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	06/27/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow their abuse policy by not keeping a resident (R2) with dementia free from being hit by a cognitively intact resident (R1) for one out of four residents reviewed for physical abuse in a total sample of six. Findings include: R1 is a [AGE] year old with the following diagnosis: cirrhosis and lymphedema. R2 is a [AGE] year old with the following diagnosis: type 2 diabetes, dementia, and Alzheimer ' s disease. On 6/25/25 at 3:13PM, R1 stated R1 pushed R2 up against a wall when R2 would not stop touching R1's personal items. R1 reported R2 had a habit of drinking R1's pop and taking R1's clothing. R1 stated R1 asked R1 to stop each time R2 would do this but R2 would not stop due to being confused. R1 reported telling the staff about this behavior but staff did nothing to help R1. R1 stated R1 had enough and pushed R2 against a wall and they started to hit each other in the face while wrestling. R1 reported moving to a different room when R1 got back from the hospital. R1 reported having a small cut to the forehead but denied needing stitches. On 6/25/25 at 3:40PM, R2 did not respond appropriately to questioning due to mental status. R2 was able to state name and birth date correctly. R2 was unable to recall the altercation with R1. On 6/25/25 at 2:57PM, V4 (Nurse Manager) stated staff called V4 to the nurse's station because R1 reported having an altercation with R2. V4 reported R1 asked R2 to stop going through R1's belongings but R2 didn't so R1 hit R2. V4 stated R1 admitted to initiating physical contact first. V4 reported R2 is confused so R2 could not answer any questions as to what happened. V4 stated R2 has a habit of going through other's belongings due to R2 having dementia. V4 reported R2 is now in a room alone so R2 will not go through other belongings. V4 defined abuse as when someone is aggressive and does something that hurts someone else. V4 stated this incident would be considered physical abuse because the residents were hitting. (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

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	06/27/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/26/25 at 10:19AM, V7 (Former Nurse) stated R1 came to the nurse's station bleeding and told staff R1 hit R2 because R2 kept going through R1's belongings. V7 reported R1 told V7 that R1 hit R2. V7 stated R1 is alert and oriented times three. V7 stated both R1 and R2 were bleeding from small lacerations on the head. V7 reported R2 is always confused and was not able to answer any questions on what happened during the altercation. V7 stated R2 has a habit of wandering and going through other people's belongings. V7 reported this incident would be considered physical abuse. On 6/26/25 at 4:29PM, V14 (Assistant Administrator) stated staff notified V14 of the altercation immediately but no staff witnessed the altercation. V14 reported R1 came to the nurse's station to tell staff what happened. V14 stated R1 told staff that R2 was going through R1's belongings and R2 would not stop when R1 asked. V14 reported R1 told staff that R1 then pushed R2, and they began hitting each other. V14 stated both residents had small lacerations to the head but didn't need any outside treatment. V14 reported abuse was substantiated in this incident because R1 is alert and oriented times three and R2 has dementia and is always confused. A Nursing note for R1 dated 5/31/25 at 6:46 PM documents R1 came to the nurses station around 5:15 PM and blood was noted all over R1's body. Upon interrogation, R1 stated that R1's roommate was trying to invade R1's privacy which led to a physical altercation. R1 was cleaned up with a washcloth. 911 was called and R1 was transferred to the hospital for an evaluation. A Nursing note dated 5/31/25 at 7:03 PM documents the nursing manager was called to R1's room. R1 was sitting in the hallway with a blood stain on clothing in an open area to the forehead. When asked what happened, R1 stated R2 was going through R1's items. R1 asked R2 to leave the items alone but R2 refused so R1 pushed R2 away and hit R2 in the eye. Pressure was applied to the head wound. R1 was sent out via 911. A Nursing note dated 6/1/25 documents R1 was treated at the hospital for a minor laceration just above the hairline. The Hospital Records dated 5/ 31/ 25 document R1 presented to the emergency department for medical evaluation. R1 stated R1 was being bothered by another individual at the living facility when R1 decided to punch the other person in the face. There is half inch minor laceration just above the hairline. R1 reported the other resident was repeatedly stealing R1 soda and clothing. R1 endorsed asking R2 multiple times to leave R1's things alone. There is no documentation that the laceration needed any repair period. A Band-Aid was placed on the laceration and R1 returned to the facility. The Final Incident Report dated 6/6/25 documents the abuse coordinator was informed of a physical altercation on 5/31/25 that occurred around 5:50 PM. R1 reported there was a physical altercation between R1 and R2. Both residents were separated and sent to the hospital for evaluation. Upon return, R1 was moved to a different room and R2 was moved to a single room. Abuse was substantiated in this investigation. The Care Plan dated 2/ 21/ 25 documents R1's comprehensive assessment reveals a history of suspected abuse and/or neglect or factors that may increase susceptibility to abuse/neglect. R1 demonstrates difficulty in adjustment and generalized mood distress. Symptoms may be manifested by verbal expressions of distress and behavioral symptoms. (continued on next page)

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	06/27/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status score as 14 (no cognitive impairment). Section E of the MDS documents R1 does not experience hallucinations or delusions. R1 also does not have any physical, verbal, or behavioral symptoms directed towards others. The Screening Assessment for Indicators of Aggressive and/or Harmful Behaviors dated 4/6/25 documents a score of 0 indicating R1 has no or minimal problems with aggressive behavior. R1 is at minimal risk for aggression. A Nursing note for R2 dated 5/31/25 documents the nurse was notified by staff to go to R2's room. The nurse noted blood on the floor and opened skin to the left eye with bleeding that was swollen. The nurse asked R2 what happened but R2 was unable to say. The area was cleansed with normal saline. A Nursing note dated 6/1/25 documents R2 returned from the hospital with a diagnosis of left cheek contusion. The Care Plan dated 10/9/24 documents R2 demonstrates movement behavior that may be interpreted as wandering, pacing, or roaming. This is due to a diagnosis of dementia and problems understanding the immediate environment. Symptoms are manifested by pacing, roaming, or wandering in and out of peers' rooms engaging in theme behavior, where R2 believes it is another time and place with specific responsibilities. An intervention includes to implement preventative intervention strategies. The Care Plan dated 2/19/25 documents R2's comprehensive assessment reveals a history of suspected abuse and/or neglect or factors that may increase susceptibility to abuse/ neglect. R2 demonstrates difficulty and adjustment and generalized mood distress. Symptoms may be manifested by verbal expressions of stress and behavioral symptoms. The Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status score as five (severe cognitive impairment) for R2. The Screening Assessment for Indicators of Aggressive and/or Harmful Behavior document a total score of 1 indicating R2 is at a low risk for abuse due to increased vulnerability from dementia. (continued on next page)

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	06/27/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The policy titled, Abuse Prevention Program Facility Policy, dated 2011 documents, this facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment, and involuntary seclusion. This facility therefore prohibits mistreatment, neglect or abuse of its residents, and has attempted to establish a residence sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, neglect or abuse of our residents . This facility is committed to protecting our residents from abuse by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals . The following definitions are based on federal and state laws, regulations and interpretive guidelines. Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish . Physical abuse is the infliction of injury on a resident that occurs other than by accidental means that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment.