

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006795	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/11/2019
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NAME OF PROVIDER OR SUPPLIER OAK PARK OASIS	STREET ADDRESS, CITY, STATE, ZIP CODE 625 NORTH HARLEM OAK PARK, IL 60302
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(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	Initial Comments Complaint Investigation: 1993900/ IL112618	S 000		
S9999	Final Observations Licensure Violations 300.1210 b) 300.1210d)6) 300.3240a) 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: 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. Section 300.3240 Abuse and Neglect	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

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

Electronically Signed

TITLE

(X6) DATE

06/27/19

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S9999	<p>Continued From page 1</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to supervise a resident who, while on the patio, lifted a metal grate and lowered himself into the patio sublevel/storm drain. This failure resulted in the resident having laceration to his hand, requiring transfer to the hospital, and receiving stitches to his hand. This failure affected 1 resident (R1) of 3 reviewed for accidents in a total sample of 8 residents.</p> <p>Findings include:</p> <p>On 6-11-19 at 9:43 AM, V1 (Administrator) stated on 5-26-19 around 4:00 PM, R1 was downstairs on the patio on his own accord. R1 has a right to be on the patio when he wishes. Per V1's interview with CNA, CNA was constantly going in and out of the dining room for supervision purposes. There was no staff sitting outside monitoring the patio.</p> <p>On 6-6-19 at 1:04 PM, V2 (Director of Nursing) stated "R1 was on the patio and he lifted the grate by himself. He lowered himself into the lower level. R1 was unable to get himself up. Staff attempted to lift him out however they could not get him out. 911 was called and was able to get R1 out. R1 had a laceration to his hand and he went to local hospital for stitches. R1 returned to facility the same day. R1 has a history of schizophrenia and major depression. R1 is alert and oriented x3 most of the time, however, he</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>has periods of confusion. R1 can become more forgetful and have increased aggression. R1 requires redirection at times when his schizophrenia is kicking in. R1 requires supervision during those periods. R1 was on the patio with staff present. Activities is now required to stand at the patio doors to monitor residents on the patio this is during smoke breaks and outside activities."</p> <p>On 6-6-19 at 11:06 AM, V6 (Psych Rehab Services Coordinator/PRSC) stated R1 is a psychiatric resident and seen by psychiatrist. R1 is alert oriented 1-3 (depending the day). R1 likes to go places where he knows he is not supposed to go. PRSC has not seen R1 attempt to lift grates. PRSC is not aware of previous incident/accident. R1 has history of behavior (aggression and altercation). R1 has a history of stealing. R1 has history of schizophrenia, major depression, and history of right tibia fracture. His mental status can vary day by day. Some days he will require cuing and redirection. Some other days, he is ok. R1 can be a safety risk due to impaired judgment which can fluctuate. V6 stated there are designated patio hours or upon request with supervision/chaperone. Staff present in the dining area would be scanning the enclosed patio.</p> <p>On 6-6-19 at 10:55 AM, V4 (Licensed Practical Nurse/LPN) stated R1 requires public supervision. LPN stated that she is unaware of R1 having any previous accident prior to patio incident. LPN stated R1 requires cuing and redirection (for example: getting up by himself and not using his walker).</p> <p>On 6-6-19 at 11:30 AM, V5 (Certified Nurse Aide/CAN) stated R1 is alert and oriented x 1-2.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R1 has history of behaviors (going into other rooms, taking other resident belongings, and laying in other resident beds). The other resident might get upset and complain which would cause R1 to get upset. Staff would intervene and redirect R1. R1 will sometimes get up and forget to use his walker. R1 would have some poor safety awareness depending on his day. He can be forgetful. CNA has not seen R1 attempt to lift grates and lower himself down. CNA is not aware of any prior accidents or incidents before this incident. R1 would require supervision in the patio area.</p> <p>R1's Minimum Data Set (ARD 5-17-19) documents Transfers: Self Performance: 1 (supervision), Support:2 (one person physical assist), Active Diagnoses (not limited to): depression and schizophrenia. Order Summary Report documents orders for scheduled antipsychotic medications (Divalproex Sodium, Ziprasidone HCl, and Trazodone HCl) and antidepressants (Sertraline HCl).</p> <p>R1's Behavior Care Plan (dated 5-7-19) documents R1 has a history of acting impulsively and erratically. R1 has diagnoses of severe and chronic persistent mental illness (Schizophrenia and Major Depressive Disorder). The care plan documents intervention when any inappropriate behavior is observed.</p> <p>R1's Hospital Medical Record dated 5-26-19 documents R1 had a y shaped laceration 1.5 cm in length with an additional 0.5 cm extension forming a Y on the left palm. R1 received 5 total sutures per hospital medical record.</p> <p>(B)</p>	S9999		
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