

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/16/2023
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NAME OF PROVIDER OR SUPPLIER AUSTIN OASIS, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 SOUTH AUSTIN BLVD CHICAGO, IL 60644
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S 000	Initial Comments	S 000		
	Complaint Investigation: 2381182/IL158311			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)5</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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</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 resident to meet the total nursing and personal care needs of the resident.</p>		<p>Attachment A Statement of Licensure Violations</p>	

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

STREET ADDRESS, CITY, STATE, ZIP CODE

AUSTIN OASIS, THE

**901 SOUTH AUSTIN BLVD
CHICAGO, IL 60644**

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S9999	<p>Continued From page 1</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>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.</p> <p>These Requirements were not met as evidenced by:</p> <p>Based upon observation, interview and record review the facility failed to ensure accuracy of assessment (re: risk for pressure ulcer) and failed to provide timely incontinence care for one of three residents (R1) in the sample. These failures resulted in R1 sustaining MASD (Moisture Associated Skin Damage), linear raw bleeding areas on medial thighs and pain.</p> <p>Findings include:</p> <p>R1's diagnoses include morbid obesity, weakness, hemiplegia and hemiparesis.</p> <p>R1's (2/4/23) POS (Physician Order Sheets) include moisture barrier cream to buttocks and groin areas as needed.</p> <p>R1's (2/7/23) progress notes state resident skin</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>assessed no open area noted.</p> <p>R1's (12/15/22) BIMS (Brief Interview Mental Status) determined a score of 13 (cognition intact).</p> <p>R1's (12/15/22) functional status affirms (2 person) physical assist is required for toilet use and personal hygiene.</p> <p>On 2/9/23 at 10:55am, R1 stated, "I've had a problem with V7 (CNA/Certified Nursing Assistant) changing me. She's (V7) on evenings. When I ask her to change me, she takes her time to do it." Surveyor inquired when R1's incontinence brief was last changed. R1 stated, 5:30 this morning (over 5 hours ago), I actually just asked the CNA to change me and she's helping somebody else right now."</p> <p>On 2/9/23 at 2:07pm, surveyor inquired when R1 was last changed. V5 replied, "I changed her (R1) when I got here and again around 9:00am (over 5 hours ago)." R1 was transferred from the wheelchair to bed her pants and wheelchair cushion were notably wet. R1 was barely able to stand, pivot, and/or reposition in the bed (due to weakness morbid obesity, hemiplegia and hemiparesis) staff assistance was required. V5 subsequently removed R1's incontinence brief (as requested) which was completely saturated with urine, bright red blood was also noted near the edges of the diaper. R1 stated, "My skin, it hurts really bad." MASD (Moisture Associated Skin Damage) and raw linear bleeding areas were observed on R1's medial thighs. Surveyor inquired again when R1's brief was last changed R1 affirmed "5:30 this morning."</p> <p>R1's (2/4/23) assessment for predicting pressure</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>ulcer risk determined a score of 21 (indicating not at risk). Moisture: rarely moist, skin is usually dry. Sensory perception: no impairment. Activity: walks frequently. Mobility: no limitation.</p> <p>R1's (2/9/23) initial skin alteration assessment (documented after surveyor inquiry) includes bilateral inner thigh partial thickness MASD (Moisture Associated Skin Damage) and Serosanguenous (clear-bloody) drainage.</p> <p>On 2/14/23 at 10:01am, surveyor inquired about R1's (2/9/23) skin assessment. V9 (Wound Nurse) stated "It's a moisture associated skin damage. The moisture just keeps the skin irritated, it damaged the skin to inner thighs. It could be from the sweating of her thighs or her urine, now it's open. I (V9) saw it (skin damage) this morning (5 days after initial assessment) its open on her (R1) inner thighs and the posterior right thigh." Surveyor inquired if R1's inner thighs were bleeding today. V9 responded, "No but on Thursday (2/9/23) it was raw." Surveyor inquired about the requirement for changing incontinent residents. V9 replied, "It's before meals, after meals, or when they use the bathroom." Surveyor inquired if R1 "Walks frequently" (per 2/4/23 assessment). V9 stated, "No. She walks but not frequently with assistant." Surveyor inquired if R1 was "Rarely moist" (per 2/4/23 assessment). V9 responded, "I can't speak for what she (staff) put on there (referring to the assessment)." Surveyor inquired if incontinent residents are rarely moist. V9 replied "No." Surveyor inquired if residents diagnosed with hemiplegia/hemiparesis have sensory perception problems. V9 stated, "Yes they do."</p> <p>On 2/14/23 at 12:13pm, surveyor inquired about potential harm to a resident if incontinence briefs</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>are not changed timely. V10 (Medical Director) stated, "Potentially they can get urinary tract infection and they can get wounds."</p> <p>The (9/16) pressure injury and skin condition assessment policy states each resident will be observed for skin breakdown daily during care and on the assigned bath day by the CNA. Changes shall be promptly reported to the Charge Nurse who will perform the initial assessment. If the resident receives a shower, it will be necessary to have the resident stand or be returned to bed to visualize the buttock area and groin.</p> <p>(B)</p>	S9999		