STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002067	A. BUILDING: _____ B. WING _____	C 09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUSTIN OASIS, THE	901 SOUTH AUSTIN BLVD CHICAGO, IL 60644

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 2186550/IL137922	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210d)1) 300.1210d)2) 300.1210d)5) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician.	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These requirements were not met as evidenced by: Based on interview and record review the facility failed to follow physicians' orders to provide wound care and administer seizure medications as ordered for one resident (R4) in a sample of 4 residents reviewed for wound and seizure care. This failure has the potential to have caused R4's recurrent seizures and to cause R4's wounds to deteriorate. Findings include: R4 was 38 years old first admitted in on 3/31/2017 and last readmission of 6/12/2021. R4 was discharged to community hospital on 8/12/2021 for evaluation of fever and confusion. Hospital records showed that upon admission at the hospital R4 was having recurrent seizure and the levels of anti-seizure medications were low. On 8/3/2020, V7 (Wound Physician) documented wounds on R4's left and right heels. Wound evaluation documentation dated 08/2/21 and signed by V7 noted wounds to right and left heels deteriorated.	S9999		

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S9999	Continued From page 2 Progress note dated 8/12/2021 at 10:51PM, showed R4 was hospitalized on 8/12/2021 when R4 spiked a fever and was confused and documented "Followed up with (hospital's name), res is admitted for infected ulcer, and anemia." Treatment Administration Record (TAR) was reviewed for R4 for April, May, June and July2021. In April, May, June and July, the treatments were sporadically done or not done at all. In June 2021, R4 was hospitalized from 6/3/2021 until 6/12/2021. TAR noted there was no treatment documented from 6/13/2021 to 6/30/21. R4 was seen by V7 (Wound Physician) on 7/16/2021, at which time V7 documented R4 had a diabetic wound on left heel for 154 days and it measured 2.5x3.0x0.2cm. The right heel wound measured 4.8x5.3x0.3cm. On 8/2/2021 prior to R4's hospitalization on 8/12/2021, V7 documented the size of R4's wounds as follows: right toe 3.5x3.5x0.5cm (deteriorated), left heel wound measured 4.5x4.0x0.2cm (deteriorated), right heel wound measured 5.3x5.8x 0.4cm (deteriorated). On 9/18/2021 at 11:30AM, V2 (Director of Nursing/DON) acknowledged there was no documented treatment for R4's wounds consistently and said, "What can I say? It was not done." V2 said, "I do not know how the nurses forgot to put in the order for the treatment to R4's wounds." On 9/19/2021 at 2:10PM, V6 (Substitute Wound Nurse) said she was at the facility mainly to go with V7 (Wound Physician) on wound rounds. V6 said, "If it was not documented, it was not done."	S9999		

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S9999	Continued From page 3 Record shows R4 was prescribed two anti-seizure medications for his seizure conditions, however, the Medication Administration Record (MAR) for R4 for April, May and June 2021 noted blank holes which indicated the medications were not administered On 9/19/2021 at 2:10PM, V2 (DON) said she expected the nurses to sign out for the medications after administered. On 9/20/2021 at 11:10AM, V10 (Nurse Practitioner/NP) said if medications ordered for seizures were not administered consistently, then seizures could occur. In relation to treatment for wounds, V10 said a lack of consistently treating the wounds could result in wound deterioration. Facility presented undated policy on pressure ulcer prevention which did not address treatment of wounds as it related to nurses and physicians. (B)	S9999		