

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 10/31/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39340</p> <p>Based on interview and record review, the facility failed to follow their abuse policy by not immediately reporting an allegation of staff to resident physical abuse to the administrator and failing to report to the state agency within 2 hours for one of three (R1) residents reviewed for abuse.</p> <p>Findings include:</p> <p>R1 was admitted to the facility on [DATE] with a diagnosis schizophrenia, bipolar disorder, major depressive disorder, and type II diabetes. R1 has a brief interview for mental status score of 12/15 which indicates cognitively intact.</p> <p>On 10/29/24 at 2:20PM, V3 (Nurse) said V4 (NP) reported to her on 10/28/24, that R1 had said when someone was cleaning, someone could have hit her eye. V3 said she informed the V2(DON) prior to leaving her shift at 300pm about concern.</p> <p>On 10/29/24 at 2:35pm, V4 (NP) said R1 saw her in the hallway and R1 mentioned that there was a possible situation with the person that was cleaning up the room but unclear what happened. R1 reported they hurt her but not sure where. V4 said she informed V2 (DON) about the allegation prior to her being sent to the hospital.</p> <p>On 10/29/24 at 1:46PM, V2 (DON) said she called the hospital around 11:45AM today (10/29/24) to get an update on R1. V2 said at that time she was informed that R1 said she had been assaulted and had a detached retina. V2 said she was trying to send her reportable now to be within the 2-hour window.</p> <p>On 10/30/24 at 4:08PM, V2 (DON) said she spoke to R1 on 10/28/24 and R1 said nothing happened. R1 has behavior of saying things and V2 would be reporting to Illinois department of health every day. V2 said I should have reported it.</p> <p>On 10/29/24 at 3:41PM, V1 (Administrator) said she was not aware of any abuse allegations involving R1 until today. V1 denied any allegations of abuse being reported on 10/28/24. V1 said abuse should be reported immediately.</p> <p>On 10/30/24 at 4:34pm, V1 (administrator) said, an allegation of abuse should be investigated, and the initial report should be sent within two hours. R1 incident should have been reported.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility initial abuse reportable dated 10/29/24 at 1:36PM documents: On 10/29/24 at approximately 11:45AM, informed from hospital that resident had a detached retina and said she was assaulted. Facility abuse prevention program policy undated documents: Employee are required to report any incident, allegation or suspicion of potential abuse, neglect or misappropriation of property that they observe, hear about or suspect to the administrator or person in charge of the facility acting on behalf of the administrator or an immediate supervisor who must then immediately report it to the administrator. If a crime, involving physical or sexual abuse it must be reported to the state survey agency and local law enforcement under the following time frames: serious bodily injury: immediately but no later than two hours after forming of the suspicion; all other no later than 24 hours after forming of the suspicion.		