

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 02/25/2022
--	--	---	---

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
--------------------	--	---------------	---	--------------------

S 000	Initial Comments	S 000		
	Annual Licensure/Certification Survey			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210c)1)3) 300.3220f)</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 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.</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</p>			

Attachment A
Statement of Licensure Violations

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: IL6006795	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2022
--	--	---	---

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 1</p> <p>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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>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.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observations, interviews, and records reviewed the facility failed to provide effective pain treatment for 2 residents (R55 and R58)</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 02/25/2022
--	--	---	---

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>reviewed for pain. The facility also failed to apply Lidocaine 5% pain patches and give pain medication as prescribed by physician. These failures resulted in R55 and R58 complaints of unrelieved and in constant pain.</p> <p>Findings include:</p> <p>Record review for R58 documents a 63 year old male admitted to the facility on 1/8/2021. Minimum Data Sheet (MDS) dated 1/20/2022 section C documents R58's mental status was intact as noted in the Brief Interview for Mental Status (BIMS) score of 14 out of 15. R58 was admitted to the facility on 1/8/2021. R8's diagnoses include Malignant neoplasm of stomach, aphasia following cerebral infarction, hemiplegia and Hemiparesis following cerebral infarction.</p> <p>On 02/22/22 at 11:54 AM R58 states he has pain in both legs. R58's legs were dry and red. V24 (Restorative Aid) stated R58 is always in pain. R58 stated "I tell them I'm in Pain, and they don't take me to the doctor". Resident states he has been in pain since he had abdominal surgery and a stroke. Resident showed surveyor his legs and he did not have a pain patch on. R58 has a physician order for Lidocaine patch 5% (long acting topical pain patch) on at 6 am, off at 6pm.</p> <p>On 2/23/22 at 12:12 PM V8 (CNA) stated R58 complains now and then that his feet are sore. V8 states she tells the nurse and R58 makes sounds like he is pain when they are doing things with him.</p> <p>On 2/24/22 at 11:21am V20 (LPN) stated "R58 always says he is hurting. He is on Lyrica and they just started him on Meloxicam. R58 gets</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 02/25/2022
--	--	---	---

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>Tylenol for breakthrough pain. R58 says his pain level is 9/10 when he is in pain".</p> <p>On 2/24/2022 at 11:37 AM R58 stated pain level is 8/10. R58 stated he has not seen a doctor, and nothing they have been giving him helps his pain. I don't know what they give me. They give me medication in the morning and at night. R58 states his left leg from knee to toes hurt and his right leg from right hip to toes hurts constantly. R58 states he tells staff all the time he is pain and that has not told a doctor because he hasn't seen one. There is no pain patch on resident's legs.</p> <p>On 02/25/22 at 10:06 AM R58 stated he has had pain in his lower legs since abdominal surgery. He believes he lost nerves in his legs. " I feel F****ed up that they have not been controlling my pain. I don't curse, but they do me so bad. It makes me curse. I have not had a pain patch in at least 4 days."</p> <p>On 2/25/22 at 10:13 AM V20 (nurse) states R58 said his pain level was 8/10. V20 states she gave R58 lyrica and meloxicam (anti-inflammatory) this morning. V10 (RN) states R58 gets a pain patch, but he does not have any in the medication drawer. The night shift nurse gives the pain patch to him.</p> <p>Review of R58 progress notes is absent of any primary care physician notes or documentation of a visit with R58. On 02/25/22 at 10:54 AM V3 (DON) stated R58 has never been seen by a primary physician since he has been admitted.</p> <p>Pain Care plan created 1/8/2022 and has not been updated with any new interventions. Facility's Pain management Program documents the following:</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 02/25/2022
--	---	---	--

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>Purpose: To establish a program which can effectively manage pain in order to remove adverse physiologic and physiologic effects of unrelieved pain and to develop an optimal pain management plan to enhance healing and promote physiological and psychological wellness. The purpose of this policy is to accomplish that goal through an effective pain management program.</p> <p>On 2/22/2022 at 9:45am R55 said "I spoke with my doctor last week over the phone myself about a stronger pain med, I have two broken ribs. The pain medication that was given to me does not work and she wrote me an order for a stronger medication, and it has not arrived. My pain is about a seven. I don't like getting out the bed, and I feel terrible. The nurse this morning said he will check if my medication came in, but that was about hour ago".</p> <p>On 2/22/22 at 9:55am V5 (Licensed Practical Nurse-LPN) said "I am giving R55 his pain medication it just came in". An observation of the pain medication card, date ordered 2/15/2022 and date delivered was 2/20/2022 thirty pills un-opened. V5 said "I just saw that the medication was delivered this morning, he didn't complain about any pain to me. When the physician orders a pain medication It's put in from the physician and then the pharmacy send the medication, the pharmacy takes a long time to deliver a controlled medication. If the pharmacy is taking a while to send medication the nurses should call and inquire about the medication".</p> <p>On 2/22/22 at 2:30pm V3 (Director of Nursing-DON) said when the physician orders a controlled pain medication, they also fax the</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 02/25/2022
--	--	---	---

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 5</p> <p>medication over to the pharmacy. The nurses should follow up and transfer the medication over to the electronic record. A week is a long time for a medication to be delivered from pharmacy. I was not aware that it had been a week. The nurses should follow up and call the pharmacy to see why the medication has not been delivered.</p> <p>On 2/25/2022 at 9:50am V5 said, I did ask the resident about his pain, but I did not chart it, I should have charted the pain assessment when I gave the pain medication. I should be doing a pain assessment every shift or every time I give a pain medication.</p> <p>On 2/25/2022 at 10:10am V3 said it is not acceptable for the nurses not to complete a pain assessment, it should be completed as ordered.</p> <p>On 2/25/2022 at 10:20am V4(Assistant Director of Nursing-ADON) said on 2/18/2022 I spoke with R55 and he complained of not receiving his pain medication, I called the pharmacy and they had not received the prescription. I notified the physician and then the prescription was faxed over to the pharmacy. I did not take the medication out of the emergency supply box because pharmacy was in the process of changing the boxes out. I did not do a pain assessment, and I should have completed one. It's not acceptable for a resident to be in pain at any time. I expect all the nursing staff to assess for pain as ordered.</p> <p>On 25/2022 at 1:06pm V27 (Physiatrist/Pain) "I know R55 and I did give him medication for rib pain. The resident did not call me, I do not know who called me. I don't know why it takes so long for the residents to receive their medication".</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 02/25/2022
--	--	---	---

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 6</p> <p>On 2/25/2022 at a record review of the resident's order summary report that indicates R55 has a diagnosis of multiple fractures of the ribs. A pain medication order for Hydrocodone-Acetaminophen tablet 5-325mg, give one tablet by mouth every six hours as needed prn(as needed), transcribed on 2/15/2022. A controlled drug receipt/record/disposition form drug dispensed on 2/20/2022 first dose administered on 2/22/2022 at 10am. There was no pain score until 2/24/22 on the medication administration record-(MAR) on evening shift of "0" and night shift "2". An order for Hydrocodone-Acetaminophen 5-325mg tablet give one tablet by mouth every six hours as needed for pain on the MAR, start date of 2/15/2022 at 13:30. (1:30 pm). No assessment for pain level on 2/15, 2/16, 2/17, 2/18, 2/19, 2/20, 2/21. A Pain Review (Nursing) dated on 12/26/2021 at 10:13 am section "D" no pain intensity scale in place. A (Minimum Data Set-MDS) section "J" , a "1" for pain assessment interview not completed. A care-plan dated for 12/23/2021 Focus-at risk for alteration in pain/comfort related to 8th and 9th rib fractures, Intervention-complete the pain assessment upon admission, re-admission, quarterly and as needed-prn, educate resident and significant other about pain/pain relief measures, administer analgesic medication as ordered per plan of care, offer as needed-prn analgesic medication prior to ADL-activity of daily living, activities/rehabilitation, wound care, as indicated for pain management, notify md-medical doctor for any new resident complaints of pain and/or S/S- signs and symptoms of pain to obtain new order for medication regimen or breakthrough pain management, focus-fracture if the 8th and 9th left ribs. Problems manifested by impaired mobility, problems manifested by pain upon movement,</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 02/25/2022
--	--	---	---

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	Continued From page 7 interventions-monitor and medicate for pain as needed, focus-at risk for altered respiratory status/difficulty breathing related to wheezing, intervention-use pain management as appropriate, monitor/document side effects and effectiveness. (B)	S9999		