

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006795</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>OAK PARK OASIS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 NORTH HARLEM OAK PARK, IL 60302</b>
---	---

(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 2294963/IL148362	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1210b) 300.1210d)6) 300.2040d) 300.3240a)  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006795</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>OAK PARK OASIS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 NORTH HARLEM OAK PARK, IL 60302</b>
---	---

(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	<p>Continued From page 1</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</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>Section 300.2040 Diet Orders</p> <p>d) The resident shall be observed to determine acceptance of the diet, and these observations shall be recorded in the medical record.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p>	S9999		
-------	---	-------	--	--

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 08/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  OAK PARK OASIS	STREET ADDRESS, CITY, STATE, ZIP CODE 625 NORTH HARLEM OAK PARK, IL 60302
--	---

(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	<p>Continued From page 2</p> <p>Based on interview and record review, the facility failed to effectively monitor, cue and assist a resident that required aspiration (aspiration occurs when contents such as food, drink, saliva or vomit enters the lungs) precautions during a meal for one resident (R2) reviewed for aspiration precautions and special diets. This failure resulted in R2 choking on a cookie, having a syncopal episode, and being sent to the hospital.</p> <p>Findings Include:</p> <p>R2 is an 88 year old with the following diagnosis: dysphagia and vascular dementia with behavioral disturbance. R2 admitted to the facility on 10/20/21.</p> <p>A Nursing note dated 6/22/22 at 1:22 PM documents R2 was sitting at the nurse's station eating lunch. R2 is alert to self at baseline. R2 started eating a cookie and was observed unresponsive to verbal stimuli. R2 had no reaction with a sternal rub and eyes remained closed. R2 had no movement. R2 began desaturating quickly to 83% so oxygen was administered at 4L. 911 was called and R2 was sent to the hospital.</p> <p>The Hospital Records dated 06/22/22 document R2 presented from the nursing home after a witnessed syncopal event (medical term for fainting or passing out). R2 was eating a cookie and started choking and subsequently vomited up the food. R2 had a brief loss of consciousness but regained consciousness spontaneously. Per EMS, R2 was hypotensive (low blood pressure) and initially only responsive to painful stimuli but came back to baseline mental status upon arrival to the ED. R2 was hypotensive as low as the 60s</p>	S9999		
-------	--	-------	--	--

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 08/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  OAK PARK OASIS	STREET ADDRESS, CITY, STATE, ZIP CODE 625 NORTH HARLEM OAK PARK, IL 60302
--	---

(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	<p>Continued From page 3</p> <p>systolic with EMS. R2 has diminished breath sounds but otherwise normal. R2 has excessive salivation. R2's blood pressure improved with IV fluid resuscitation. R2 was admitted to the hospital for syncope, hypokalemia, and metabolic acidosis.</p> <p>On 08/02/22 at 11:45AM, V2 (DON) stated, "The nurse went on break, and I was sitting at the nurses station. R2 was being monitored there. The CNA called me and told me that R2's head had dropped over. R2 wasn't responding. I tried doing a sternal rub and I couldn't get a response from R2. We brought R2 back to the room and put R2 back in the bed and that's when R2 began vomiting. We first put the pulse ox on R2, and she was desaturating quickly. We moved R2 to the bed to put oxygen on R2 and in case we needed to do anything else to R2. While all this was going on people were also calling 911. R2 did still have food in R2's mouth before R2 started vomiting. R2 was on a mechanical soft diet. R2 has a history of dementia and pocketing food along with difficulty swallowing. I didn't see what R2 was eating but I was told by the CNA that R2 was eating a cookie. I didn't see it happen. The CNA is the one who brought it to my attention."</p> <p>On 08/02/22 at 12:22PM, V3 (Nurse) stated, "R2's on a mechanical soft diet because R2 can't swallow and chew very well. All the staff watch R2. If R2 is in R2's room, then staff watch R2 from a distance. As we pass by R2's room then we will look in on R2. If R2's not in the mood to eat R2 will keep the food in R2' mouth and not swallow it. R2 is on aspiration precautions because of R2's swallowing problems and dementia."</p>	S9999		
-------	--	-------	--	--

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 08/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  OAK PARK OASIS	STREET ADDRESS, CITY, STATE, ZIP CODE 625 NORTH HARLEM OAK PARK, IL 60302
--	---

(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	<p>Continued From page 4</p> <p>On 08/02/22 at 12:55PM, V5 (CNA) stated, "I was sitting with R2 and helping feed R2 when I got up to go collect some trays. I came out and I saw R2's head back in the chair. I told the nurse because the nurse was at the nurse's station. R2 was sitting maybe 3 or 4 feet in front of the nurse's station. I don't know why the nurse didn't see R2. V2 was doing something else. I was gone about 3 minutes. I picked up trays in two different rooms. That's when I came out and saw R2. R2 is on aspiration precautions. I don't think there's any safety concerns when R2 eats. If they are pocketing food in their mouth, then you need to sit there with a whole meal with them to make sure that they are swallowing. I don't know if R2 had anything in R2's mouth. I didn't see into R2's mouth; R2 was just slobbering. We put R2 back in bed and then R2 vomited."</p> <p>On 08/02/22 at 2:12PM, V9 (Speech Therapist) stated, "R2 was evaluated by speech, and we worked with R2 to make sure R2 was safe while eating. The dysphasia was caused from R2's dementia. R2 needs reminders to swallow and to be set up while eating. R2 is someone who is easily distracted so R2 needs to be re-focused when eating. We also worked on only putting one bite of food in R2's mouth at a time and waiting for R2 to swallow that. Then we would follow up with a liquid for her to rinse your mouth out. The limiting factor for R2 was R2's cognition. The dementia really had caused R2 to have some issues with eating that weren't caused by other physical diagnoses. For someone on aspiration precautions we have them sitting up at a 90° angle for all meals, take small bites or sips, and making sure they're not shoving anything in their mouth or pocketing food. R2 did need verbal cues to remind R2 to swallow the food R2 had in her mouth. R2 just had a habit of kind of holding it</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006795</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>OAK PARK OASIS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 NORTH HARLEM OAK PARK, IL 60302</b>
---	---

(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	<p>Continued From page 5</p> <p>in R2's mouth or R2 would just keep chewing it."</p> <p>On 08/03/22 at 2:45PM, V11 (Primary Physician) stated, "Someone is put on aspiration precautions because there is a concern for them swallowing food into their lungs versus their stomach. For aspiration precautions, you want them to be sitting up straight during the meal instead of in the bed. For someone with dementia you would want to make sure that you are monitoring them swallowing and making sure that they're not pocketing any food because as dementia advances those are things that happen. When the body is choking the first natural instinct is to cough up the food if you can't do that then usually the body will vomit to try to get it open out."</p> <p>The Care Plan dated 01/22/22 documents R2 is at risk for aspiration. The Care Plan dated 01/22/22 documents R2 demonstrate some or high risk to potentially choke, aspirate food or liquids. This problem is related to a diagnosis of dysphasia (a person has difficulties comprehending language or speaking due to some type of damage in parts of the brain). Interventions include: observe the resident during meal times for any signs or symptoms of aspiration or difficulty swallowing. Utilize safe swallowing techniques. The Care Plan dated 04/15/22 documents R2 has nutrition concerns related to dementia, poor appetite, pocketing food and intermittent refusal for food intake. R2 was downgraded to a mechanical soft diet. Interventions include: assist as needed with meals.</p> <p>The Minimum Data Set (MDS) dated 06/10/22 documents the Brief Interview for Mental Status score as a 6 (severe cognitive impairment).</p>	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006795</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>OAK PARK OASIS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 NORTH HARLEM OAK PARK, IL 60302</b>
---	---

(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	<p>Continued From page 6</p> <p>The Speech Therapy Evaluation dated 6/4/22 documents R2 was referred to speech therapy for dysphasia and services due to new onset of functional activity tolerance during oral intake, need for assistance from others, and prolonged mastication (chewing) with solids. The Speech Therapy note dated 6/4/22 documents and the plan of care was developed on this date. R2 was instructed on use of strategies to address swallowing dysfunction with focus on alternating bites and sips and body positioning to increase safety with intake and alternating liquids/solids to increase pharyngeal clearance. R2 was successful with follow through 26% of attempts due to limitations in safety awareness. The Speech Therapy note dated 6/14/22 documents R2 poorly recalled strategies and required cues to take smaller bites and to alternate between liquids and solids. R2 inconsistently followed commands. The Speech Therapy note dated 6/16/22 documents R2 benefits from assistance to alternate liquids and solids to help with oral clearance. The Speech Therapy note dated 6/19/22 documents R2 took small bites of food with mild increased manipulation time. R2 required a liquid wash to clear mouth. R2 does have a precaution of confusion, aspiration, and cognition listed in each speech therapy session.</p> <p>The Physician Order Sheet dated 7/29/22 documents R2 receives a mechanical soft diet with thin liquids due to vascular dementia.</p> <p>The policy titled, "Feeding and Assisting Residents to Eat," dated 06/2014 document, "10. Encourage chewing. 11. Encourage swallowing - after each mouthful, praise. Gentle pressure upward on the chin will stimulate tongue to start swallowing pattern. Look and listen for swallowing."</p>	S9999		

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 08/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  OAK PARK OASIS	STREET ADDRESS, CITY, STATE, ZIP CODE 625 NORTH HARLEM OAK PARK, IL 60302
--	---

(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	<p>Continued From page 7</p> <p>The policy titled, "Aspiration Precautions," dated 12/2014 documents, "1. Residents assessed to be at risk to aspirate will be fed in the following manner: A. Sitting upright during meals for approximately 30 minutes after meals. B. Feed small bites and cues to swallow if needed. C. Check mouth for food not swallowed."</p> <p>(A)</p>	S9999		