a catheter (referring to R86's urinary catheter).</p> <p>On 05/14/24 at 1:25 pm, Surveyor observed an Enhanced Barrier Precaution sign on R26, R33 and R86's room door and R26, R33, and R86's room door without PPE supplies available for staff to use.</p> <p>On 05/14/24 at 2:23 pm, V2 stated that V22 (Central Supply) is responsible for ordering and stocking Personal Protective Equipment (PPE) for residents' rooms. V2 explained that V2 provides V22 with a list of residents on Enhanced Barrier Precautions every day and that V22 restocks PPE supplies every morning at the facility for residents who require Enhanced Barrier Precautions. When V2 was asked regarding the importance of residents with Enhanced Barrier Precautions to have PPE supplies for staff to use, V2 stated, Its mainly for the staff to protect the resident with enhanced barrier precautions.</p> <p>On 05/15/24 2:30 pm, V22 (Central Supply) stated that V22 receives a list from V2 every other day with the list of residents who require supplies for Enhanced Barrier Precautions. V22 stated that V22 does not provide the isolation sleeve on the front of the resident's doors. V22 stated that V22 only provide the PPE supplies to be placed inside of the isolation sleeve on the residents' doors that require Enhanced Barrier Precautions. When V22 was asked regarding R86's missing PPE supplies for staff use on 05/13/23 and 05/14/24, V22 stated, I (V22) did not get the updated list showing R86 has Enhanced Barrier Precaution until today.</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 - Some</p>	<p>The facility's undated document titled Enhanced Barrier Precautions shows that R86 has Enhanced Barrier Precautions at the facility.</p> <p>R86's Brief Interview for Mental Status (BIMS) dated 02/07/24 shows that R86 has a BIMS score of 10 which indicates that R86 has some cognitive impairments.</p> <p>R86 has a diagnosis which includes but not limited to: Hematuria, unspecified vision loss, and acute kidney failure.</p> <p>R33's Brief Interview for Mental Status (BIMS) dated 05/11/24 shows that R33 has a BIMS score of 0 which indicates that R33 is cognitively impaired.</p> <p>R33 has a diagnosis which includes but not limited to acute kidney failure, dementia, encounter for fitting and adjustment of urinary device.</p> <p>R26's Brief Interview for Mental Status (BIMS) dated 02/14/24 shows that R26 has a BIMS score of 09 which indicates that R26 has some cognitive impairments.</p> <p>R26 has a diagnosis which includes but not limited to dementia, asthma, chronic kidney disease and centrilobular emphysema.</p> <p>The facility's undated document titled Infection Control Policy/Procedures documents, in part:</p> <p>General Infection Control: Purpose: To establish methods and criteria, necessary within the facility and its operation, to prevent and control infections and communicable diseases. Responsibility: All employees and Quality Assurance Committee. Policy: It is the policy of this facility to maintain an infection control program designed to provide a safe, sanitary and comfortable environment, and to prevent or eliminate, when possible, the development and transmission of disease and infection . Selection /Use of Personal Protective Equipment (PPE) Purpose: Personal protective equipment (PPE) is an essential element in preventing the transmission of disease-causing microorganism. If used correctly PPE will fail to prevent transmission and may facilitate the spread of disease. Appropriate PPE will also protect staff from exposure . Enhanced Barrier Precautions: Purpose: Recommendation from CDC (Center for Disease Control) to protect residents from multidrug resistant organisms (MDROs). Enhanced Barrier Precautions do not impose the same activity and room placement restrictions as Contact Precaution. Enhanced Barrier Precautions involve gown and glove use during high contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of acquiring MDRO.</p> <p>R86's Care plan dated 04/22/24 documents in part: Focus: R86 is at high risk for infection secondary to presence of needed catheter care related to (r/t) indwelling catheter. Goal: R86 will receive enhanced barrier precautions during care through next review. PPD (PPE) to be worn during high contact activities: gown and gloves, and shield when risk of splash is present (i.e., emptying a catheter, working with feeding tubes, etc.) . Wear PPE during high contact resident care activities: dressing, bathing, transferring, changing linens, providing hygiene, changing brief s/toileting etc.</p> <p>R86's Physician Order Sheet (POS) dated 04/17/24 Change Indwelling (Catheter (18) FR French with (10) CC (cubic centimeter) balloon every 3 months, every 3 months (s) starting on the last day of month for 84 day (s) related to Obstructive and reflux uropathy, unspecified.</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 - Some</p>	<p>49572</p> <p>Findings include:</p> <p>On 5/13/24 at 10:18am, this surveyor observed a droplet precautions sign on R8's bedroom door with PPE (Personal Protective Equipment) available hanging on R8's bedroom door.</p> <p>R8's Face Sheet documents, in part, diagnoses of unspecified dementia, anemia, schizophrenia and Alzheimer's Disease. R8's Minimum Data Set, dated dated [DATE], documents, in part, a Brief Interview for Mental Status (BIMS) score of 00 which indicates that R8 was unable to complete the interview.</p> <p>R8's Care plan, review date of 5/13/24, documents, in part, (R8) is at higher risk for infection secondary to presence of needed wound care for chronic wound. Resident will receive enhanced barrier precautions during care.</p> <p>On 5/13/24 at 10:48am, this surveyor inquired about the droplet sign on R8's bedroom door. V6 (Licensed Practical Nurse/LPN) said, That's for R8 and her (R8) wound but she (R8) is not on droplet, she (R8) is on enhanced barrier. The wrong sign is up. I'll (V6) get that fixed right away.</p> <p>On 5/13/24 at 10:41am, this surveyor observed an enhanced barrier sign on R22's bedroom door with no PPE (Personal Protective Equipment) observed readily available for the staff.</p> <p>R22's Face Sheet documents, in part, diagnoses of metabolic encephalopathy, pressure ulcer of sacral region, chronic obstructive pulmonary disease with (acute) exacerbation and schizophrenia. R22's Minimum Data Set, dated dated [DATE], documents, in part, a Brief Interview for Mental Status (BIMS) score of 13 which indicates that R22 is cognitively intact.</p> <p>R22's Care plan, date initiated 4/22/24, documents, in part, (R22) is at higher risk for infection secondary to presence of needed wound care for chronic wound. Resident will receive enhanced barrier precautions during care through next review. Wear PPE during high contact resident care activities: dressing, bathing, transferring, changing linens, providing hygiene, changing briefs/toileting etc</p> <p>On 5/13/24 at 10:48am, this surveyor inquired about the PPE for R22's room. V6 (LPN) said, There should be PPE available for enhanced precautions. I'm not sure why it's not there. It needs to be there to prevent infections from spreading. I'll ensure we get the PPE supplies that hang on the door.</p> <p>Facility Policy title Resident Rights, dated, 11/18, documents, in part, To provide an environment of care that supports a positive self image . The right to an environment that preserves dignity and contributes to a positive self image.</p> <p>Facility job description title, LPN Job Description, undated, documents, in part, Make multiple daily rounds on your shift to ensure acceptable standards are met.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>32338</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the community shower room on the fourth-floor is maintained in a sanitary manner and in good repair, and failed to ensure that the fifth-floor bathroom and day room are kept in good repair. These failures have the potential to affect all 44 residents on the fourth floor and all 42 residents on the fifth floor.</p> <p>Findings include:</p> <p>On 5/13/24 at 11:00am after the entrance conference, V1 (Administrator) presented the facility census which shows that there are 44 residents on the fourth floor and 42 residents on the fifth floor.</p> <p>On 5/13/24 at 10:50am during observation of residents on the fourth floor, the community shower room was observed to be locked. V16 (Housekeeper) was asked to open the shower room. Together with V16, the surveyor observed the following:</p> <p>The toilet water tank was partially covered with a smaller cover that has brown stains that left about one-third of the tank open; The only shower stall in the shower room has blackish brown substance on the wall tiles closer to the front left corner; The bath-tub faucet is non-functional and no water came out of it when inspected; The closet in the shower room has filthy clothes on the floor which V16 stated belong to the residents; There was a chrome color large rod on the floor of the shower room. The clean utility room has a bag of clothes on the floor which V16 states belong to some residents.</p> <p>The fourth floor Maintenance Log Sheet dated 5/1/24 to 5/13/24 does not show that staff reported these issues for Maintenance Staff to see on the Log Sheet.</p> <p>On 5/13/24 at 11:05am, V17(Maintenance Director) was called to the fourth floor and shown the above issues. V17 stated The only thing we can do is to power-wash the mold on the wall and use grout.</p> <p>On 5/15/24 at 11:09am, V11 (Housekeeping Supervisor) was interviewed regarding the housekeeping issues on the fourth floor. V11 stated there was one housekeeper scheduled for 7am-3pm shift for the fourth floor, and he(V11) works on the second floor. V11 added that the housekeepers are supposed to clean the shower rooms.</p> <p>Facility's Housekeeper job description states in part, under Position Summary: The housekeeper ensures that center is maintained in a clean and sanitary condition at all times to provide for care and welfare of the customers in a healthful environment.</p> <p>Facility's Job Description for Maintenance Director states in #6: Coordinates daily maintenance services with nursing services when performing maintenance assignments in residents' living and recreation areas. #8: Assures that maintenance work schedules are followed as closely as practical.</p> <p>The facility did not follow these guidelines.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>45196</p> <p>Findings include:</p> <p>R9's Brief Interview for Mental Status (BIMS) dated 03/27/24 shows that R9 has a BIMS score of 15 which indicates that R9 is cognitively intact.</p> <p>R9 has a diagnosis which includes but not limited to chronic obstructive pulmonary disease, acute kidney failure, anxiety, and immunodeficiency.</p> <p>R43's Brief Interview for Mental Status (BIMS) dated 03/20/24 shows that R43 has a BIMS score of 14 which indicates that R43 is cognitively intact.</p> <p>R43 has a diagnosis which includes but not limited to bipolar disorder, anxiety, contusion of unspecified part of head sequela and insomnia.</p> <p>On 05/13/24 at 10:34 am, R9 and R43's bathroom was observed with the bathroom light not functional and unable to provide light for R9 and R43's bathroom. R9 stated that the bathroom light bulb has been broken a long time.</p> <p>On 05/14/24 at 11:340 am, R9 and R43's bathroom was observed with the bathroom light still not functional and unable to provide light for R9 and R43's bathroom.</p> <p>On 05/15/24 at 9:43 am, V17 (Maintenance Director) stated that V17 is responsible for checking the lighting in the residents' rooms and bathrooms. V17 stated that it is important for the residents to have functioning lighting in the residents' bathrooms so that the residents won't fall and can see a clear pathway while using the bathroom area. V17 stated that V17 rounds every day to inspect the building for lighting fixtures that require replacing.</p> <p>The facility's job description titled Maintenance Director documents in part: Job Summary: The Maintenance Director is responsible for the day-to-day activities of the Maintenance Department in accordance with current federal, state and local standards, guidelines and regulations governing our facility and maintained in a clean, safe and comfortable manner. As the Maintenance Director you are delegated the administrative authority, responsibility, and accountability necessary to carry out your assigned duties. Essential Duties and Responsibilities: Including the following, other duties may be assigned. 1. Performs overall supervision of the Maintenance Department including hands-on performance of maintenance and repair work. 2. Maintains the building in good repair and free of hazards such as those caused by electrical, plumbing, heating and cooling systems, life safety etc.</p> <p>45346</p> <p>Findings include:</p> <p>On 5/13/2024 at 10:25am arrived on the fourth floor, observed the fourth-floor dayroom with chipped areas of paint on the walls in the dayroom.</p> <p>On 5/13/2024 at 10:59am observed the vents in the ceiling of the fourth floor coated with a black substance.</p> <p>(continued on next page)</p>		

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F 0921  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	On 5/14/2024 at 2:44pm V17(Maintenance Director) stated there is patching on the walls on each floor of the building. V17 stated the entire building needs painting. V17 stated that is dust on the vents in the ceiling. V17 stated housekeeping should be wiping the vents clean. V17 stated painting the facility may make the residents feel better about living here.		