

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/24/2023
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NAME OF PROVIDER OR SUPPLIER PRAIRIE OASIS	STREET ADDRESS, CITY, STATE, ZIP CODE 16000 SOUTH WABASH SOUTH HOLLAND, IL 60473
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S 000	Initial Comments	S 000		
S9999	<p>Annual Licensure and Certification</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)2)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.</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>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

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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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S9999	<p>Continued From page 1</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>2) All treatments and procedures shall be administered as ordered by the physician.</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 on observations, interviews, and record reviews, the facility failed to: (A) follow their wound prevention and management policy to ensure residents do not develop pressure sores for 3 [R55, R67 R74] residents; (B) ensure resident [R74] received prescribed amount of nutritional feeding via gastric tube; (C) assess resident [R67] for a new pressure ulcer and provide treatment and (D) ensure air loss mattresses were functioning properly and set according to manufacturer's instructions for 5</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>[R1, R24, R55, R130, R131] residents. These failures resulted in R55, R67, and R74 developing facility acquired pressure wounds; [R55] unstageable DTI [Deep Tissue Injury] (right hip) partial thickness, unstageable due to necrosis (sacrum) full thickness, [R74] unstageable DTI [Deep Tissue Injury] of the left ischium partial thickness, and [R67] two open beefy red, pink wound bed area on (right buttocks).</p> <p>Findings include:</p> <p>On 2/21/22 at 9:40 AM, surveyor and V17 [Licensed Practical Nurse] observed R55 lying in supine position in a deflated air loss mattress bed, flat to the metal frame. V17 stated, "I gave R55 her medications this morning, but I did not notice the air loss mattress flat. I am not sure how long R55's mattress been flat. I don't know anything about these air mattresses, I'll get the housekeeper to fix the air mattress."</p> <p>On 2/21/22 at 9:55 AM, V18 [Housekeeper] stated, "I'm not in charge of the air loss mattress, but I can usually get them back working. R55's air mattress will not turn on because it is unplugged from the outlet. Give it a few minutes to fill back up with air."</p> <p>On 2/21/22 R55's medical record documents in part; Admitted on 5/30/2019, medical diagnosis of dementia, quadriplegia, muscle wasting and atrophy, atherosclerotic heart disease, Alzheimer's disease, and weakness. R55's weekly wound assessment dated 12/16/22- (right hip) facility acquired unstageable pressure DTI [Deep Tissue Injury] with partial thickness, measures [L-length, W-width, D-Depth] (L) 6.2 x (W) 4.8 x (D) not measurable cm and (sacrum) unstageable facility acquired pressure wound</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>due to necrosis, full thickness (L) 9.0 x (W) 8.2 x (D) Not measurable cm. Weekly wound assessment dated 2/3/23-stage 4, sacrum facility acquired pressure wound with full thickness measures (L) 8.5 x (W) 7.3 x (D) 0.7cm. On 2/13/23 last weekly wound assessment- stage 4 sacrum facility acquired pressure wound with full thickness measures (L) 9.0 x (W) 8.0 x (D) 0.8 cm. Care plan dated 12/13/22- facility acquired pressures wounds on sacrum and right hip. Interventions; low air mattress. Physician order dated 1/27/23 Calcium Alginate External, apply to sacrum topically every day shift, cleanse area with normal saline, pat dry, and cover with border gauze. Order dated 2/13/23, Dakin's ¼ strength External solution 0.125%-apply to right hip topically every day shift, clean wound area with Dakin's pack wet to moist and Santyl cover with bordered gauze.</p> <p>On 2/22/23 at 8:15 AM, R55 was transferred to the hospital, surveyor unable to observe wound care.</p> <p>On 2/21/23 at 9:45 AM, surveyor and V17 entered R1's room and observed R1 lying in supine position in a deflated air loss mattress bed, flat to the metal frame. V17 stated, "R1 sometimes refuse help, I am not sure why R1's air loss mattress is off and not working. The housekeeper will come and check on her bed."</p> <p>On 2/21/23 at 10:00 AM, V18 [Housekeeper] stated, "R1's air loss mattress is plugged into the outlet, but I cannot get the air pump to turn on, I will change out the air loss mattress for another one."</p> <p>On 2/22/23 at 8:01 AM, surveyor observed R74 resting in bed with the port from the tube feeding</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>laying on the floor. The Glucerna 1.2 bottle was labeled with R74's name, dated 02/21/2023 to run at 50 mL per hour, to start at 12:00 PM. Surveyor saw the tube feeding bottle was only missing 500ml out the bottle.</p> <p>On 2/22/23 at 8:31 AM, V7 (Licensed Practical Nurse) stated, "I did not disconnect R74 from the gastric tube feeding because the night nurse disconnected her (R74) from the tube feeding machine at 7:30 AM this morning on 02/22/2023. V7 stated, "the initials on the Glucerna bottle are mine and I started the infusion at 12:00PM yesterday (02/21/2023) and only 500mL was infused over 20hours. I'm not sure what happened after my shift. According to the order, R74 is supposed to receive 1000mL over 20 hours but she (R74) only received 500mL."</p> <p>R74's medical record documents in part; admitted on 10/13/22, medical diagnosis-protein calorie malnutrition, history of sepsis, essential hypertension, pressure ulcers, type II diabetes, depression, altered mental status, and anemia. R74's weekly wound noted dated 12/16/22-(left ischium) unstageable pressure wound DTI of the with partial thickness, measures (L) 2.9 x (W) 2.0 x (D) not measurable cm. Weekly assessment dated 2/13/23 noted the left ischium is not full thickness stage 4 pressure ulcer measures (L) 2.3 x (W) 2.5 x (D) 0.7cm. Care plan dated facility acquired Left ischium noted 12/16/22. Interventions; air loss mattress, nutritional supplements per dietician recommendations. Physician order dated 1/18/23- Enteral feed order every shift Glucerna 1.2 calorie at 50 ml/hour for 20 hours turn on at 12 noon, turn off at 8am. Treatment order dated 2/10/23 Calcium alginate external, apply to left ischium topically every day shift for wound care, cleanse the area with normal</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>saline, pat dry, cover with bordered gauze. Treatment order dated 2/13/23- Collagen antimicrobial external sheet, apply to left ischium topically every dayshift for wound care, cleanse the area with normal saline, pat dry and cover with bordered gauze.</p> <p>On 2/22/23 at 10:35 AM, R67 stated, "Please get the nurse, my butt is hurting and burning."</p> <p>On 2/22/23 at 10:40 AM surveyor and V15 entered R67's room to completed body check. V15 stated, "R67 does not have any wounds, but we will continue with the body assessment."</p> <p>On 2/22/23 at 10:45 AM surveyor observed on R67's right buttock, 2 open beefy red, pink wound bed areas on (right buttocks). V15 cleans the area and measured the areas. V15 stated, "The two areas equal together (L) 2.0 x (W) 0.6 x (D) not measurable. I do not measure each area separately, because they are close to each other. I don't feel these open areas are pressure ulcers, so at this time I will not complete a wound assessment, but I will place an order and notify the physician and family on a progress note."</p> <p>R67 medical record documents in part: admitted on 9/9/22, with medical diagnosis of hemiplegia with hemiparesis, essential hypertension, weakness, type II diabetes and acute kidney failure. No physician treatment orders noted. Care plan dated 9/12/22-R67 is at risk for skin integrity issues, Interventions: Skin will be checked during routine care on a daily basis.</p> <p>On 2/22/23 at 1:19 PM, V14 [Wound Care Physician] stated, "I am the wound care physician and make rounds once a week. The air mattress should not be flat, the supporting mattress should</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>be afloat with air. I will not say if a resident lays on a metal frame it could potentially cause a wound to worsen. However, I will say a resident with wounds should be on a group two mattress and has been set to appropriated manufactures recommendation and function properly. Group two mattress are low air mattress, and special memory foams to meet the requirements per manufacture manual to provide benefits. I last assessed R55's wounds on 2/13/23, during that time her [R55] wounds have gotten better, and over the last couple of months some of R55's wounds deteriorated but also gotten better, due to R55's medical diagnosis of anemia, and comorbidities. R74's wound assessment today, some of her [R74] wounds have deteriorated due to R74 not absorbing the enteral gastric nutrition, and failure to thrive."</p> <p>On 2/23/22 at 1:45 PM, V15 [Wound Care Nurse] stated, "R55 developed a facility acquired right hip pressures ulcer and facility acquired sacrum wound noted on 12/12/22. The size of R55's wounds have decreased and increased over the past couple of months. The air loss mattress is an intervention to prevent and assist in wound healing. If the air loss mattress is not functioning properly or not turn on, it could potentially interfere with the wound healing process. R74 was admitted with a sacrum, left hip, right hip wounds. On 12/16/22 R74 developed a facility acquired left ischium wound. All R74's wounds have got better and worsen over the past few months, due to her malnutrition and her [R74] contractures. After R74 was admitted to the facility, R74 received an gastric tube placed to help with her malnutritional status. If a resident is not receiving their gastric tube nutrition as prescribed, it could potentially interfere with wound healing."</p>	S9999		

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S9999	Continued From page 7 On 2/23/22 at 2:15 PM, V3 [Director of Nursing] stated, "Air loss mattresses are to be monitored by the staff nursing daily. The nurses upon making rounds, passing medication, and answering call lights are to monitor the air loss mattresses. If there are any problems, notify housekeeping, and me for further instruction. R55 and R1's nurse V17 [Licensed Practical Nurse] will be in-serviced regarding the air loss mattresses. The air loss mattress not being on at all, could potentially cause a pressure ulcer or worsening of a pressure ulcer due to the pressure on the metal frame. If a resident is not receiving the prescribed amount of gastric tube nutritional feeding it could potentially make the wound worsen or interfere with the wound healing process. When residents receive showers, bed baths, or incontinence care, the certified nurse assistance and nurses are to monitor the resident's skin and peri area for any sign of skin alterations. If any skin breakdown or alteration is noted, the staff should report it immediately to the nurse, and treatment nurse. Then the nurse would assess, clean, and place a bandage on the area. Notify the physician, family, wound care nurse and document the findings. If the protocol is not followed, the resident will have a delay in treatment. I will in-service the staff in regard to R67 new open areas found by the surveyor." On 2/24/22 at 11:12 AM, V21[Dietician] stated, "R74 was admitted to the facility under weight, the family finally agreed to a gastric enteral feeding tube to assist with R74's nutrition. R74 was to receive Glucerna 1.2 at 50ml per hour for 20 hours per day, equals 1000ml per day to meet R74's caloric needs. If R74 only received 500ml of the 1000mls ordered, it could potentially cause weight loss, and not provide sufficient amount of	S9999		

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S9999	<p>Continued From page 8</p> <p>feeding to help with wound healing."</p> <p>Policy documents in part: Pressure Ulcer Prevention Handout dated 9/2014 -A pressure ulcer is defined as any lesion caused by unrelieved pressure that result in damage to underlying tissue. Pressure ulcers usually occur over bony prominences and are graded or staged to classify the degrees of tissue of tissue damage observed. -Defined and implemented interventions that are consistent with resident needs, goals, and recognized standards of practice; monitored and evaluated the impact of the interventions revised those approaches as appropriate. -Stage II pressure ulcer- loss of dermis presenting as a shallow open ulcer with a red, pink wound bed without slough or bruising - Skin assessments must continue on a daily basis for all residents that are at risk for skin breakdown. -Poor diet intake can play a role in pressure ulcer development and delayed healing -The important thing to check for when using a pressure reducing overlay or mattress is "bottoming auf". Place your hand under the overlay at the point of the sacral contact. If the sacrum is making contact with the bed mattress the pressure relief is not being achieved.</p> <p>R24 is a 60-year-old individual admitted to the facility on 11/6/2022. R24's medical diagnosis includes but not limited to: paraplegia, unspecified, Chronic Obstructive Pulmonary disease, pressure ulcer of other site, stage 3, obstructive sleep apnea, other specified noninfective disorders of lymphatic vessels and</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>lymph nodes, acute embolism and thrombosis of deep veins of the right upper extremity. R24's Brief Interview for Mental Status (BIMS) dated Feb 16, 2023, document R24's BIMS as 12/15. R24's Activities of Daily Living (ADL) Assistance dated Feb 17, 2023, documents R24's Bed mobility, Transfer, Toilet use, Personal hygiene as R24 needing extensive with two or more persons. R24's MDS section M (skin conditions) dated 2/14/2023 document R24 as having a pressure ulcer/injury, and skin treatments to include pressure reducing device for bed.</p> <p>On 2/21/2023 at 11:17am, R24 was observed lying on bed on a low air mattress. With V11 in R24's room, V11 was asked to check R24's weight setting on R24's low air mattress pump. V11 with surveyor checked the air pump and the weight on the pump was set at 540 lbs. V11 commented that R24's weight is way less than 540 lbs. V11 said that if R24's air mattress was not set using the correct weight for R24, then the air mattress is not therapeutic and can contribute to more pressure ulcers. V11 said that the wrong air pressure can make R24 very tired and uncomfortable. V11 said the air mattress needs to be set using R24's weight.</p> <p>02/23/23 11:04 AM, V15 (Wound care nurse) said allow air mattress for R24 should be set on the correct weight to improve wound healing, for offloading and to provide the correct firmness to prevent pressure ulcers from developing or get worse.</p> <p>R24's physician orders dated 2/13/2023 13:27document R24's weight as 435.0 Lbs.</p> <p>R131 is a 41-year-old individual admitted to the</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>facility on 2/15/2023. R131's medical conditions include but not limited to: Pressure ulcer of the sacral region, stage 4, cellulitis of the left external ear, pressure ulcer of the left buttock, stage 2, other, pulmonary embolism without acute cor pulmonale. R131's Brief Interview of Mental Status (BIMS) Activities of Daily Living (ADLs) is not completed at this time.</p> <p>On 2/21/2023 at 10:30am, R131 was observed lying on her bed. V11 (Licensed Practical Nurse) was observed in R131's room and stated she (V11) was checking on R131. Observed R131 laying on a low air mattress, pump setting for R131's weight set at 220 lb. V11 was asked what R131's weight was, and if the weight on low air mattress pump was correct. V11 said "There is no way R131's weight is 220lbs. I will go and check on R131's chart." V11 came back to R131's room and stated that there were not weights on record for R131. V11 was asked how the setting on air low mattress was determined without R131's weight. V11 said V11 does not know who set R131's low air mattress. V11 said R131's mattress should be set according to R131's weight because the weight goes with the amount of pressure released from the air mattress. V11 said it is a problem to have the air mattress at the wrong setting because wrong setting means the air mattress is not therapeutic and can lead to pressure ulcers or worsening of the existing pressure ulcers.</p> <p>On 2/22/2023 at 2:40pm, V15 (wound care Nurse) said air mattress should be set at the right weight. V15 said if the air mattress weight is set at a higher weight than the resident's, then the mattress will be too firm, or uncomfortable for the resident. V15 further commented that air mattresses are used for offloading, wound</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>healing and for preventive measures to prevent skin breakdown.</p> <p>R131's physician orders, dated 2/15/2023 document: Low air loss mattress R131 weights on 2/21/2023 12:25 document R131's weight as 133.7 lbs.</p> <p>R130 is an 84-year-old individual admitted to the facility on 5/19/2022. R130's medical diagnosis includes but not limited to: pressure -induced deep tissue damage of other site, difficulty in walking, not elsewhere classified, dysphagia, underweight, venous insufficiency(chronic) (peripheral).</p> <p>R130's MDS (Minimum Data Set) section C-Brief Interview for Mental Status (BIMS) dated Feb 9, 2023. R130's Activities of Daily Living (ADL) Assistance, dated Jan 24, 2023, documents R130 is total dependence, two plus personal assistance with bed mobility, transfer, dressing, eating, and walking. R130's section M dated 1/13/2023 documents R130 has pressure ulcer injury, skin tear, pressure reducing device for bed and chair.</p> <p>On 2/21/2023 at 11:00am, R130 was observed lying in bed on a low air pressure mattress. Surveyor with V11 (Licensed practical Nurse-LPN) in R130's room observed R130's low air mattress pump set at weight of over 350 lbs. V11 said "R130 is not over 350 lbs. I don't know who set it to over 350lbs." V11 said setting the weight at over 350lbs is not therapeutic for R130 and can cause pressure ulcers and discomfort to R130. V11 said for the air mattress to be therapeutic, it needs to be set at the right weight so that it can provide the correct amount of pressure therapeutic to R130.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2023
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NAME OF PROVIDER OR SUPPLIER PRAIRIE OASIS	STREET ADDRESS, CITY, STATE, ZIP CODE 16000 SOUTH WABASH SOUTH HOLLAND, IL 60473
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S9999	<p>Continued From page 12</p> <p>02/23/23 11:04 AM V15(Wound Nurse) said some of R130's wounds are improving, and others are getting worse. V15 said allow air mattress for R130 should be set on the correct weight to improve wound healing, for offloading and to provide the correct firmness to prevent pressure ulcers from developing or get worse.</p> <p>R130's weight dated 2/17/2023 documents R130's weight as 83.6lbs.</p> <p>R130's physician orders dated 12/8/2022 document-Low Air Loss Mattress</p> <p>Facility provided manufacture's instructional manual for low pressure mattress, no title, no date under HOW TO USE, documents: position of knob pressure to correlate with weight to produce amount pressure related to weight.</p> <p>Facility Policy titled Low air mattress, no date, documents: Set device according to resident's weight. (A)</p>	S9999		