STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010078	A. BUILDING: _____ B. WING _____	C 10/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE OASIS	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
S 000	Initial Comments Complaint Investigation 2096676/IL126092	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)3) 300.3240a) Section 300.610 Resident Care Policies 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. 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	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010078	A. BUILDING: _____ B. WING _____	C 10/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE OASIS	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
S9999	Continued From page 1 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Requirements are not met as evidenced by: Based on interview and record review the facility failed to follow its skin condition assessment policy by not completing daily assessments for 1 (R1) of 3 residents at risk for skin breakdown. This failure resulted in R1 having a bone protrude through a healed below the knee amputation resulting in R1 having to undergo a second amputation resulting in an above the knee amputation. Findings include: R1's diagnoses include Diabetes and Peripheral Vascular Disease. R1's Minimum Data Set (MDS) dated 4/28/2020 documents a Brief Interview For Mental Status score of fifteen which indicated intact cognition. MDS section G dated 5/13/2020 documents R1 required extensive assistance with bed mobility with one-person physical assist.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010078	A. BUILDING: _____ B. WING _____	C 10/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE OASIS	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
S9999	Continued From page 2	S9999		

Transfers from the bed to the wheelchair or a standing position did not occur. R1's lower extremity was impaired on both sides. R1's Braden risk assessment dated 6/10/2020 documents R1 was at moderate risk for skin breakdown related to requiring moderate to maximum assistance being lifted, frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. R1 had a below the knee amputation (BKA) related to right foot gangrene about two years ago. R1 was seen in the hospital on 7/21/2020 for acute ulcer skin, bone exposed in right BKA. R1 was not able to walk.

On 10/28/2020 at 9:10am, V3 (Treatment Nurse) stated, "The CNA (Certified Nursing Assistant) should notify the nurse of any skin alteration that is seen during care or with showers. The nurse must complete an assessment and put in an intervention/treatment in the computer. I would then follow up with the resident, adjust the treatment as needed after updating the wound doctor. The wound doctor makes rounds weekly."

On 10/28/2020 at 3:45pm, V2 (Director of Nursing/DON) stated, "When I heard about R1's wound, the bone was protruding. I told the nurse to send R1 out to the hospital. I did not look at R1 before she was discharged. R1 returned to the facility after she had the surgery."

On 10/29/2020 at 9:30am, R1 stated, "The prosthetic was too small." V20 (R1's Family Member) stated they took the prosthesis home in April 2020.

On 10/29/2020 at 4:40pm, V3 stated, "The Braden assessments are done with new wounds

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010078	A. BUILDING: _____ B. WING _____	C 10/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE OASIS	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
S9999	Continued From page 3 or quarterly; skin assessments are completed on the showers days. The floor nurse is responsible for completing a body assessment after every shower and signing the shower sheets. Residents get showers twice week and as needed. The high risk resident skin assessment is done on the shower days by the day/evening shift nurse. On 10/30/2020 at 10:58am, V2 (DON) stated, "The Braden assessment is used to monitor resident who are at risk for skin breakdown. The certified nursing assistant checks residents' skin every two hours. The CNA should report any skin alterations to the nurse. The nurse will do an assessment and update me. The nurse and I will then approach and intervene as needed. The nurse should check the resident's skin with each shower. The CNA should complete the shower sheet and circle the area on the body figure on the sheet if there are any skin alterations. I expect all skin alterations to be documented. If the skin alteration is old, I expect the CNA/Nurse to document no new skin opening. I was not informed when R1 was initially noted with the wound on her stump. I did not get informed until R1's bone was protruding out of R1's stump. There should have been documentation and interventions put in place when R1 acquired the wound." On 10/30/2020 at 1:09pm, V19 (Wound Doctor) stated, "R1 had a below the knee amputation in the past. R1's bone could be felt though the skin. R2's wound started developing on the top right portion on the stump. When I saw R1's stump on 7/10/2020 the wound was small and had 100% slough. I debrided it. The debridement was superficial. Routine skin assessments should be performed per facility policy. R1's wound was gradual. R1's wound did not happen overnight.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010078	A. BUILDING: _____ B. WING _____	C 10/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE OASIS	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
S9999	Continued From page 4 The second time I saw R1's right stump on 7/17/2020, we discharged her to the hospital for a revision of the below the knee amputation to an above the knee amputation. R1's wound was so small and that is probably why staff missed it." R1's shower sheet dated July 2020 documents on 7/8/2020 R1 had an open area. Location of the open area was not identified. On 7/12/2020 there was no documentation. Shower signed by the nurse. On 7/15/2020 R1 had an open area documented on the shower sheets. Location of the open area was not identified. Skin/wound note dated 7/10 /2020 documents: R1 complains of pain to right BKA. R1 was assessed by V19 (Wound Doctor). Area cleansed with normal saline, patted dry and dressing applied with orders. R1's wound report dated 7/10/2020 documents right lower leg facility acquired wound was measured at 0.6cm length (L) x 0.5cm width (W) x 0.2cm depth (D). Treatment Nurse Initial Skin Alteration Review dated 7/10/2020 documents: R1's right lower leg stump, medical device related, facility acquired, stringy yellow slough (dead tissue) one hundred percent present. Based on the comprehensive assessment the probable or known cause of R1's skin alteration includes but not limited to diabetes, anemia, dementia and medical device for a prosthesis leg for cosmetics as R1 is not ambulatory. Wound doctor note dated 7/10/2020 documents: R1 has a wound on the end of the BKA stump due to underlying bone. Recommend no use of prosthesis as R1 is not ambulatory.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010078	A. BUILDING: _____ B. WING _____	C 10/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE OASIS	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
S9999	Continued From page 5 R1's wound report dated 7/17/2020 documents right lower leg facility acquired wounds was measured at 0.8cm (L) x 0.8cm (W) x 0.2cm (D). Weekly Skin Alteration Review dated 7/17/2020 documents: R1's right lower leg stump. Wound type: Medical related device. Five percent slough present with scant serous (clear) drainage. Wound healing process is worsening. R1's bone is exposed thought the right BKA/stump. R1 was placed on antibiotic for osteomyelitis and ordered X-rays. Wound doctor note dated 7/17/2020 documents: Recommend appointment with the orthopedic surgeon to trim bone down and revise the BKA. Exposed bone with periwound cellulitis. Wound of the right lower leg deteriorated due to protruding bone. R1's right knee x-ray radiology report dated 7/17/2020 documents no evidence of recent fracture, dislocation or osteomyelitis. Progress note dated 7/28/2020 documents R1 had a right AKA on 7/27/2020. Progress note dated 7/30 documents R1 was readmitted with revision of Right BKA leading to right AKA with 39 staples. Physician note dated 8/7/2020 documents, R1 was found to have right BKA site with ulcer exposing underlying bone. X-Ray knee did not show osteomyelitis. Wound culture demonstrated MRSA. R1 underwent stump revision surgery and BKA was converted to above the knee amputation on 7/27/2020. R1's care plan goals initiated 9/19/2019	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010078	A. BUILDING: _____ B. WING _____	C 10/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE OASIS	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
S9999	Continued From page 6 documents: R1's skin will be checked during routine care on a daily basis and during the weekly/bi-weekly bath or shower schedule. Hospital Paperwork dated 7/21/2020 documents: R1's diagnosis with acute ulcer of the skin. Chief Complaint: R1's bone exposed in the right BKA. Pressure Injury and Skin Condition Assessment Policy: #4 Each resident will be observed for skin breakdown daily during care and on the assigned bath day by the certified nursing assistant. Changes shall be reported to the Charge Nurse who will perform the initial assessment. (A)	S9999		