STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145927	A. Building B. Wing	12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prairie Oasis	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38796 Based on interview and record the facility failed to follow the plan of care for a dependent resident and ensure to provide two persons assist with transfer using mechanical lift for 1 of 1 resident (R2). R2 transferred using mechanical lift, R2 was subsequently observed with bruise over left eyebrow and swelling to right jaw. R2 was sent to hospital evaluation and diagnosed forehead contusion. Findings include: R2 face sheet shows R2 is a [AGE] year-old female, diagnosis of unspecified dementia, Alzheimer's disease, hypertension, heart disease, heart failure, presence of cardiac pacemaker, COPD, chronic kidney disease. R2 MDS dated [DATE] notes section C for cognition notes a score of 05 (cognitive impairment) section GG for functional status notes chair to bed transfer R2 is dependent, helper does all the effort. 12/10/24 at 12:59pm R2 observed awake, and alert. R2 observed to follow simple direction from V12 (CNA-certified Nursing Assistant). R2 was unable to interviewed by surveyor. R2 emergency room records dated 11/13/24 notes in part clinical impression forehead contusion, initial encounter. [AGE] year-old female with past medical history listed below presents to ED (emergency department) EMS (Emergency Medical Services) from Prairie Oasis for evaluation of contusion around left eye. Per EMS NH (nursing home) staff found bruising and swelling around patients left eye and they were unsure as to how that got there. In ED patient is unable to verbalize what happened. Patient was here last week for hitting head on bedrail. Per nursing home, patient is at her baseline. HPI (history Physical) and ROS limited due to patient being nonverbal. Physical exam left periorbital swelling. Ecchymosis (left forehead). R1 progress note dated 11/13/24 at 8:04am notes in part resident received up in (name) chair with noted edema to right lower jaw line not painful to touch and small bruise noted over left brow, which is not painful to touch as well. Received order to send resident out to (hospital name) ER (emergency room) for evaluation / treatment. Spoke with emergency family contact, who was made aware. All departments notified. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2 care plan with initiated date of 1/16/23 notes in part resident has been assessed and has been determined to need a mechanical lift for transfers R/T (related to) will be designated as mechanical / mechanical lift, total assist or extensive with more than 28%, no wt. (weight) bear of legs, very poor sitting balance, M=mechanical lift (full/Hoyer lift). 12/12/24 at 10:56am V6 (LPN) said she was R2's Nurse on 12/13/24 (first shift), V6 said she identified the bruise to R2 left eyebrow and the swelling to R2 right jaw. V6 said she asked the night Nurse about R2 condition, and the night Nurse said no one reported anything to her related to R2 eyebrow and jaw. V6 said she reported R2 condition to V2 (Director of Nursing). V6 said V2 (Director of Nursing) did not give her any directives. V6 said R2 was sent to the hospital for further evaluation because no one reported anything about R2 condition. V6 said she doesn't know how R2 sustained the bruise to the left eyebrow and the swelling to the right jaw. V6 said she documented her assessment in the progress notes. V6 said R2 is at high risk for falls, and no one reported a fall for R2 that day. On 12/12/24 at 11:23am V9 (CNA) said she was assigned to R2 on 11/12/24 third shift. V9 said she got R2 up for the morning. V9 said she used the mechanical lift to transfer R2. V9 said she didn't know who helped her get R2 up using the mechanical lift. V9 said it had to be the other aide that was working. 12/12/24 at 11:31am V10 (CNA) said she did not help V9 get R2 up using the mechanical lift on 11/13/24. 12/12/24 at 11:36am V11 (CNA) said she don't know who R2 or V9 is. V11 said she did not help V11 get R2 up on 11/13/24 early morning. 12/11/24 at pm V2 (Director of Nursing) said she was not aware of the bruise to R2 left eyebrow and swelling to R2 right jaw that was noted on 11/13/24 by V9. V2 said she did not investigate the bruise and swelling but she is investigating the matter now. V2 said R2 can't speak to what happened. V2 said R2 was sent to the hospital for evaluation on 11/13/24. During a follow up interview 12/12/24 at 12:57pm, V2 said her expectation is that when using a mechanical lift to transfer a resident there should be 2 people assisting with the transfer. V2 said one staff should guide the resident and one staff should guide and control the machine. V2 said using two people for transferring with a mechanical lift are for safety reason. V2 said the aides should ask the Nurse about the functional status of the resident. V2 said she will be reporting the bruise and swelling as an injury of unknown origin. Facility policy titled Lifting/Transferring no date noted, notes in part purpose: to promote comfort, maintain good body alignment, decrease the complications related to mobility, and decrease the possibility of injury to the resident and or nursing personnel. Facility policy titled Care Plan, no dated, notes in part all residents will have comprehensive assessment and an individualized plan of care developed to assist them in achieving and maintaining their optimal status. Communications of goals and approaches developed are communicated to all caregivers. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility policy titled limited lifting/ safe resident handing, last dated 04/2021, notes in part in order to protect the safety and well-being of the staff and resident and to promote quality care this facility will use mechanical lifting devices for the lifting and movement of residents. Facility name facilitates a safe work environment by implementing a safe resident handling program which establish a framework for staff and residents' safety during the handling and movement of residents this policy addresses the following safe resident handling elements: resident handing devices and equipment, resident evaluation, staff education and program compliance.

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38796 Based on interview and record review the facility failed to ensure the bed rails/side rails were in use and in the up position for one of three residents (R1). R1 hit her right eye on the bedrail. R1 observed with discoloration to right eye and redden sclera. This affects R1 reviewed for bedrail use. Findings include: R1 [NAME] data set dated [DATE] section C shows BIMS score of 15 (cognitively intact). Facility final report dated 12/10/24 notes, in part, resident was observed by staff with discoloration to the right eye and noted swelling. Small blood clot in the right eye. The resident stated she didn't fall, no one hit her, but stated she puts a mask on because her roommate was coughing a lot. The resident said she was sleeping on her right-side rail with the mask on her face and was rubbing her eye because it was itching, but no pain at the right eye. All responsible parties made aware. Resident son, Medical Doctor aware. Orders noted and carried out. Summary of investigative findings: resident received orders for eye medication. X-rays were ordered to rule out any fractures. Appointment pending for vision care for ophthalmologist. Residents continue not to complain of any pain. Swelling to right eye has continued to go down. Informed resident would let her know about appointment. Will continue to monitor. The care plan was updated. R1 Minimum Data Set, dated dated dated [DATE] section C shows BIMS score of 15 (cognition intact). On 12/10/24 at 10:21am R1 observed alert to person, place, time, and situation. R1 observed with deep dark discoloration to the right eye and a redden sclera. R1 said she hit her eye on the bed rails. R1 said she told the facility to remove the bed rails from her bed, R1 said she does not use bed rail. R1 said the bedrails did not have any padding on them. On 12/10/24 at 9:40am V2 (Director of Nursing) said R1 hit her eye on the bed rail and V2 is investigating it. R1 progress notes dated 12/5/24 notes, writer entered resident room observed resident sitting on side of bed. Writer noted resident right eye purple and swollen and blood clot in eye. Writer asked resident what happen to her eye, did you fall, resident stated no. Writer asked did someone hit you, resident stated no, I think I slept on the side rail. Writer observed side rail in the up position. Son notified. NP called, stated will call writer back in a meeting. R1 current side rail review assessment presented by V2 (Director of Nursing) dated 10/16/24 notes in part yes resident is ambulatory, yes resident is able to get into bed unassisted, yes resident is able to turn from side to side unassisted while in bed, yes the resident attempt to get in and out of bed unassisted, yes the resident able to get out of bed unassisted, yes the resident is able to turn side to side while in bed with the side rails, no the resident is currently using the side rails for positioning and support. The resident will not use side rails at this time. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1 physician order sheet does not denote order for side rail use. Facility side rails policy titled Side Rails, no date, noted notes in part purpose to prevent resident from injury. Side rails attached to bed of adequate height and length for safety. Side rails used to restrict the resident freedom of movement are considered restraints. Side rails used to assist the resident in turning or to help. Side rails impose entrapment hazards. the resident get out of bed are not restraints. If side rails are needed, obtain order, complete assessment with justification, obtain consent, address in plan of care, address potential entrapment risks and interventions.