

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 02/20/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide incontinence care for residents that were dependent on staff for incontinence care. This failure affected four (R1 R3 R4 and R5) of four residents reviewed for incontinence care. Findings include: R1's Face Sheet documents in part the following diagnoses: Alzheimer's disease, severe dementia with other behavioral disturbance, unspecified protein-calorie malnutrition, hypomyelination with atrophy of the basal ganglia and cerebellum, chronic kidney disease unspecified, adult failure to thrive, restlessness and agitation, cachexia, and unspecified convulsions. R1 Minimum Data Set (11/12/2025) documents in part that R1 dependent on staff for toileting assistance and is always incontinent of bowel and bladder. R1's care plan (revised 11/12/2025) documents in part that R1 has an activity of daily living (ADL) self-care deficit due to confusion, dementia, impaired balance and limited mobility, and indicates that R1 is totally dependent on staff for toileting. R1's POC (Point of Care) Response History (2/17/2025) report does not document that R1 received assistance with toileting on the following dates: 1/20/2026 (11 PM-7 AM Shift), 1/24/2026 (3 PM-11 PM Shift), 1/25/2026 (11PM -7 AM Shift), 1/29/2026 (3PM -11 PM Shift, 11PM -7 AM Shift), 1/31/2026 (7AM -3 PM Shift), 2/1/2026 (11PM -7 AM Shift), 2/2/2026 (11PM -7 AM Shift). R3's Face Sheet documents in part the following diagnoses: hemiplegia affective left non-dominant side, bilateral cataracts, hypertension, type 2 diabetes mellitus, and depression. On 2/17/2026 at 10:21 AM, R3 stated, They don't have enough aides. I have to wait a long time to get help and sometimes don't get the help. They don't provide me with incontinence care, it's still a problem. Everything is short staffed here. R3's Minimum Data Set (11/25/2025) documents in part a BIMS summary score of 13, indicating R3 is cognitively intact and R4 is dependent on staff for toileting assistance and is frequently incontinent of bowel and bladder. R3's POC (Point of Care) Response History (2/17/2025) report does not document that R3 received assistance with toileting on the following dates: 1/19/2026 (3 PM-11 PM Shift), 1/20/2026 (3-11 PM Shift), 1/22/2026 (11 PM -7 AM Shift), 1/26/2026 (11 PM-7 AM Shift), 1/31/2026 (11 PM-7 AM Shift), 2/1/2026 (3 PM-11 Shift), 2/4/2026 (3 PM-11 Shift), 2/5/2026 (11 PM-7 AM Shift), 2/13/2026 (7 AM-3 PM Shift, 11 PM-7 AM Shift), 2/15/2026 (7 AM-3 PM Shift). R4's Face Sheet documents in part the following diagnoses: rhabdomyolysis, fusion of spine (lumbar region), inflammatory spondylopathy lumbar region, type 2 diabetes mellitus with diabetic neuropathy, unspecified protein calorie malnutrition, neuromuscular dysfunction of the bladder, obesity, chronic obstructive pulmonary disease, and major depressive disorder without psychotic features. R4's Minimum Data Set (12/16/2025) document in part a brief interview of mental status (BIMS) summary score of 15, indicating R4 is cognitively intact. Additionally, R4's minimum data set documents that R4 is dependent on staff for toileting assistance and frequently is incontinent of bowel and bladder. On 2/13/2026 at 1:00 PM, R4 explained, Yes, the facility doesn't have enough staff. It takes forever for someone to help you sometimes like 3-4 hours. Back in October, I was left hanging on a Hoyer for over 3 hours in my</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145927
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>own feces. I get left in my own urine and feces for hours like an animal. I'm not an animal; I don't deserve to be treated like that. I've told the administration of this facility about my problems and nothing changes, that's the problem. Yes, I am incontinent even right now and have been sitting in my urine for hours. No, I don't want them to change me, it's during lunch time, no one will come. R4's POC (Point of Care) Response History (2/17/2025) report does not document that R4 received assistance with toileting on the following dates: 1/19/2026 (11 PM-7 AM Shift), 1/21/2026 (3 PM-11 PM Shift, 11 PM-7 AM Shift), 1/24/2026 (11-7 AM Shift), 1/25/2026 (11 PM-7 AM Shift), 1/26/2026 (7 AM-3 PM Shift), 1/27/2026 (11 PM-7 AM Shift), 1/31/2026 (11 PM-7 AM Shift), 2/1/2026 (11 PM-7 AM Shift), 2/2/2026 (11 PM-7 AM Shift), 2/3/2026 (11 PM-7 AM Shift), 2/6/2026 (11 PM -7 AM Shift), 2/7/2026 (3 PM-11 PM Shift, 11PM -7 PM Shift), 2/8/2026 (3 PM-11 PM Shift, 11 PM-7 AM Shift), 2/9/2026 (11 PM-7 AM Shift), 2/10/2026 (7AM -3 PM Shift), 2/11/2026 (11PM -7 AM Shift), 2/12/2026 (7 AM-3 PM Shift), 2/15/2026 (7 AM -3 PM Shift). R5's face sheet documents in part the following diagnoses: unspecified dementia, severe with other behavioral disturbance, traumatic subdural hemorrhage with loss of consciousness, age related osteoporosis, altered mental status, unspecified fall, lymphedema, moderate protein calorie malnutrition, muscle wasting and atrophy, and vertigo. R5's Minimum Data Set (1/5/2026) documents in part that R5 has a brief interview of mental status (BIMS) summary score of 5 indicating that R5 is cognitively impaired. Additionally, the MDS documents that R5 is dependent on staff for toileting and is frequently incontinent of bowel and bladder. R5's POC (Point of Care) Response History (2/17/2026) report does not document that R5 received assistance with toileting on the following dates: 1/22/2026 (11 PM-7 AM Shift), 1/23/2026 (3 PM-11 PM Shift), 1/25/2026 (3 PM-11 PM Shift, 11-7 AM Shift), 1/26/2025 (11 PM -7 AM Shift), 1/28/2026 (3 PM-11 PM Shift), 1/29/2026 (3 PM-11 PM Shift), 1/30/2026 (3 PM-11 PM Shift), 1/31/2026 (11 PM-7 AM Shift), 2/3/2026 (3 PM-11 PM Shift, 11 PM -7 AM Shift), 2/6/2026 (3 PM-11 PM Shift, 11-7 AM Shift), 2/8/2026 (11 PM-7 AM Shift), 2/11/2026 (11 PM-7 AM Shift), 2/13/2026 (3 PM-11 PM Shift), 2/15/2026 (7 AM-3 PM Shift, 3 PM -11 PM Shift). R8's Face Sheet documents in part the following diagnoses: trigeminal neuralgia, type 2 diabetes without complications, hypertension, and osteoarthritis. On 2/17/2025 at 10:16 AM, R8 stated R8's roommates (including R3) need incontinence care, and it is not regularly provided by staff. R8 stated, My roommates (R3) have to wait forever to get help from staff. R8's Minimum Data Set (12/24/2025) documents in part a BIMS summary score of 13, indicating R8 is cognitively intact. On 2/17/2026 at 10:35 AM, V34 (Restorative Nurse, Licensed Practical Nurse) affirmed that V34 is responsible for monitoring the resident's ADL status and ADL charting in the facility. V34 stated that the CNAs are expected to chart once per shift to document the highest level of care provided during that shift. V34 affirmed that R1, R3, R4, and R5 are dependent on staff for toileting. V34 reviewed R1, R3, R4 and R5's POC charting completed by the nursing assistants and confirmed that all residents were missing many shifts of ADL charting. V34 stated, this is the [NAME] of my existence, trying to get them to complete the charting. We were doing so well after we were cited (in December 2025) at ADL charting. I went on leave for a bit and the care plan coordinator was supposed to be monitoring all of this (the ADL charting). I don't know what happened, but they (care plan coordinator) no longer work for the facility. It's just so frustrating because, you know the golden rule of nursing: if it's not charted, it's not completed. No further documentation that indicates R1, R3, R4, or R5 was provided assistance with toileting/incontinence care prior to the exit of the survey. On 2/18/2026 at 10:05 AM, V2 (Director of Nursing) affirmed that staff are required to document the level of assistance provided with ADLs every shift. Facility policy titled INCONTINENCY CARE (9/2014) documents in part, Incontinent resident will be checked periodically every two hours and provided perineal and genital care after</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>each episode . Perineal, genital and catheter care will be performed at least daily or more often as necessary during routine CNA care.Facility policy titled, ACTIVITIES OF DAILY LIVING (ADLS) (4/2014) documents in part, Purpose To preserve ADL function, promote independence, and increase self-esteem and dignity.</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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** Based on observation, interview, and record review, the facility failed to provide a hazard free environment for two (R1, R5) of 4 (R1, R2, R4 and R5) residents reviewed for hazards/supervision. This failure resulted in R1 getting out of bed and falling on an uncovered radiator heater resulting in R1 suffering second degree burns to the right shoulder and right hip and admitted to the hospital's burn intensive care unit for evaluation and treatment of severe burns. This failure also resulted in R5 suffering a laceration to the left eye that required sutures, subdural hematomas that required R5 to be admitted to the hospital's intensive care unit and ultimately resulted in admission to hospice due to the subdural hematoma. The immediate jeopardy began on 2/07/2026 when R1 was found lying on an uncovered radiator heater. V1 (Administrator) was notified on 2/18/2026 at 11:02am of the Immediate Jeopardy. The surveyor confirmed by observation, interview and record review the Immediate Jeopardy was removed on 2/19/2026, however noncompliance remains at level two because additional time is needed to evaluate the implementation and effectiveness of the in-service training. Findings include:</p> <p>1. R1's face sheet documents diagnoses that include but are not limited to Alzheimer's Disease, dementia, insomnia, palliative care, restlessness and agitation, and fall.</p> <p>R1's BIMS (brief interview for mental status) score, dated 11/11/25, is 7 which indicates R1's cognition is severely impaired.</p> <p>R1's FRI (facility reported incident), date and time of Occurrence: 2/7/26 at 5:15am, documents, in part, Describe Occurrence: Observe on the floor upon rounds (R1). Blistering to the right shoulder and right hip. Resident (R1) was transferred to hospital for evaluation of blistered right shoulder and right hip. First aid was rendered per nurse and medicated for pain as ordered per MD (medical doctor). Resident (R1) was admitted to the hospital.</p> <p>Record review of facility document titled, Attorney/Client Privilege, dated February 7, 2026, per V30 (Regional Nurse Consultant), documents, in part, Received call this morning from V2 (Director of Nursing/DON) that a resident (R1) was observed lying on radiator and subsequently has burns on right shoulder and hip. Met with and spoke with assigned CNA (certified nursing assistant/V8). According to V8, she (V8) made rounds on resident (R1) initially when she (V8) arrived for work but did not make another round on her (R1) til almost 5am. When asked why, she (V8) stated she (V8) was assisting V9 (certified nursing assistant/CNA with her (V9) residents in a certain room. Per punch time, CNA (V8) arrived to work at 10:55pm. CNA (V8) was very apologetic verbally and stated, I hate that happened to her (R1). Unaware how resident ended up on floor. According to 11-7 (11:00pm to 7:00am) Charge Nurse (V3/Licensed Practical Nurse/LPN), she (V3) observed Resident (R1) lying on floor on right side of bed near the head of bed on her right side after being alerted by V8. Stated (and demonstrated position and location) the floor heat radiator cover was off, and Resident (R1) was right side lying directly on the radiator wedged between the bed and the wall. Unsure of how long Resident (R1) had been there. Stated the V8 came to get her (V3) for help. States Resident (R1) tends to favor right side and therefore, had rolled bath blankets to form a wedge on Resident's (R1) right side of bed to prevent rolling off on that side. Unaware how resident ended up on floor. Noticed (V30) intact dressings to right shoulder and right hip (R1) areas with moderate amount of break-thru serous drainage to shoulder area and small amount to hip area. After examining sites, dressings changed. Right shoulder (R1) has multiple clear fluid intact blistered areas (and some of which had burst) along with areas of pink flesh and charred color skin in areas from outer shoulder to mid upper arm. Multiple</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>areas of subcutaneous tissue noted. Right hip (R1) area presented with pink flesh and evident of burst blisters. Nurse (V3) stated that upon initial findings, the area had a large clear fluid filled blister that had burst. Multiple detached areas of skin sporadically noted at both sites' indicative of burst blisters and/or friction causing skin flaps. When repositioned resident (R1) moans and facial grimaces as if in pain. Charge Nurse (V3) stated she (V3) had given pain med already. Room observed upon entry. Radiator cover intact at that time, but Charge Nurse (V3) reports it wasn't at time of incident and that she (V3) replaced the cover. Rolled bath blankets to form a protective wedge noted on right side of bed with resident. Nurse (V3) stated she (V3) applied that after the incident in an effort to prevent further such incident. Probable cause is that Resident (R1) may have attempted to get out of bed alone from the right side, may have tripped and fell landing on the radiator, may have gotten wedged between bed and wall and could not get self-up.</p> <p>R1's hospital records, dated 2/7/26, documents, in part, Patient (R1) allegedly fell asleep on a heater. A [AGE] year-old female with dementia (R1) presented with thermal burns to the shoulder, hip, and arm, reportedly sustained after prolonged contact with a heater overnight. The history was obtained from a caregiver at the nursing home. Pain: Traumatic. She (R1) is nonverbal and only mumbles words-Examination revealed full thickness burns on the shoulder, a large but less deep burn on the hip, and burn extension down the arm R (right) shoulder and R (right) hip with partial deep and deep thickness burns with surrounding superficial burns. Dead skin present. Appears to be tender to palpation. Moans to pain. Presentation is most concerning for burns from falling asleep near heater. Will admit to burn ICU (intensive care unit) for resuscitation. Second degree burn of shoulder and upper extremity except wrist and hand, initial encounter. Surgical Procedure(s): Skin transplant; debridement of right shoulder and hip; possible allograft, autograft or synthetic material. Operative Procedure: The hip wound was excised tangentially down to punctate bleeding tissue. The arm was deeper, down to and through some of the deltoid muscle. There was a peninsula burn on the lower arm, which was excised and was able to be closed primarily with buried intradermal sutures. Thin split-thickness skin grafts were then harvested and carefully applied to the exact size and shape of the wounds. They were secured in place with staples. On the arm, a total of 400 cm2 of wound was excised with 150 cm2 from the right lower extremity and 250 cm2 from the right upper extremity. The deepest layer on the right upper extremity was muscle. The 400 cm2 of excised wound was closed with split-thickness skin graft, 150 cm2 to right lower extremity and 250 cm2 to the right upper extremity. Pt (patient/R1) nonverbal, does not follow commands, arms and legs stiff, strength 3/5. Pt moans and resists to pain. Poor tolerance to dressing change. Dressing: R Hip -Pink, moist, blanchable -moderate serous drainage, no odor -debrided, cleansed plus large burn. R shoulder/back -pink, red, white, serosanguinous drainage, no odor, mixed, some areas non blanching (center, white area), debrided/cleansed.</p> <p>R1's progress note, dated 2/07/26 at 5:15am, per V3 (Licensed Practical Nurse/LPN), documents, in part, Nurse (V3) was called in the room by V8 (Certified Nursing Assistant/CNA) when entering the room resident (R1) was on the right side of the bed lying on her (R1) right side next to the wall. Staff transferred resident (R1) back to bed with 2 assist and she (R1) was positioned in bed for comfort call light within reach. Resident (R1) has no verbal complaints of pain. Upon body assessment blistered area was noted to her right shoulder and her right hip. MD (medical doctor) notified of incident new orders given to transfer resident to ER (emergency room) for further Eval. (evaluation). Attempted to notify family with no answer.</p> <p>R1's progress note, dated 2/07/26 at 8:39am, per V4 (Licensed Practical Nurse/LPN), documents, in part, endorsed from previous nurse resident (R1) will be transferring to (hospital) for eval (evaluation) of impaired skin integrity (ambulance) currently in facility for departure.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R1's progress note, dated 2/07/26 at 1:45pm, per V4 (Licensed Practical Nurse/LPN), documents, in part, writer contacted (hospital) and spoke with ER (emergency room) Nurse. Writer was made aware resident (R1) is being transferred to (another/different hospital). Please F/U (follow up).</p> <p>R1's progress note, dated 2/07/26 at 6:45pm, per V5 (Licensed Practical Nurse/LPN) documents, in part, Resident (R1) admitted to the (hospital) d/t (due to) severe burns on right shoulder and right hip. DON (Director of Nursing/DON) made aware. all personal belongings remains in room and Medications secured on med Cart.</p> <p>R1's Ambulance Run Record, dated 2/07/2026, documents, in part, AVPU (alert, verbal, pain, unresponsive): Painful, pain score of 5/10; Ambulance dispatched to (nursing home) for an emergency call due to a burn. The pt (patient) is a [AGE] year-old female (R1) getting transported to hospital ER (emergency room). The pt is in need of ambulance services due to having dementia, unable to ambulate, bed confined, and muscle weakness.</p> <p>R1's Transfers and Bed Mobility/Limited lift review (Nursing/restorative), dated 11/12/25, documents, in part, Bed Mobility: Roll left and right: Partial/Moderate assistance; Sit to lying: Substantial/Maximal assistance; and Lying to sitting on side of bed: Substantial/Maximal assistance. Transfer Ability: Sit to stand: Substantial/Maximal assistance; Chair/bed-to-chair transfer: Substantial/Maximal assistance. Ability to maintain standing balance: Poor; Recommendations for Transfers: Resident (R1) will be designated as Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort; Recommendations for Bed Mobility Physical Assistance Needs: Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort; and Bed Mobility Symbol Assignment: Residents requires a one person physical assistance from staff for bed mobility.</p> <p>R1's care plan, dated 8/11/25, documents, in part, (R1) is at risk for falls R/T (related to) impaired mobility, history of falls, with a goal that documents, in part, (R1) will have a safe environment maintained thru the next review, and with interventions that documents, in part, Anticipate and meet individual needs of the resident (R1).</p> <p>R1's care plan, dated 8/12/25, documents, in part, (R1) presents with poor balance, decreased strength & impaired ambulation secondary to: unspecified dementia, unspecified severity, with other behavioral disturbance, with a goal that documents, in part, (R1) will not sustain a fall related injury by the next review, and with interventions that documents, in part, Assist resident (R1) to a standing position.</p> <p>R1's care plan, dated 11/12/25, documents, in part, (R1) has an ADL (activities of daily living) Self Care Performance Deficit r/t (related to) Confusion, Dementia, Impaired Balance, Limited Mobility, with a goal that documents, in part, (R1) will remain free of complications related to immobility, including contractures, thrombus formation, skin breakdown, fall related injuries through the next review, and interventions that documents, in part, Bed mobility - the resident (R1)requires (1) staff member(s) to turn and reposition. Transfer - the resident (R1) requires the assistance of (1) staff member(s) when transferring.</p> <p>R1's care plan, dated 11/12/25, documents, in part, (R1) has a Self-Care Deficit related to (Cognitive impairment, Limited Mobility, Dementia) and requires assistance with Bed mobility. Resident(R1) will benefit from participation in a Bed mobility program, with interventions that documents, in</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>part, Assist the resident (R1) with turning/positioning and finding a comfortable position as needed.</p> <p>R1's care plan, dated 11/12/25, documents, in part, (R1) has been assessed and has been determined to need a mechanical lift for transfers R/t (related to): Will be designated as ONE PERSON ASSIST, as they (R1) require Limited Assist and up to Extensive Assist with no more than 25% wt. (weight) bearing assistance. 1 = One Person Assistance, Impaired Cognition, Impaired Communication, with interventions that documents, in part, Transfer with 1 staff assistance.</p> <p>R1's care plan, dated 10/01/25, documents, in part, (R1) terminal illness - Alteration in Comfort R/T: Hospice, with interventions that documents, in part, Provide cares per resident(R1) &/or family wishes to achieve acceptable level of comfort. Provide re-positioning per skin care plan and PRN (as needed) for comfort.</p> <p>R1's care plan, dated 11/12/25, documents, in part, (R1) has limited physical mobility r/t</p> <p>Cognitive impairment, Limited Mobility, Dementia, with interventions that documents, in part, MOBILITY: The resident requires (1) staff participation for mobility. Provide supportive care, assistance with mobility as needed. Document assistance as needed.</p> <p>On 2/12/26 on 10:01am, V1 (Administrator) said, I was called early Saturday (2/07/26) in morning for a fall with injury and immediately came here (facility). It (fall with injury) was her (R1). She (R1) was going to be sent out. About 5:00am R1's fall with injury occurred. She (R1) was laying against the radiator, and the cover was knocked off. No, the cover to the radiator (R1's radiator heater) was not attached. I think it (radiator cover) came off when she (R1) fell out of bed. We (facility staff) completed a review of the whole facility's radiator heaters that day (2/07/26) and made sure all covers were secure. We (facility staff) did a FRI (facility reported incident).</p> <p>On 2/12/26 at 10:08am, with V1 (Administrator) and V2 (Director of Nursing/DON), the cover to the radiator heater in R9, R1, R11, R12's was observed not secured and partially coming off. V7 (Maintenance Director/Housekeeping Manager) was called to room this by V1 and V7 stated, Yeah, this (radiator heater cover in room [ROOM NUMBER]) is loose, it requires more screws (observed after V1 stated an audit of the whole facility's radiator covers was done). The boilers are set to bring out 30 degrees Fahrenheit and the PTAC units in the room are both a heating and cooling system. The PTAC units can change the temperature per the residents desire.</p> <p>On 2/12/2026 at 11:42am, V3 (Licensed Practical Nurse/LPN) said, Yes, I was the nurse (2/07/26, R1 fall with injury). Basically, I was called by CNA (V8/certified nursing assistant). The resident (R1) has a low bed and was found in between the bed and the heater. At the time when I entered the room, yes it (radiator heater cover) was off. I'm not sure if it (radiator heater cover) bumped off. V8 and I assisted R1 back to bed and I did a body assessment. It looked like blisters on the right shoulder and right hip. The skin (R1) was blistering up from shoulder going down. About 2x2 inches in size. The right hip was about 2x2 inches in size as well. I called the physician, got orders, applied dressings, and called an ambulance. R1 was sent to (hospital). I checked on her like 3:00am or 3:15am and she (R1) was sleeping. Yes, I actually seen her (R1). I can't remember if the curtain was closed. Yes, she (R1) can be very impulsive. She (R1) usually has someone (staff) with her (R1) all the time. R1 is at the nurse's station a lot. She's (R1) confused and not steady on her (R1) feet.</p> <p>On 2/12/2026 at 12:06pm, V8 (Certified Nursing Assistant/CNA) said, Yes, she (R1) was one of the</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Prairie Oasis		STREET ADDRESS, CITY, STATE, ZIP CODE 16000 South Wabash South Holland, IL 60473	
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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>patients I had. I did work that day (2/07/26, R1 fall with injury). When I discovered she (R1) fell, she (R1) fell between bed and heater, and was burned on her (R1) arm and hip. The side of her (R1) was laying on the heater. The heater did not have a cover on. I am so sorry that happened. I wish it didn't happen. It's (radiator heater cover) been off for some period of time. So many months back, it was over 9 months (radiator heater cover not secured). I don't know if anyone had reported it (radiator heater cover not secured). Another nurse V11 (Licensed Practical Nurse/LPN) can vouch for the radiator heater cover coming off all the time (prior to 2/07/26, R1 fall with injury). It (R1's burns) was nice size area (R1's burns). Sorta burned on both areas (right arm and right hip). Can't really give an approximate length. It happened around 5:15am (2/07/26). The last time I seen R1 before the fall was not at all. I didn't see her (R1) at all that shift. R1's curtain was pulled all the way across. My shift is from 11:00pm to 7:00am. Another CNA (V9/certified nursing assistant) asked me to help with another resident to put back to bed, and then I started doing POCs (point of care). We (night shift CNAs) come in at 11:00pm and are supposed to check on all the residents, but I didn't because I helped put another resident back to bed. I went back to my area, washed my hands, and started to put patient's POCs in the computer. I don't think there is enough staff to do everything we (staff) need to do. It probably took a good 30 minutes to help V9 get the resident back in bed. I was behind so I started on my POCs. Even if there is not a call off, which most of the time there is a call off, we (facility) could use another CNA, especially for the confused residents. I wanna say this here. When they (V2/Director of Nursing/DON) had called me and said they (V2) had to terminate me, I knew I should have done my rounds every 2 hours. I enjoyed working there. I was negligent, but the LPN is supposed to check them (residents) every 2 hours too. They (facility) terminated me because of this incident. V2 called me. There's not enough staff to take care of the confused residents. R1 should be a 1:1 all day and all night. She's (R1) confused and tries to get up all the time. No, she (R1) is not steady on her (R1) feet.</p> <p>Record review of V8's (certified nursing assistant/CNA) Corrective Action, dated 2/10/26, documents, in part, Reason for warning: CNA (V8) failed to make rounds every 2 hours as per facility protocol. CNA (V8) admits to rounding initially (11:00pm) and then again at 4:45am-5am. Resident (R1) on assignment fell causing multiple burns to body resulting in hospitalization. Relevant company/CBA policy violated: CBA pg. 38 #7 Physical or verbal abuse, neglect, or attempting to injure residents or other person Corrective action required:</p> <p>Termination.</p> <p>On 2/12/26 at 12:39pm, V7 (Maintenance Director/Housekeeping) said that there's no documentation that we (facility) check the radiator heaters regularly, but we (facility) did start documenting heater checks the day (2/07/26) R1 fell. I was never notified of the heater being broken prior to the incident (2/07/26, R1 fall with injury). I was involved in checking the radiator heaters throughout the whole facility. 2 screws on each end were needed to secure the heater's cover. Just 2 heater covers weren't secured, and the rooms were R1's and now R9, R10, R11, R12's room. I'm not sure how all the rooms radiator heater's cover were checked and R9, R10, R11, R12's cover was still loose and needed 2 more screws today (2/12/26). It (R9, R10, R11, R12's room radiator cover) could have just became loose since the inspection (2/07/26).</p> <p>On 2/12/26 at 1:01pm, V2 (Director of Nursing) said, I was not aware that it (R1's radiator heater cover) had been previously broken. V3 called me at 5:00a.m. (2/07/26) to inform me that the CNA (V8) admitted she (V8) did not complete her (V8) rounding. She (V8) is a good CNA. I would switch her (V8) with some of the younger staff members. There is no documented evidence that any staff member went in and seen R1 prior to her (R1) fall (2/07/26, R1 fall with injury). R1 is confused. The staff</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>are good at watching her (R1). No, I don't think she (R1) required 1:1 supervision. Yes, she (R1) can be impulsive and a fall risk.</p> <p>On 2/12/26 at 2:05pm, V7 (Maintenance Director/Housekeeping Manager) said, Again, we (facility staff) were not documenting that we (facility staff) were checking the radiator heaters regularly, but we (facility) did start documenting heater checks the day R1 fell. We (facility staff) were just taking hot water temperatures, 6 rooms per week and the common area temperatures. Maintenance and housekeeping should be checking the radiator heaters daily, but there is no documented protocol for that until now. The facility has 2 types of heating systems. The radiators which is heated using 2 boilers, heats the whole facility. The boilers (two of them) are set at 72 degrees Fahrenheit, but the pressure is set let out 30 degrees Fahrenheit so when the boiler temperature reach the radiator, 30 degrees Fahrenheit is only let out. The PTAC unit subsidizes heat. The PTAC is forced air only and is thermostat controlled.</p> <p>On 2/12/26, V32, Physician said, They (facility staff) called me and said she (R1) was laying on a heater and developed blisters (2/07/26). I don't know, I'm not a specialist. Try calling the hospital where she (R1) is at about the burns. Burns from a heater all depends on nutrition, age, and comorbidities. I don't know. Talk with hospice regarding pain and burns. Hospice is really good at keeping resident's pain under control.</p> <p>On 2/13/26 at 11:35am, V15, Hospice Registered Nurse/RN said, Yes, I am familiar with R1. End-stage Alzheimer's disease was her (R1) hospice diagnosis. She (R1) is alert with reduced spontaneity and alert to self only. She (R1) has episodes of confusion, more so in the evening, during which she (R1) becomes agitated. She (R1) is at high risk for falls because she (R1) attempts to get up on her (R1) own. She (R1) believes she (R1) can do things independently but is unable to do so safely. She (R1) is a feeder and requires total care. She (R1) is on a pureed diet and is at risk for aspiration. She (R1) had a seizure a few months ago. Her (R1) skin is intact, and she (R1) is incontinent. She (R1) has never really expressed pain, though she (R1) occasionally demonstrates facial grimacing. Music therapy is used to help calm her (R1). She (R1) requires total care with ADLs (activities of daily living). On a couple of occasions, she (R1) fed herself and participated minimally in washing up. Her (R1) cognition is impaired. She (R1) responds to simple yes or no questions but does not provide details. She (R1) does not speak much. I (R1) saw her (R1) on the 6th (2/06/26) and had been following her (R1) since August 10, 2025. Most of the time, she (R1) is in the dining room or at the nurse's station with staff, especially in the evening when she (R1) sundowns. Not only was she (R1) transported by 911 to (hospital), but she (R1) was also admitted . Since we (hospice staff) did not know the reason for admission, we (hospice staff) had to discharge her (R1) from hospice so the hospital could complete any necessary interventions.</p> <p>On 2/13/2026 at 3:04 pm, V9 (Certified Nursing Assistant/CNA) said, Yes, V8 (certified nursing assistant/CNA) helped me put a resident back to bed that night (2/6/26) at the start of the shift. The resident was in a geri-chair attempting to get out; however, she (resident) did not fall out of the chair. I cannot remember which resident. The radiator cover (R1's) was not intact or secured, and it would come off before R1 fell and was burned (2/07/26). I really cannot recall the details because I am usually not assigned to that area. I cannot say how long it (R1's radiator heater cover) had been broken, but it was broken before that day (2/07/26). I'm sorry, I do not know for how long.</p> <p>On 2/13/26 at 1:16pm, V16, Hospice Physician said, R1 is a cognitively impaired patient with dementia. She (R1) speaks very little, and when she (R1) does, her (R1) speech is mostly nonsensical. She (R1) is prone to agitation, has impaired judgment, and demonstrates nonsensical speech. Her (R1)</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>balance is poor, she (R1) experiences sleep disturbances, and she (R1) is at high risk for falls. Blistering of the skin can be painful and also places her at risk for infection.</p> <p>On 2/13/26 at 4:18pm, V11 (Licensed Practical Nurse/LPN) said, I work from 11:00 p.m. to 7:00 a.m. I did not work that day (2/6/26). I work every other weekend. Yes, I am familiar with her (R1). She (R1) was on hospice and would frequently attempt to get up and fall. I do not know why housekeeping did not notice the issue (R1's radiator heat covered not secured). It (R1's radiator heater) was in disrepair. I am not aware of whether anyone reported it (unsecured radiator heater cover in R1's room). To my knowledge, it (R1's radiator heat cover not secured) had been that way for at least a couple of months. Housekeeping staff come in and clean every day, and never did anything about the radiator. I have not been there recently, so I cannot provide additional information.</p> <p>On 2/14/26 at 11:34am, V7 (Maintenance Director/Housekeeping Manager), She's (R1) thin, and I believe she (R1) can fit right in between the radiator and the floor. Like nudged in between. I believe it was like a noodle, but not a wet noodle. A noodle is kinda thin, and if you lay it on the radiator, even if it's a 30 degree Fahrenheit it'll still burn the skin.</p> <p>The immediate Jeopardy that began on 2/07/2026 was removed on 2/19/2026 when the facility took the following actions to remove the immediacy:</p> <p>All resident rooms in facility, all units (Unit 100, 200, 300) were visited, and beds were rearranged as necessary to ensure no beds are pushed against the walls or close to heating units on February 7, 2026. Bedside cabinets/nightstands will be placed between bed and wall that houses the floor radiator to provide separation from bed to wall. This monitoring continued and completed on February 9, 2026. Any residents who resisted received education. This was completed by Maintenance Director. Surveyor verified that this was completed on 2/18/2026.</p> <p>Resident's (R1) bed was immediately removed from wall and heating unit on February 7, 2026, by llp-7a shift Charge Nurse. Surveyor verified that this was completed on 2/12/2026.</p> <p>On February 7, 2026, Nursing Staff (Nurses, CNAs) and Housekeepers that were on duty were in-service that no resident beds are to be pushed to walls or close to heating units. Bedside cabinets/nightstands were placed between bed and wall that houses the floor radiator to provide separation from bed to wall. This in-service from February 7, 2026, continued and completed on February 18, 2026, by Maintenance Director and Regional Director of Clinical Services. Surveyor verified that this was completed on 2/19/2026.</p> <p>On February 7, 2026, the facility began educating Staff (Nurses, CNAs, Housekeeping, Department Heads) verbally on safety protocol. This education continued on February 9 through February 12, 2026. Education completed February 18, 2026. Focus of education:</p> <ol style="list-style-type: none"> a. Abstaining from positioning beds against the wall b. Abstaining from positioning beds close to heating units c. Ensuring proper protection/covering of wall heating units. d. Importance of visual rounds; increased visual monitoring <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>e. Consequences for Staff's noncompliance</p> <p>f. Bedside cabinets/nightstands will be placed between bed and wall that houses the floor radiator to provide separation from bed to wall</p> <p>g. Fall Prevention Program</p> <p>This was initiated by Maintenance Director and continued by Regional Director of Clinical Services. (All of number 5, surveyor verified that this was completed on 2/19/2026.)</p> <p>On February 9, 2026, incident with Resident (R1) was discussed with IDT as an impromptu QAPI with instructions to increase visual rounding on all units which has been ongoing. IDT Members included, but not limited to, Administrator, Asst Administrator, DON, ADON, Activity Director, PRSC, MOS, Restorative Director, Wound Care Nurse, Infection Preventionist Nurse, Dietary Manager, Maintenance Director, Scheduler, Therapy Director and Regional Director of Clinical Services. (see attached) Next QAPI scheduled for February 25, 2026, when incident will be discussed again. Surveyor verified that this was completed on 2/19/2026.</p> <p>On February 10 through February 12, 2026, Staff (Nurses, Housekeepers, Activities, CNAs) were in-service on hourly rounding and form created by Regional Director of Clinical Services. (see attached) Surveyor verified that this was completed on 2/19/2026.</p> <p>On February 18, 2026, Nurses and CNAs were in serviced verbally via phone conversation on items listed below.</p> <p>Abstaining from positioning beds against the wall</p> <p>b. Abstaining from positioning beds close to heating units</p> <p>c. Bedside cabinets/nightstands will be placed between bed and wall that houses the floor radiator to provide separation from bed to wall</p> <p>d. Ensuring proper protection/covering of wall heating units</p> <p>e. importance of visual rounds; increased visual monitoring</p> <p>f. Consequences for Staff's noncompliance</p> <p>g. Fall Prevention Program</p> <p>(All of number 9, surveyor verified that this was completed on 2/19/2026.)</p> <p>Surveyor verified that the following system was put into place on 2/19/2026.</p> <p>Maintenance Director and Asst Director will perform preventive maintenance rounds in all resident rooms. This was initiated February 7, 2026, and is continual daily when on duty. On weekends, each Housekeeper will be responsible for the rounds on their assigned units (all resident rooms located Unit 100, Unit 200, Unit 300). All needed repairs will be reported to the Maintenance Department immediately via TELS (maintenance work order system), in person or by phone. All Staff aware. In the event</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>that a repair that may pose potential harm to a resident can't be repaired immediately, the resident will be placed in alternate room until repair is completed.</p> <p>On February 7, 2026, Maintenance Director checked Resident's (R1) heating unit in addition to all floor heating units for coverings. Heating units have proper protective cover in place and secure. This was completed on February 12, 2026. Maintenance Director and his assistant in addition to Weekend Housekeepers will monitor this daily.</p> <p>On February 12, 2026, hourly rounding with recordings initiated on all units. (see attached) Surveyor verified that this was completed on 2/19/2026.</p> <p>Administrator will be responsible for overall compliance to this removal plan in conjunction with Asst Administrator, Director of Nursing, Assist Director of Nursing and Maintenance Director by monitoring during routine rounds daily when on duty. Each Charge Nurse and Facility Manager on Duty as well as Weekend Housekeepers as assigned will be responsible for monitoring overall compliance in absence of Admin, Asst Adm., DON, ADON and Maintenance Director.</p> <p>The Quality Assurance Quality Improvement Team meets monthly. This event will be brought again to the next monthly QAQI meeting for discussion and re-evaluation of interventions. If further interventions are needed at that time, they will be implemented accordingly.</p> <p>Completion Date: February 19, 2026</p> <p>2. R5's face sheet documents in part the following diagnoses: unspecified dementia, severe with other behavioral disturbance, traumatic subdural hemorrhage with loss of</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on observation, interview and record review, the facility failed to have sufficient nursing staff to meet the resident needs and failed to ensure the facility was staffed in accordance with the facility assessment. This failure affects all 112 residents that reside within the facility. Findings include:</p> <p>Facility census (2/11/2026) documents in part that 112 residents reside within the facility.</p> <p>R4's Face Sheet documents in part the following diagnoses: rhabdomyolysis, fusion of spine (lumbar region), inflammatory spondylopathy lumbar region, type 2 diabetes mellitus with diabetic neuropathy, unspecified protein calorie malnutrition, neuromuscular dysfunction of the bladder, obesity, chronic obstructive pulmonary disease, and major depressive disorder without psychotic features.</p> <p>R4's Minimum Data Set (12/16/2025) document in part a brief interview of mental status (BIMS) summary score of 15, indicating R4 is cognitively intact. Additionally, R4's minimum data set documents that R4 is dependent on staff for toileting assistance.</p> <p>On 2/13/2026 at 1:00 PM, R4 explained, Yes, the facility doesn't have enough staff. It takes forever for someone to help you sometimes like 3-4 hours. Back in October, I was left hanging on a Hoyer for over 3 hours in my own feces. I get left in my own urine and feces for hours like an animal. I'm not an animal; I don't deserve to be treated like that. I've told the administration of this facility about my problems and nothing changes, that's the problem. Yes, I am incontinent even right now and have been sitting in my urine for hours. No, I don't want them to change me, it's during lunch time, no one will come.</p> <p>R4's POC (Point of Care) Response History (2/17/2025) report does not document that R4 received assistance with toileting on the following dates: 1/19/2026 (11 PM-7 AM Shift), 1/21/2026 (3 PM-11 PM Shift, 11 PM-7 AM Shift), 1/24/2026 (11-7 AM Shift), 1/25/2026 (11 PM-7 AM Shift), 1/26/2026 (7 AM-3 Shift), 1/27/2026 (11 PM-7 AM Shift), 1/31/2026 (11 PM-7 AM Shift), 2/1/2026 (11 PM-7 AM Shift), 2/2/2026 (11 PM-7 AM Shift), 2/3/2026 (11 PM-7 AM Shift), 2/6/2026 (11 PM -7 AM Shift), 2/7/2026 (3 PM-11 PM Shift, 11PM -7 PM Shift), 2/8/2026 (3 PM-11 PM Shift, 11 PM-7 AM Shift), 2/9/2026 (11 PM-7 AM Shift), 2/10/2026 (7AM -3 PM Shift), 2/11/2026 (11PM -7 AM Shift), 2/12/2026 (7 AM-3 PM Shift), 2/15/2026 (7 AM -3 PM Shift).</p> <p>On 2/13/2026 at 1:28 PM, R4 affirmed R4 was aware of another resident being burned in the facility. R4 explained, Here's a perfect example of how the facility isn't ran right by the administration and how we don't have enough staff: There was a resident just a few days ago that fell out of bed and no staff checked on her for hours. She fell on to the radiator and suffered 3rd degree burns because they never checked on her. They clearly didn't do their job. I did not see the resident, and I am not familiar with which resident exactly, but it (the resident being burned) is all the staff are talking about. You can hear them talk about it all the time. They said her skin was burnt off. I really hope you guys (State Survey Agency) are looking into that incident&mdash;it's bad.</p> <p>On 2/13/2026 at 3:10 PM, V24 (Certified Nursing Assistant) stated, I have to be honest. I don't think we have enough people to meet the resident's needs. We are usually short. People are always calling in and it makes us run short. The managers try to call people in but there's usually not enough people to pick up.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 2/13/2026 at 3:22 PM, V5 (Licensed Practical Nurse) stated, I don't think there is enough staff overall. I mean, I am assigned to 42 residents on my own. I don't think that's safe. There's a lot of residents here with dementia and they require more care.</p> <p>R8's Face Sheet documents in part the following diagnoses: trigeminal neuralgia, type 2 diabetes without complications, hypertension, and osteoarthritis.</p> <p>On 2/17/2026 at 10:16 AM, R8 stated, My roommates wait forever to get help from the staff.</p> <p>R8's Minimum Data Set (12/24/2025) documents in part a BIMS summary score of 13, indicating R8 is cognitively intact.</p> <p>R3's Face Sheet documents in part the following diagnoses: hemiplegia affective left non-dominant side, bilateral cataracts, hypertension, type 2 diabetes mellitus, and depression.</p> <p>On 2/17/2026 at 10:21 AM, R3 stated, They don't have enough aides. I have to wait a long time to get help and sometimes don't get the help. They don't provide me with incontinence care, it's still a problem. Everything is short staffed here.</p> <p>R3's Minimum Data Set (11/25/2025) documents in part a BIMS summary score of 13, indicating R3 is cognitively intact and that R3 is dependent on staff for toileting assistance.</p> <p>R3's POC (Point of Care) Response History (2/17/2025) report does not document that R3 received assistance with toileting on the following dates: 1/19/2026 (3 PM-11 PM Shift), 1/20/2026 (3-11 PM Shift), 1/22/2026 (11 PM -7 AM Shift), 1/26/2026 (11 PM-7 AM Shift), 1/31/2026 (11 PM-7 AM Shift), 2/1/2026 (3 PM-11 Shift), 2/4/2026 (3 PM-11 Shift), 2/5/2026 (11 PM-7 AM Shift), 2/13/2026 (7 AM-3 PM Shift, 11 PM-7 AM Shift), 2/15/2026 (7 AM-3 PM Shift).</p> <p>On 2/18/2026 at 9:41 AM, V1 (Administrator) stated that V1 has not received any complaints about staffing in the facility. V1 stated, Of course they (staff and residents) are going to tell you there's not enough staff. You can ask anywhere if they need staff and they'll tell you yes, we need more staff. Everywhere is hiring. V1 stated there is no policy for staffing and that the facility uses the facility assessment to guide the staffing patterns in the facility.</p> <p>On 2/18/2026 at 10:24 AM, V39 (Scheduler/Central Supply/Medical Records) affirmed that V39 is responsible for scheduling the nursing shifts within the facility. V39 stated, I think we have sufficient staff, it's just the call ins. We have call ins almost every day. At times, yes, it has caused disruptions in the resident's care. When we have call-ins we try to call staff in or get people to stay. We staff the facility based on acuity.</p> <p>On 2/18/2026 at 10:05 AM, V2 (Director of Nursing) stated, I think we have enough staff. We do have a lot of call ins. I wouldn't say the call ins happen every day, but at least every other day. They call in saying their sick and I have to take their word for it. When people call in, we call staff members at home to get them to come in and work or offer staff overtime to stay. The only times when the call ins have affected the care of the residents is when we can't find staff to come in or we have to wait for them to come in. Then, more residents have to be assigned to each staff member to care for which can delay care.</p> <p>On 02/18/2026 at 12:10 PM, V39 reviewed the daily staffing assignment sheets (1/30/2026-2/13/2026).</p> <p>(continued on next page)</p>		

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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.			
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>V39 confirmed that on 2/2/2026 there were 8 nursing assistants that worked 11 PM-7 AM shift, on 2/7/2026 there were 7 nursing assistants that worked 11 PM - 7AM shift, on 2/8/2026 6 certified nursing assistants worked the 11 PM-7 AM shift, on 2/9/2026 there were 7 nursing assistants that worked 11 PM- 7 AM shift, and on 2/13/2026 6 certified nursing assistants worked the 11 PM-7 AM shift. V39 affirmed that no other staff members came in those days to cover the shifts. V39 stated that the staffing would shift to 2-2-2 instead of 3-3-3 CNAs per each unit when there were only 6 certified nursing assistants. V39 stated that the facility's staffing plan is 11 nursing assistants on day shift (7 AM-3 PM), 10 nursing assistants on PM shift (3PM -11 PM) and 9 nursing assistants on NOC (11 PM-7 AM) shift.</p> <p>Record review of the facility's daily staffing assignment sheets (1/30/2026-2/13/2026) documents in part, on 1/30/2026, 3 call-ins (1 Nurse PM, 2 CNA NOC), on 1/31/2026 2 call-ins (1 CNA AM, 1 Nurse NOC), 2/1/2026 5 call-ins (2 CNA PM, 2 CNA NOC, 1 Nurse NOC), on 2/2/2026 2 call ins (1 Nurse PM, 1 CNA NOC), 2/5/2026 1 call-in (1 CNA PM), on 2/6/2026 4 call-ins (1 CNA AM, 3 CNA PM) , on 2/7/2026 2 no-call no shows (2 CNAs NOC), on 2/8/2026 3 call-ins (1 AM CNA, 2 PM CNA) and 1 no call no show (PM CNA), 2/9/2026 4 call ins (3 NOC CNA, 1 NOC Nurse), 1 removed from schedule (NOC CNA), 2/10/2026 1 call in (NOC CNA), 1 removed from schedule (NOC CNA), on 2/11/2026 1 call-ins (PM Nurse) 1 No Call-No Show (PM CNA), 2/12/2026 2 call-ins (PM CNA, NOC Nurse), 2/13/2026, 4 no call no shows (1 PM CNA, 3 PM NOC) and 1 call off (PM CNA). On 2/2/2026 there were 8 nursing assistants that worked 11-7 shift, on 2/7/2026 there were 7 nursing assistants that worked 11-7 shift, on 2/8/2026 6 certified nursing assistants worked the 11-7 shift, on 2/9/2026 there were 7 nursing assistants that worked 11-7 shift, and on 2/13/2026 6 certified nursing assistants worked the 11-7 shift.</p> <p>Facility census for 2/2/2026 documents 113 residents were residing within the facility.</p> <p>Facility census for 2/3/2026 documents 112 residents were residing within the facility.</p> <p>Facility census for 2/7/2026 documents 112 residents were residing within the facility.</p> <p>Facility census for 2/8/2026 documents 111 residents were residing within the facility.</p> <p>Facility census for 2/9/2026 documents 109 residents were residing within the facility.</p> <p>Facility census for 2/13/2026 documents 113 residents were residing within the facility.</p> <p>Record review of the facility assessment (2/12/2026) documents in part for the facility's staffing plan that that approximately 4 licensed nurses are needed per shift on 1st shift, 4 on second shift, and 3 on third shift. For certified nursing assistants, 11 are needed on first shift, 10 are needed on second shift, and 9 are needed on third shift to adequately meet the resident's care needs. Additionally, the facility assessment identifies an average census of 103.</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>Based on observation, interview, and record review, the facility failed to have sufficient dietary staff to meet resident needs and to serve meals timely. This failure affected all 106 residents that consume food from the facility's kitchen. Findings include: Facility census (2/11/2026) documents in part that 112 residents reside within the facility. Facility document titled RESIDENTS THAT ARE NPO (Nothing By Mouth) (2/2026) documents in part that 6 residents do not consume oral intake. This indicates that 106 residents consume food from the facility's kitchen. R4's Face Sheet documents in part the following diagnoses: rhabdomyolysis, fusion of spine (lumbar region), inflammatory spondylopathy lumbar region, type 2 diabetes mellitus with diabetic neuropathy, unspecified protein calorie malnutrition, neuromuscular dysfunction of the bladder, obesity, chronic obstructive pulmonary disease, and major depressive disorder without psychotic features. R4's Minimum Data Set (12/16/2025) document in part a brief interview of mental status (BIMS) summary score of 15, indicating R4 is cognitively intact. On 2/13/2026 at 1:00 PM, R4 was observed eating lunch in R4's room. R4 stated that meals are generally served late and are sometimes cold. On 2/14/2026 at 11:37 AM, observed 1 cook and 2 dietary aides in the kitchen. V29 confirmed the observation and stated there was one cook and 2 dietary aides on duty. V29 (Cook) affirmed that the kitchen begins plating food at 12:00 PM and that lunch begins at 12:00 PM for the residents. V29 stated, I don't know if I would consider us (Dietary Department) short staffed. I know we are usually short on PM shift, I know we need help there. On 2/14/2026 at 11:59 AM, V29 stated, We haven't started plating the food yet because the dietary aides have not finished prepping the trays. Come back in like 25 minutes and we should be ready to plate the food then. I don't know why the aides aren't done plating. On 2/14/2026 at 12:30 PM, observed V29 in the kitchen plating the food for the first dining room. V29 was assisted by 2 dietary aides. V6 (Assistant Administrator, HR) was present in the kitchen. V6 stated that V6 came into the kitchen to see what was taking the food so long (to be distributed). V6 affirmed that lunch begins at 12:00 PM. On 2/14/2026 at 1:47 PM, observed the final tray served to the residents in the 300-dining room (indicating the final resident was served 1 hour and 47 minutes after the start of the lunch time). R8's Face Sheet documents in part the following diagnoses: trigeminal neuralgia, type 2 diabetes without complications, hypertension, and osteoarthritis. R8's Minimum Data Set (12/24/2025) documents in part a BIMS summary score of 13, indicating R8 is cognitively intact. On 2/17/2026 at 10:16 AM, R8 stated, The food is never served on time. Just a couple nights ago, I was served dinner at 7:10pm. I was the last tray to be given. I am supposed to eat at like 5:00 o'clock pm. I didn't want to wait that long. They don't have enough help in the kitchen or in nursing. R3's Face Sheet documents in part the following diagnoses: hemiplegia affective left non-dominant side, bilateral cataracts, hypertension, type 2 diabetes mellitus, and depression. R3's Minimum Data Set (11/25/2025) documents in part a BIMS summary score of 13, indicating R3 is cognitively intact and that R4 is dependent on staff for toileting assistance. On 2/17/2026 at 10:20 AM, R3 stated, Everything is short staffed here. Most of the meals here are served late. On 2/17/2026 at 10:24 AM, V35 (Dietary Manager) stated, I have been here (employed by the facility) about 2 months. Honestly, I don't want to throw anyone under the bus, but I do think we need more staff in the kitchen. I have tried my best to eliminate tedious tasks, like for example, I buy individual cartons of thickened liquids, so we don't have to make the thickened liquids in bulk. I try my best to streamline the processes, cut out any extra stuff that isn't crucial, but we still could use more. We are currently trying to hire for a part-time cook and part-time dietary aide. I try to help where I can but there are a lot of tasks in the kitchen to do. I have seen times where we have been late on serving meals. On 2/17/2026 at 11:45</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>AM, V37 (Registered Dietician) stated, I am the consultant dietician for the facility. To be honest, I am not sure how much staff are needed in the kitchen or what the regulatory requirements are related to kitchen staffing. On 2/17/2026 at 12:39 PM, V1 (Administrator) stated, There is no written policy for dietary staffing we follow the guidelines from state and federal of sufficient support personnel to meet the dietary needs of all persons eating meals in the facility. On 2/18/2026 at 9:53 AM, V1 stated, the purpose of the facility assessment is that it is a living, breathing tool, that identifies resources needed in order to care for the residents and in cases of emergency. The facility assessment was reviewed with V1 (Administrator). When asked if the facility assessment identifies the dietary department staffing needs, V1 replied, It says the dietary manager, we don't have to list cooks or dietary aides. That's not a requirement. We follow the federal regulation, which is: if you have enough staff to create the food and serve the food then you are meeting the needs of the facility. Review of facility working dietary staff schedules for 2/2026, documents in part that the facility usually staffs between 2-3 dietary aides between 6:00 AM - 8:00 PM with one cook working 6 AM-2 PM and a second cook working 12 PM-8 PM. On 2/1/2026, 2/3/2026, 2/13/2026, and 2/14/2026, there was only 1 dietary aide working the 4:00-8:00 PM shift. On 2/12/2026, only 1 dietary aide worked the 6:30 AM-2:30 PM shift. On 2/9/2026, only one cook worked from 12:00 PM-8:00 PM. The facility assessment (2/12/2026) does not indicate a dietary department staffing plan or how many/which type of staff members are required to meet the needs of the facility's dietary department. The Dietary aides and cooks are not identified within the dietary department staffing plan. Facility document titled, MEAL CART AND TRAY TIMES (Undated), documents in part that breakfast is served at 8:00 AM, 8:15 AM and 8:30 AM, lunch is served at 12:00 PM, 12:15 PM, and 12:30 PM, and supper (dinner) is served at 5:00 PM, 5:15 PM, and 5:30 PM in the 300-dining room, 200-dining room and main dining room, respectively.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure menu variety for dinner, failed to honor resident preferences and cultural/ethnic considerations, failed to follow recipes for the written menu, and failed to obtain dietician input for any substitutions made to the recipes/menu. This failure affected all 106 residents that consume food from the facility's kitchen. Findings include: Facility census (2/11/2026) documents in part that 112 residents reside within the facility. Facility document titled RESIDENTS THAT ARE NPO (Nothing By Mouth) (2/2026) documents in part that 6 residents do not consume oral intake. This indicates that 106 residents consume food from the facility's kitchen. R4's Face Sheet documents in part the following diagnoses: rhabdomyolysis, fusion of spine (lumbar region), inflammatory spondylopathy lumbar region, type 2 diabetes mellitus with diabetic neuropathy, unspecified protein calorie malnutrition, neuromuscular dysfunction of the bladder, obesity, chronic obstructive pulmonary disease, and major depressive disorder without psychotic features. On 2/13/2026 at 1:00 PM, R4 explained, The food here is terrible, barely edible. I am afraid to eat the entree a lot of the times because it gives me (diarrhea). One of the worst things about the food here is the lack of variety. Every single night we are served a sandwich of sorts. In my culture, you might not understand, but Sunday dinners are important to us. In the black community, we get together and have a nice Sunday dinner. Most of these residents are black, it's our culture. I usually get served a choke sandwich (dry, without condiments), piece of ham between two pieces of bread. That's it. That's not okay, dinner in general is always just sandwiches of some sort. It is so depressing. We deserve to have normal dinner items. On 2/13/2025 at 3:10 PM, V24 (Certified Nursing Assistant) affirmed V24 heard residents complaining about the taste of the food. V24 stated, They (residents) often complain about the food, it's about every day. They'll say it doesn't taste good or was cold. The residents will leave food on the tray or have us go get something else like a sandwich. On 2/14/2026 at 12:21 PM, observed V29 (Cook) taking food temperatures of the prepared lunch entrees and sides within the kitchen. V29 stated, The recipe for the stuffed peppers called for ground turkey, but we didn't have any of that. I don't think we ordered it. So, I called my manager, and we used ground beef to make it instead. When discussing the preparation for the mechanically altered foods, V29 stated, The menu today calls for creamed corn for mechanically altered residents, but we didn't have any of that, so I made carrots. I do not know why there was no creamed corn to serve the residents. On 2/14/2026 at 12:30 PM, the kitchen staff observed preparing lunch. Observed 4 tray racks within the kitchen that had trays with desserts and utensils. The desserts cups contained peaches and a nickel-sized dollop of whipped cream that was smashed into the plastic wrap covering the dessert which would transfer approximately 50% of the whipped cream to the plastic. There were no color change or any other indicators that would identify honey was mixed into the whipped topping. V38 (Dietary Aide) affirmed that V38 made the desserts, used a spray can of whipped cream, and then covered them with plastic. Surveyor inquired how much whipped cream is supposed to be on the dessert. V38 replied, Not much at all. Like a little squirt of it, maybe less than a half a second. V38 affirmed that the whipped topping was not made, it came from a can, and V38 sprayed the whipped cream directly from the can onto the dessert (indicating no honey was used). Observed V29 cutting the cornbread to be served, approximately a 9-10-inch diameter of the top of the cornbread was burnt. V29 stated, I'm not going to use that. V29 denied that there was any more cornbread to be served and no more cornbread was going to be made in response to the burnt portion of cornbread. On 2/14/2026 at 1:10 PM, observed V29 (Cook) placing plain pieces of wheat</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>sandwich bread on each plate and omitting the corn bread. V29 stated, we ran out of cornbread. V38 (Dietary Aide) affirmed that at least 6 people were going to receive the plain sandwich bread in lieu of the cornbread on the menu. V29 affirmed that V29 did not notify the dietician prior to changing the menu for some of the residents. On 2/14/2026 at 1:49 PM, a test tray was provided to the survey team. The test tray consisted of corn, a plain piece of bread, and unidentifiable rice/meat mixture in a tomato-based sauce on a Styrofoam plate wrapped in plastic cling wrap. The rice/meat mixture smelled heavily of tomato, lacked the smell of any other spices, and lacked bell pepper. The cornbread, stuffed pepper, and spiced peach dessert were not provided. V29 (Cook) stated, We ran out of the stuffed peppers, so that is the inside of the stuffed pepper. It is what we used for the mechanical soft. We ran out of cornbread and the spiced peach dessert. R8's Face Sheet documents in part the following diagnoses: trigeminal neuralgia, type 2 diabetes without complications, hypertension, and osteoarthritis. R8's Minimum Data Set (12/24/2025) documents in part a BIMS summary score of 13, indicating R8 is cognitively intact. On 2/17/2026 at 10:16 AM, R8 make a gagging noise and motion like R8 was throwing up. R8 stated, That's what I think of the food: nasty. They don't really have a lot of different options or variety. It's all nasty.R3's Face Sheet documents in part the following diagnoses: hemiplegia affective left non-dominant side, bilateral cataracts, hypertension, type 2 diabetes mellitus, and depression. R3's Minimum Data Set (11/25/2025) documents in part a BIMS summary score of 13, indicating R3 is cognitively intact and that R4 is dependent on staff for toileting assistance. On 2/17/2026 at 10:20 AM, R3 stated the food was alright, but it needs more variety. R3 affirmed that the facility serves a lot of sandwiches and would prefer other menu items. On 2/17/2026 at 10:24 AM, V35 (Dietary Manager) stated, I have been here (employed by the facility) about 2 months. I have noticed that there are a lot of sandwich items on our menu cycle. I thought it was interesting, I don't know why there are so many sandwich style items on the menu cycle. I don't make the menu, corporate makes the menu and it is approved by a dietician. Yes, menus should have variety, but again, I don't make the menu. V35 affirmed that V35 has received complaints about lack of flavor and palatability of the food from the residents and has implemented a food committee to try and better serve the residents' concerns. V35 provided resident council meeting minutes from 11/2025-present. V35 stated that V35 does not have documentation of the food committee meetings they get documented in the resident council meeting minutes. On 2/17/2025 at 10:27 AM, V35 (Dietary Manager) explained, I was not aware that (V29) used different meat when preparing the stuffed peppers. I don't know why (V29) didn't use the correct meat according to the menu, we had the meat thawing. Same with the cornbread, there was more cornbread that (V29) could have made. I don't know what was going on that day (2/14/2026), everything (ingredients) was here. V29 stated that the facility used a spray-form of whipped topping when making the spiced peach dessert, so there was no way we (staff) could measure the amount. V35 stated that the expectation is that staff should be following the recipes and the menus. On 2/17/2026 at 11:45 AM, V37 (Registered Dietician) affirmed V37 is the consultant dietician for the facility and was not aware of any ingredient substitutions or menu changes for 2/14/2026. V37 denied V37 gave any approvals to change any parts of the menu on 2/14/2026. V37 affirmed that the facility should be preparing food as directed by the recipe and menu. On 2/17/2026 at 11:45 AM, V37 (Registered Dietician) affirmed V37 is the consultant dietician for the facility and was not aware of any ingredient substitutions or menu changes for 2/14/2026. V37 denied V37 gave any approvals to change any parts of the menu on 2/14/2026. V37 affirmed that the facility should be preparing food as directed by the recipe and menu. On 2/17/2025, surveyor requested the recipe for all items served at lunch on 2/14/2026. The pureed carrot recipe was not provided prior to the exit of the survey. Resident</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>council meeting minutes 11/2025-present documents in part on 12/30/2025, the resident council had concerns related to putting veggies on sandwiches. Comments (12/30/2025) were made by V35 (Dietary Manager) that indicated that the cook was in-serviced on making grits. There are no comments related to corrective action for the residents' wanting vegetables on their sandwiches and no further information was provided prior to the exit of the survey. The posting for the lunch menu (Prairie Oasis F/W 25/26 Dat at a Glance for General Week 4 Saturday) for 2/14/2026 documents in part that the lunch being served is Stuffed Pepper, Skillet Corn, Spiced Peach Parfait, Cornbread, Margarine. Record review of the recipe for stuffed pepper indicates the following ingredients: vegetable salad oil, ground turkey, medium green peppers, chopped onion, diced celery, Italian seasoning, garlic powder, salt, black pepper, tomato sauce, condensed cream of tomato soup and shredded cheddar cheese. The ground stuffed pepper with sauce instructs the staff to ground the stuffed pepper in an appropriate consistency in a food processor and top with sauce. Record review of the recipe for the spice peach parfait indicates the following ingredients: diced peaches, juice pack, brown sugar, cinnamon, whipped topping and honey. The recipe instructs staff to prepare whipped topping according to package instructions, add honey, and whisk to incorporate the honey into the whipped topping. Record review of the recipe for the whipped topping instructs the staff to mix whipped topping mix packages and ice-cold water into a mixing bowl and whip for approximately 5-10 until peaks form. There is no recipe to use spray-style whipped cream in place of this whipped topping mix. Record review of the current facility menu cycle indicates the following days where a sandwich (meat or other food item between bread/bun) is being served for dinner: Week 1: Tuesday (Grilled Cheese Sandwich), Thursday (Barbequed Chicken Sandwich), Friday (Chicken Salad Sandwich); Week 2 : Sunday (Grilled Ham and Cheese Sandwich), Monday (Alpine Burger with Bun), Tuesday (Turkey and Swiss Cheese Sandwich), Thursday (Bratwurst on bun), Week 3: Sunday (Turkey and Swiss Cheese Sandwich), Monday (Hot Dog with Bun), Saturday (BBQ Rib Patty on Submarine Roll), Week 4: Sunday (Sloppy [NAME] Sandwich), Monday (Tuna Salad Sandwich), Thursday (Cheeseburger with Bun), Friday (Bratwurst Sausage with Bun), Saturday (Breaded Fish Sandwich with Cheese on Bun). This indicates that a sandwich style entree was served for dinner on 3 days in Week 1, 4 days in Week 2, 3 days in week 3, and 5 days in week 5. Facility policy titled, Menu Changes (2017) documents, Menu Items will be served as planned whenever possible. Due to unavoidable circumstances, temporary changes may be made to the menu. Procedure: Changes will be indicated on the posted menu prior to the meal service. The menu change will be noted in a file kept for that purpose. The reason for change will be noted. Changes will be of similar nutritional value. Permanent changes must be approved by the dietician. Facility policy titled CYCLE MENU (2018) documents in part, .Procedure: Cycle Menus are planned by a dietician at least two weeks in advance. A variety of nourishing food is served three meals a day and an evening snack. Menus are different for the same day of consecutive weeks and seasonal foods are used. Menus reflect the religious, cultural and ethnic needs of the clients as well as the clients' food preferences .</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview and record review, the facility failed to serve food to residents in a manner that is palatable and attractive. This failure has the potential to affect all 106 residents that consume food from the facility's kitchen. Findings include: Facility census (2/11/2026) documents in part that 112 residents reside within the facility. Facility document titled RESIDENTS THAT ARE NPO (Nothing By Mouth) (2/2026) documents in part that 6 residents do not consume oral intake. This indicates that 106 residents consume food from the facility's kitchen. R4's Face Sheet documents in part the following diagnoses: rhabdomyolysis, fusion of spine (lumbar region), inflammatory spondylopathy lumbar region, type 2 diabetes mellitus with diabetic neuropathy, unspecified protein calorie malnutrition, neuromuscular dysfunction of the bladder, obesity, chronic obstructive pulmonary disease, and major depressive disorder without psychotic features. R4's Minimum Data Set (12/16/2025) document in part a brief interview of mental status (BIMS) summary score of 15, indicating R4 is cognitively intact. On 2/13/2026 at 1:00 PM, R4 explained, The food here is terrible, barely edible. I am afraid to eat the entree a lot of the times because it gives me (diarrhea). The food tastes bad, looks bad, the only thing that tastes ok is the salad. All of the residents don't like the food here and most of them can't speak up because they got dementias or impaired cognition. On 2/13/2025 at 3:10 PM, V24 (Certified Nursing Assistant) affirmed V24 heard residents complaining about the taste of the food. V24 stated, They (residents) often complain about the food, it's about every day. They'll say it doesn't taste good or was cold. The residents will leave food on the tray or have us go get something else like a sandwich. On 2/13/2025 at 3:22 PM, V5 (Licensed Practical Nurse) affirmed V5 has had residents complain about the food. V5 stated, They (residents) will say they don't like it (the food) or it doesn't taste good. Or they order a certain meal, and they don't get what they ordered. On 2/14/2026 at 12:30 PM, observed kitchen staff preparing lunch. Observed 4 tray racks within the kitchen that had trays with desserts and utensils. The desserts cups contained peaches and a nickel-sized dollop of whipped cream that was smashed into the plastic wrap covering the desert which would transfer approximately 50% of the whipped cream to the plastic. V38 (Dietary Aide) affirmed that V38 made the desserts and covered them with plastic. Surveyor inquired how much whipped cream is supposed to be on the dessert and V38 replied, Not much at all. Like a little squirt of it, maybe less than a half a second. Observed V29 cutting the cornbread to be served, approximately a 9-10-inch diameter of the top of the cornbread was burnt. V39 stated, I'm not going to use that. V29 denied that there was any more cornbread to be served and no more cornbread was going to be made in response to the burnt portion of cornbread. On 2/14/2026 at 12:32 PM, observed V29 (Cook) plate a serving of pureed bell peppers, pureed carrots, and puree cornbread. The pureed items appeared thick, lumpy and unappetizing on the tray. The pureed carrots were a gelatinous texture and had a shine across the surface. On 2/14/2026 at 1:10 PM, observed V29 (Cook) placing plain pieces of wheat sandwich bread on each plate and omitting the corn bread. V29 stated, we ran out of cornbread. V38 (Dietary Aide) affirmed that at least 6 people were going to receive the plain sandwich bread in lieu of the cornbread on the menu. On 2/14/2026 at 1:49 PM, a test tray was provided to the survey team. The test tray consisted of corn, a plain piece of bread, and unidentifiable rice/meat mixture in a tomato-based sauce on a Styrofoam plate wrapped in plastic cling wrap. The rice/meat mixture smelled heavily of tomato and lacked the smell of any other spices. The cornbread, stuffed pepper, and spiced peach dessert was not provided. V29 (Cook) stated, We ran out of the stuffed peppers, so that is the inside of the stuffed pepper. It is what we used for the mechanical soft. We ran out of cornbread and the spiced peach dessert. On 2/14/2026 at 1:57 PM, V1 (Administrator) observed the test tray and affirmed that the</p> <p>(continued on next page)</p>		

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 02/20/2026
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>test tray did not appear to be appetizing or palatable. On 2/17/2025 at 10:27 PM, V35 (Dietary Manager) stated that pureed carrots should have a texture that looks similar to mashed potatoes. V35 affirmed that pureed carrots should not appear gelatinous. V35 stated that the facility used a spray-form of whipped topping, so there was no way we (staff) could measure the amount. V35 affirmed that V35 has received complaints about lack of flavor and palatability of the food from the residents and has implemented a food committee to try and better serve the resident's concerns. V35 provided resident council meeting minutes from 11/2025-present. V35 stated that V35 does not have documentation of the food committee meetings they get documented in the resident council meeting minutes. R8's Face Sheet documents in part the following diagnoses: trigeminal neuralgia, type 2 diabetes without complications, hypertension, and osteoarthritis. R8's Minimum Data Set (12/24/2025) documents in part a BIMS summary score of 13, indicating R8 is cognitively intact. On 2/17/2026 at 10:16 AM, R8 make a gagging noise and motion like R8 was throwing up. That's what I think of the food: nasty. On 2/18/2026 at 5:08 PM, V40 (Licensed Practical Nurse) affirmed that V40 no longer works at the facility but when V40 did work at the facility, V40 would often have residents complain about the food. V40 recalled, It was pretty much every day that residents would complain about it (food). They would say like, oh I don't want that, it looks gross or it doesn't have any taste or seasoning. Food being too bland was probably the most frequent complaint. Resident council meeting minutes 11/2025-present documents in part on 12/30/2025, the resident council had concerns related to grits needing to be cooked longer and putting veggies on sandwiches. Comments (12/30/2025) were made by V35 (Dietary Manager) that indicated that the cook was in-serviced on making grits. There are no comments related to corrective action for the residents' wanting vegetables on their sandwiches and no further information was provided prior to the exit of the survey. Facility policy titled, FOOD PALATABILITY- HOT FOOD TEMPERATURES (2018) documents in part, POLICY: The healthcare community prepares and serves food and beverages that are palatable, attractive, and at safe and appetizing temperature .</p>		

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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 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>Based on observation, interview and record review, the facility failed to procure sufficient amounts of food ingredients to properly follow the written menu and failed to have enough food items to follow written menu/serve every resident according to the written menu. This failure affected all 106 residents that consume meals from the facility's kitchen. Findings include: Facility census (2/11/2026) documents in part that 112 residents reside within the facility. Facility document titled RESIDENTS THAT ARE NPO (Nothing By Mouth) (2/2026) documents in part that 6 residents do not consume oral intake. This indicates that 106 residents consume food from the facility's kitchen. R4's Face Sheet documents in part the following diagnoses: rhabdomyolysis, fusion of spine (lumbar region), inflammatory spondylopathy lumbar region, type 2 diabetes mellitus with diabetic neuropathy, unspecified protein calorie malnutrition, neuromuscular dysfunction of the bladder, obesity, chronic obstructive pulmonary disease, and major depressive disorder without psychotic features. R4's Minimum Data Set (12/16/2025) document in part a brief interview of mental status (BIMS) summary score of 15, indicating R4 is cognitively intact. On 2/13/2026 at 1:00 PM, R4 explained, The food here is terrible, barely edible. I am afraid to eat the entree a lot of the times because it gives me (diarrhea). So, I ask for substitutes, which of course they run out of. When that happens, I pretty much just don't eat. They are always running out of food, substitute or the actual meal. On 2/13/2025 at 3:10 PM, V24 (Certified Nursing Assistant) affirmed V24 heard residents complaining about the taste of the food. V24 stated, They (residents) often complain about the food, it's about every day. There have been times where they didn't have enough of the main meal, so residents had to be served a sandwich or another substitute. On 2/13/2025 at 3:22 PM, V5 (Licensed Practical Nurse) affirmed V5 has had residents complain about the food. V5 stated, They (residents) will say they don't like it (the food) or it doesn't taste good. Or they order a certain meal, and they don't get what they ordered. I have seen times where they (staff) have run out of the entree or the substitute, and they (residents) had to be served something else. On 2/14/2026 at 12:21 PM, observed V29 (Cook) taking food temperatures of the prepared lunch entrees and sides within the kitchen. V29 stated, The recipe for the stuffed peppers called for ground turkey, but we didn't have any of that. I don't think we ordered it. So, I called my manager and we used ground beef to make it instead. When discussing the preparation for the mechanically altered foods, V29 stated, The menu today calls for creamed corn for mechanically altered residents, but we didn't have any of that, so I made carrots. I do not know why there was no creamed corn to serve to the residents. Observed V29 cutting the cornbread to be served, approximately a 9-10-inch diameter of the top of the cornbread was burnt. V29 stated, I'm not going to use that. V29 denied that there was any more cornbread to be served and no more cornbread was going to be made in response to the burnt portion of cornbread. On 2/14/2026 at 1:10 PM, observed V29 placing plain pieces of wheat sandwich bread on each plate and omitting the corn bread. V29 stated, We ran out of cornbread. V38 (Dietary Aide) affirmed that at least 6 people were going to receive the plain sandwich bread in lieu of the cornbread on the menu. On 2/14/2026 at 1:49 PM, a test tray was provided to the survey team. The test tray consisted of corn, a plain piece of bread, and unidentifiable rice/meat mixture in a tomato-based sauce on a Styrofoam plate wrapped in plastic cling wrap. The cornbread, stuffed pepper, and spiced peach dessert was not provided. V29 stated, We ran out of the stuffed peppers, so that is the inside of the stuffed pepper. The mechanical soft. We ran out of cornbread and the spiced peach dessert. On 2/14/2026 at 1:57 PM, V1 (Administrator) affirmed that the facility should be following the written menu and should be procuring all needed ingredients so the menu can be followed. R8's Face Sheet documents in part the</p> <p>(continued on next page)</p>		

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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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>following diagnoses: trigeminal neuralgia, type 2 diabetes without complications, hypertension, and osteoarthritis. R8's Minimum Data Set (12/24/2025) documents in part a BIMS summary score of 13, indicating R8 is cognitively intact. On 2/17/2026 at 10:16 AM, R8 made a gagging noise and motion like R8 was throwing up. That's what I think of the food: nasty. They do be running out of things on the menu, and then they just give you a salad. A salad ain't enough. On 2/17/2026 at 10:27 AM, V35 (Dietary Manager) explained, I was not aware that (V29) used different meat when preparing the stuffed peppers. I don't know why (V29) didn't use the correct meat according to the menu, we had the meat thawing. Same with the cornbread, there was more cornbread that (V29) could have made. I don't know what was going on that day (2/14/2026), everything (ingredients) was here. On 2/17/2026 at 11:45 AM, V37 (Registered Dietician) affirmed V37 is the consultant dietician for the facility and was not aware of any ingredient substitutions or menu changes for 2/14/2026. V37 denied V37 gave any approvals to change any parts of the menu on 2/14/2026. V37 explained that the facility should be procuring enough ingredients and making enough food so that all residents can be served from the menu with some leftovers for seconds, if needed. V37 stated that the facility should be following the recipes and menus that are approved. The facility's policy for food ordering/procurement was requested on 2/17/2025. On 2/17/2026 at 12:51 PM, V1 (Administrator) stated, There is no policy for food procurement/ordering. Facility policy titled, Menu Changes (2017) documents, Menu Items will be served as planned whenever possible. Due to unavoidable circumstances, temporary changes may be made to the menu. Procedure: Changes will be indicated on the posted menu prior to the meal service. The menu change will be noted in a file kept for that purpose. The reason for change will be noted. Changes will be of similar nutritional value. Permanent changes must be approved by the dietician.</p>		

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NAME OF PROVIDER OR SUPPLIER Prairie Oasis		STREET ADDRESS, CITY, STATE, ZIP CODE 16000 South Wabash South Holland, IL 60473	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>Based on interview and record review, the facility failed to address any ethnic, cultural or religious factors that may potentially affect the care provided by the facility, including but not limited to, activities and food and nutrition services and failed to identify a staffing plan for nutritional support staff. These failures have the potential to affect all 112 residents that reside within the facility. Facility census (2/11/2026) documents in part that 112 residents reside within the facility. R4's Face Sheet documents in part the following diagnoses: rhabdomyolysis, fusion of spine (lumbar region), inflammatory spondylopathy lumbar region, type 2 diabetes mellitus with diabetic neuropathy, unspecified protein calorie malnutrition, neuromuscular dysfunction of the bladder, obesity, chronic obstructive pulmonary disease, and major depressive disorder without psychotic features. On 2/13/2026 at 1:00 PM, R4 explained, The food here is terrible, barely edible. I am afraid to eat the entree a lot of the times because it gives me (diarrhea). One of the worst things about the food here is the lack of variety. Every single night we are served a sandwich of sorts. In my culture, you might not understand, but Sunday dinners are important to us. In the black community, we get together and have a nice Sunday dinner. Most of these residents is black, it's our culture. I usually get served a choke sandwich (dry, without condiments), piece of ham between two pieces of bread. That's it. That's not okay, dinner in general is always just sandwiches of some sort. It is so depressing. We deserve to have normal dinner items. R4's Minimum Data Set (12/16/2025) document in part a brief interview of mental status (BIMS) summary score of 15, indicating R4 is cognitively intact. On 2/14/2026 at 11:37 AM, V29 (Cook) affirmed that the kitchen begins plating food at 12:00 PM and that lunch begins at 12:00 PM for the residents. V29 stated, I don't know if I would consider us (Dietary Department) short staffed. I know we are usually short on PM shift, I know we need help there. Review of facility working dietary staff schedules for 2/2026, documents in part that the facility usually staffs between 2-3 dietary aides between 6:00 AM - 8:00 PM with one cook working 6 AM-2 PM and a second cook working 12 PM-8 PM. On 2/1/2026, 2/3/2026, 2/13/2026, and 2/14/2026, there was only 1 dietary aide working the 4:00-8:00 PM shift. On 2/12/2026, only 1 dietary aide worked the 6:30 AM-2:30 PM shift. On 2/9/2026, only one cook worked from 12:00 PM-8:00 PM. R8's Face Sheet documents in part the following diagnoses: trigeminal neuralgia, type 2 diabetes without complications, hypertension, and osteoarthritis. R8's Minimum Data Set (12/24/2025) documents in part a BIMS summary score of 13, indicating R8 is cognitively intact. On 2/17/2026 at 10:16 AM, R8 stated, The food is never served on time. Just a couple of nights ago, I was served dinner at 7:10. I was the last try to be given. I am supposed to eat at like 5 o'clock. I didn't want to wait that long. They don't have enough help in the kitchen or in nursing R3's Face Sheet documents in part the following diagnoses: hemiplegia affective left non-dominant side, bilateral cataracts, hypertension, type 2 diabetes mellitus, and depression. R3's Minimum Data Set (11/25/2025) documents in part a BIMS summary score of 13, indicating R3 is cognitively intact. On 2/17/2026 at 10:20 AM, R3 stated, Everything is short staffed here. Most of the meals here are served late. On 2/17/2026 at 10:24 AM, V35 (Dietary Manager) stated, I have been here (employed by the facility) about 2 months. Honestly, I don't want to throw anyone under the bus, but I do think we need more staff in the kitchen. I have tried my best to eliminate tedious tasks, like for example, I buy individual cartons of thickened liquids, so we don't have to make the thickened liquids in bulk. I try my best to streamline the processes, cut out any extra stuff that isn't crucial, but we still could use more. We are currently trying to hire for a part-time cook and part-time dietary aide. I try to help where I can but there are a lot of tasks in the</p> <p>(continued on next page)</p>		

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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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>kitchen to do. I have seen times where we have been late on serving meals. On 2/18/2026 at 9:53 AM, V1 stated, the purpose of the facility assessment is that it is a living, breathing tool, that identifies resources needed in order to care for the residents and in cases of emergency. The facility assessment was reviewed with V1 (Administrator). When asked if the facility assessment identifies ethnic, cultural or religious factors, V1 replied, we (staff) ask about that stuff in resident council and the residents get to choose a meal of the month. I can adjust that. When asked if the facility assessment identifies the dietary department staffing needs, V1 replied, It says the dietary manager, we don't have to list cooks or dietary aides. That's not a requirement. We follow the federal regulation, which is if you have enough staff to create the food and serve the food then you are meeting the needs of the facility. Facility assessment dated (2/12/2026) documents in part, . Ethnic, cultural, or religious factors Describe ethnic, cultural, or religious factors or personal resident preferences that may potentially affect the care provided to residents by your facility. Examples may include activities, food and nutrition services, languages, clothing preferences, access to religious services, or religious-based advanced directives.Residents and/or resident representative will be interviewed to determine preferences with regards to daily schedules, waking/bedtime, special food preferences or restrictions, religious/spiritual needs, special communication needs, language barriers, etc. to meet the needs of the residentList any specific or unique Ethnic/ Cultural/ Religious factors affecting care provided, if any:Activity to discuss in resident council meetingPrairie Oasis has a population with an average age of 74 that should be considered when providing services .Staffing plan Based on your resident population and their needs for care and support, describe your general approach to staffing to ensure that you have sufficient staff to meet the needs of the residents at any given time .Other (department heads, quality assurance nurse, ancillary staff in maintenance, housekeeping, dietary, laundry, etc.) Customize to the staffing of your facility: 1 Director of Nursing 1 Assistant Director of Nursing MDS/Careplan Coordinators 1 Restorative Nurse 1 Treatment Nurse 1 Infectious Disease Nurse 1 Maintenance/Housekeeping Director 1 Dietary Director 1 Activity Director 1 Scheduler/Medical records 1 Social Service Director 1 PRSC 1 Admissions Director/Marketer 1 Assistant Administrator. The requisite number of cooks and dietary aides is not identified within the facility assessment. No ethnic, cultural or religious needs were identified within the facility assessment. Facility Assessment Tool Instructions (Undated) document in part, Requirement Nursing facilities will conduct, document, and annually review a facility-wide assessment, which includes both their resident population and the resources the facility needs to care for their residents (S483.70(e)). Purpose The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Use this assessment to make decisions about your direct care staff needs, as well as your capabilities to provide services to the residents in your facility. Using a competency-based approach focuses on ensuring that each resident is provided care that allows the resident to maintain or attain their highest practicable physical, mental, and psychosocial well-being. Overview of the assessment tool The tool is organized in three parts:Resident profile including numbers, diseases/conditions, physical and cognitive disabilities, acuity, and ethnic/cultural/religious factors that impact careServices and care offered based on resident needs (includes types of care your resident population requires; the focus is not to include individual level care plans in the facility assessment)Facility resources needed to provide competent care for residents, including staff, staffing plan, staff training/education and competencies, education and training, physical environment and building needs, and other resources, including agreements with third parties, health information technology resources and systems, a facility-based and</p> <p>(continued on next page)</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>community-based risk assessment .</p>