

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145927	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/28/2024
NAME OF PROVIDER OR SUPPLIER Prairie Oasis		STREET ADDRESS, CITY, STATE, ZIP CODE 16000 South Wabash South Holland, IL 60473	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40718</p> <p>Based on interviews and record reviews the facility failed to follow their policy and procedures for fall prevention by not using all possible methods for identifying risk factors for falls, not implementing personalized and effective interventions, not ensuring new interventions were implemented with each fall, and not providing adequate supervision for residents at risk for falls. This failure applies to two of five residents (R1 and R4) reviewed for falls.</p> <p>Findings include:</p> <p>1. R1 is a [AGE] year-old female with a diagnoses history of Paranoid Schizophrenia, COPD, Schizoaffective Disorder, Bipolar Disorder, Recurrent Severe Major Depressive Disorder, and Lymphedema who was admitted to the facility 09/19/2023.</p> <p>R1's Risk Management Fall Incident Report dated 09/08/2024 documents she was observed sitting on her bathroom floor after an unwitnessed fall and reported when the incident occurred, she was self-toileting.</p> <p>R1's current care plan initiated 12/18/2023 documents she is at risk for falls related to requiring assistance for transfers and mobility with generalized interventions including Complete the Fall Risk Review per the facility protocol, anticipate and meet individual needs of the resident, be sure call light is within reach and encourage the resident to use it for assistance as needed. Staff to respond promptly to all requests for assistance. R1's care plan does not include any new interventions since her fall on 09/08/2024.</p> <p>2. R4 is a [AGE] year-old female with a diagnoses history of Dementia, Type 2 Diabetes with Diabetic Neuropathy, Stroke, and Stage 2 chronic kidney disease who was admitted to the facility 04/05/2024.</p> <p>R4's progress notes dated 04/09/2024 at 4:16 PM, 06/22/2024 at 06:23 AM, 07/25/2024 at 07:08 AM, 08/03/2024 at 8:25 AM, and 08/27/2024 at 5:15 PM and corresponding Risk Management Fall Incident Reports for same dates document she had unwitnessed falls while attempting to self-transfer.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R4's current care plan for falls initiated 04/08/2024 documents she is at risk for falls related to requiring assistance for transfers and mobility with generalized interventions including Complete the Fall Risk Review per the facility protocol, anticipate and meet individual needs of the resident, gather information on past falls and attempt to determine the root cause of the fall (s). Anticipate and intervene to prevent recurrence, be sure call light is within reach and encourage the resident to use it for assistance as needed. Staff to respond promptly to all requests for assistance, and intervention initiated 08/03/2024 of monitor resident when in the room and encourage activities. R4's current care plan does not include interventions implemented for her falls that occurred 04/09/2024, 06/22/2024, 07/25/2024 and 08/27/2024.</p> <p>On 09/27/2024 at 2:04 PM V2 (Director of Nursing) stated she is the fall coordinator. V2 stated R1 fell attempting to self-toilet. V2 stated R1 is a frequent and heavy wetter due to high blood sugar levels. V2 stated R1 requires assistance with toileting but does not always wait for or ask for assistance. V2 stated the interventions that are implemented for R1 due to this include encouragement to toilet although she will decline to go.</p> <p>On 09/27/2024 at 2:34 PM V2 (Director of Nursing) stated R4 has had repeated falls in the past few months. V2 stated R4 falls because she tries to self-transfer. V2 stated when R4 has been asked why she attempts to self-transfer, her response was because she wanted to. In response to the surveyor's question of whether the nurses should attempt to ask residents what motivates them to engage in behaviors that contribute to falls such as self-transferring, V2 replied yes. When asked if this should be documented on the resident's risk management fall incident reports, V2 replied yes. V2 agreed the times of falls should be reviewed and if there is a pattern identified this should be taken into consideration as a contributing factor for falls. V2 stated she hadn't looked at the times of R4's falls. V2 agreed that R4's falls did occur more often during certain times of the day, and this should be incorporated in her fall interventions. V2 stated care plan interventions should be revised after each fall.</p> <p>On 09/28/2024 at 8:14 AM V2 (Director of Nursing) stated R4's fall care plan interventions were not effective because she kept falling. V2 stated they could do more rounding for R4, and she may need to determine if there have been too many changes in staff working with R4 as well. V2 stated care plans for R1 and R4 should have been updated after their falls.</p> <p>The facility's Fall Prevention Program Policy received 09/27/2024 states:</p> <p>It is the policy of this facility to have a Fall Prevention Program to assure the safety of all residents in the facility, when possible. This program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary.</p> <p>The Fall Prevention Program includes the following components:</p> <p>Methods to identify risk factors.</p> <p>Use and implementation of professional standards of practice.</p> <p>Changes in interventions that were unsuccessful.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Documentation Requirements.</p> <p>Care plan incorporates:</p> <ul style="list-style-type: none"> o Identification of all risk/issue o Interventions are changed with each fall, as appropriate o Preventative measures. <p>Standards:</p> <p>Accident/Incident Reports involving falls will be reviewed by the Director of Nursing and the IDT (Interdisciplinary Team) to ensure appropriate care and services were provided and determine possible safety interventions.</p> <p>Standard Falls/Safety Precautions for all Residents</p> <p>Residents at risk of falling will be assisted with toileting needs in accordance with voiding patterns identified during the assessment process and as addressed on the plan care.</p>		