

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>IL6010078 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>07/28/2023 |
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NAME OF PROVIDER OR SUPPLIER  
**PRAIRIE OASIS**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**16000 SOUTH WABASH  
SOUTH HOLLAND, IL 60473**

| (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 |
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| S 000              | <p>Initial Comments</p> <p>Complaint Investigations:</p> <p>2395074/IL161120<br/>2395084/IL161135</p>  | S 000         |   |                    |
| S9999              | <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a)<br/>300.1210b)<br/>300.1210c)<br/>300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p> | S9999         | <p style="text-align: center;"><b>Attachment A<br/>Statement of Licensure Violations</b></p>                    |                    |

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| S9999              | <p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure a resident was transferred in a safe manner for 1 of 3 residents (R1) reviewed for safety and supervision in the sample of 7. This failure resulted in R1 sustaining a fall which required emergency medical transport to a local hospital where she was admitted and diagnosed with a subdural hematoma (brain bleed).</p> <p>The findings include:</p> <p>R1's fall investigation report dated June 20, 2023, showed R1 sustained a fall when "she was ambulating with the CNA (certified nursing assistant) to the bathroom." The report showed R1 fell back, hitting her head on the bathroom floor. A hematoma was noted to the back of R1's</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 2</p> <p>head after her fall. R1 was sent to a local hospital, by ambulance, where she was diagnosed with a subdural hematoma, as a result from her fall.</p> <p>R1's care plan revised May 11, 2023, showed R1 had diagnoses including dementia, altered mental status, anxiety, lack of coordination, and difficulty walking. The care plan showed R1 was at increased risk for falls due poor balance, impaired ambulation, and decreased safety awareness.</p> <p>R1's Restorative Nursing Review dated June 1, 2023, showed R1 required the extensive assistance of one staff for transfers. R1 was totally dependent on one staff for toileting/incontinence care.</p> <p>On July 27, 2023, at 11:55 AM, V16 Family of R1 stated, "The nurse called me from the facility, on June 20, 2023, to tell me (R1) had fallen while she was being walked to the bathroom. I don't understand why they walked her to the bathroom. (R1) was wheelchair-bound at that time. She didn't walk anywhere."</p> <p>On July 28, 2023, at 8:50 AM, V9 CNA stated, "I was taking care of (R1) when she fell. I was standing in front of her, holding her hands, as I helped her walk from her bed into her bathroom. I was walking backwards, facing (R1), as she tried to walk forwards. I didn't use a gait belt. I held onto both of her hands. We walked into the bathroom and there was stool on the toilet seat. (R1) saw the stool, got upset, and lost her balance. She fell back onto the floor, hitting her head. I couldn't catch her. I went and got the nurse right away. She wasn't bleeding but she had a medium sized lump to the back of her</p> | S9999         |   |                    |

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| S9999 | <p>Continued From page 3</p> <p>head... I should have wheeled her to the toilet, in her wheelchair, and then used a gait belt to transfer her from her wheelchair to the toilet."</p> <p>On July 28, 2023, at 9:22 AM, V10 Restorative Nurse stated, "(R1) was wheelchair-bound. She couldn't walk on her own. She was at risk for falls. She had been on a walking program for restorative programming. Some days were good days and she could walk with our help. She could take 2-3 steps. Some days she couldn't walk even with our help. To ensure her safety when we walked her, one staff member would walk next to her, holding onto the gait belt, that was around her waist. Another staff member would walk directly behind (R1), with a wheelchair, in case she had to sit down. (R1) was also supposed to use a walker when staff ambulated her also."</p> <p>On July 28, 2023, at 10:45 AM, V4 Assistant Director of Nursing stated, "(R1) was confused and wheelchair bound. She didn't really walk at all. She could pivot-transfer with one person assisting. Staff should have always used a gait belt when transferring her because of her being at risk for falling."</p> <p>On July 28, 2023, at 10:30 AM, V12 Physician stated, "(R1) really didn't walk. She was primarily wheelchair bound. She needed assistance with all her ADLs (activities of daily living). Due to her being a fall risk, staff were supposed to use a gait belt when transferring her."</p> <p>The facility's Gait Belt policy dated June 2014, showed, "Purpose: To provide support and safety during ambulation, lifting, or transferring residents. Place belt around resident's waist...Grasp belt webbing securely at resident's</p> | S9999 |  |  |
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| S9999 | Continued From page 4<br><br>back and resident's right or left side to support resident balance during transfers...Stand slightly behind and to the side of the resident..." (A) | S9999 |  |  |
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