

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 04/11/2023
--	--	---	---

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 Complaint Investigation 2392601/IL158108	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.3210t) 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	S9999	<i>Attachment A Statement of Licensure Violations</i>	

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 C 04/11/2023
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>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.3210 General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</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 requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow its abuse prevention policy to prevent an incident of staff to resident sexual assault. This affected 1 of 3 residents (R1) reviewed for sexual abuse. This failure resulted in V3 being found in bed on top of R1. Using the reasonable person concept, R1 would be scared and traumatized.</p> <p>Findings include:</p> <p>On 4/5/23 at 3:35pm, R1 was observed to be alert, confused, oriented to name only. This surveyor's conversation with R1 was nonsensical.</p> <p>On 4/6/23 at 1:30pm, R1 was more alert. R1 was able to answer simple questions appropriately. R1 did not recall any staff coming into her room at night on 3/26/23.</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 04/11/2023
--	--	---	---

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>On 4/5/23 at 2:08pm, V6 (Certified Nursing Assistant/CNA) stated that V6 was working 3/26/23 from 10:30pm-6:30am on R1's nursing unit. V6 stated that V6 rounded on all her assigned residents; R1 was asleep in R1's bed. V6 stated that V3 (Registered Nurse/RN) was working on another nursing unit during the evening shift, 3:00pm-11:30pm, on 3/26/23. V6 stated that V8 (Licensed Practical Nurse/LPN) had gone down to the first floor nursing unit. V6 stated that at 10:50pm, V6 observed V3 (RN) walking down hall towards V6, V3 checked to see if V8 (LPN) was at the nurses' station, and then proceeded to enter R1's room. V6 stated that it took a while, about 15 minutes, for V8 to return to the nursing unit. V6 stated that when V8 exited the elevator, located on this nursing unit, V8 sensed something was wrong with V6. V6 stated that V6 informed V8 that V3 was in R1's room. V6 stated that V8 looked in R1's room briefly then shut R1's door leaving V3 in room with R1. V6 stated that V8 informed V6 that V3 said he was giving R1 a pop. V6 stated that V3 only had a book in his hand when he came onto R1's nursing unit. V6 denied V3 had any pop with him. V6 stated that V8 took the elevator to the first floor nursing unit and came back onto unit with V7 (LPN/Nurse Supervisor). V6 stated that V7 and V8 were both standing at the nurses' station. V6 stated that V7 instructed V6 to go into R1's acting like she was making resident rounds. V6 stated that V6 pushed R1's door open and witnessed V3's feet were off the floor. V6 stated that V3's whole body was on top of R1's body, and V3 was holding R1's arm. V6 stated that V3 didn't look back to see who came in R1's room; V3 jumped out of R1's bed. V6 stated that V6 informed V7 and V8 what she witnessed. V3 exited R1's room at 11:30pm, made small talk with V7 and V8 and then left the nursing unit. V6</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 04/11/2023
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>stated that V3, V7, and V8's conversation did not involve what happened or any allegation of abuse. V6 stated that R1 was still asleep. V6 stated that V7 stated he was contacting V2 (Director of Nursing/DON) as he picked up his personal cellular phone. V6 stated that V6 did not call V1 (Administrator/Abuse Coordinator) to report the allegation of abuse, because V6 did not have V1's phone number and V7 was notifying V2.</p> <p>On 4/5/23 at 3:30pm, V7 (Nurse Supervisor) stated that V7 was working on first floor nursing unit for the 3:00pm-11:00pm and 11:00pm-7:30am shifts on 3/26/23. V7 stated that V7 was also the nurse supervisor on both shifts that day. V7 stated that between 11:00pm and 11:30pm, V8 (LPN) informed him that V3 (RN) was on V8's nursing unit. V7 stated that V8 did not say anything else. V7 stated that V6 (CNA) informed him V3 was in R1's room. V7 stated that V7 did not see V3 in R1's room; only saw V3 coming out of R1's room. V7 stated that V3 will walk into residents' rooms when not providing care for them during his shift. V7 stated that V7 spoke with V3 after V3 exited R1's room. V7 stated that V7 asked V3 "How is everything, is everything okay?" V7 stated that V3 informed him that R1 is calm now. V7 denied asking V3 who called V3 to inform him that R1 needed to be calmed down or what behaviors was R1 exhibiting that R1 needed to be calmed down. V7 denied asking V3 the length of time V3 was in R1's room or reason door was closed. V7 stated that R1 will stand in R1's doorway with bags waiting for a bus. V7 stated that V7 has only witnessed this on one occasion. V7 denied checking on R1 afterwards. V7 denied notifying V1 (Administrator) or V2 (DON) of an allegation of abuse on 3/26/23. Surveyor asked V7 why V7</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 04/11/2023
--	--	---	---

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>was not concerned that V3 left the residents on his nursing unit unattended to go to R1's room late in the evening with R1's door closed and calming down a resident that was asleep. V7 replied, "V3 is a nice guy and V3 was just being V3."</p> <p>On 4/6/23 at 9:30am, V1 (Administrator) stated that V8 (LPN) was interviewed after the alleged incident on 3/26/23 involving R1 and V3 (RN). V1 stated that V8 informed V1 that V6 (CNA) informed V8 that V3 was in R1's room. V8 went into R1's room to check on R1, saw V3 by R1's bedside, and then V8 walked out of R1's room and closed the door. V1 stated that V1 reviewed the video tapes from 3/26/23. V1 stated that he saw V3 enter R1's room about 11:25pm. V1 stated that R1's door was partially closed. V1 stated that he saw V8 enter R1's room briefly and when V8 exited she closed the door. V1 stated that V3 left R1's room shortly afterwards. V1 stated that V3 spoke briefly to V7 and V8 and then left facility. V1 stated that he could not tell what they were saying on the video. This surveyor requested to view the video tapes from 3/26/23. V1 stated that he would have to speak with the corporate office regarding request.</p> <p>This surveyor was not able to view the video recording during this survey.</p> <p>On 4/6/23 at 9:17am, V8 (LPN) stated that V8 was informed by V6 (CNA) that during V6's rounds, V6 saw V3 (RN) going into R1's room. V8 stated that V8 was not present on the nursing unit at the time V3 came onto nursing unit and went into R1's room. V8 stated that the event occurred around 11:20pm on 3/26/23. V8 stated that V8 was downstairs and was getting off the elevator. V8 stated that V8 went to R1's room and stood in</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 04/11/2023
--	--	--	---

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>doorway. V8 stated that V8 observed R1 and V3 speaking to each other. V8 stated that V3 was standing by R1's bathroom door and R1's bed is next to bathroom. V8 denied closing R1's door while V3 was still in R1's room. V8 denied asking V3 reason for being in R1's room as V3 was assigned to another nursing unit. V8 stated that V7 (Nurse Supervisor) came onto R1's nursing unit and V8 informed V7 that V3 was in R1's room. V8 stated that R1 does not need to be calmed down. V8 stated that R1 is a wanderer and needs to be re-directed. V8 stated that V8 did not think anything of this event. V8 stated that V3 was always visiting with residents on other nursing units during V3's work hours. V8 denied previously observing V3 enter any resident's room or visiting residents that late in the evening. V8 was unable to articulate reason V8 was not concerned with V3 visiting R1 in R1's room at 11:20pm when R1 had been asleep.</p> <p>V6's (CNA) written statement, dated 3/28/23, was reviewed. V6's statement correlates with V6's interview on 4/5/23.</p> <p>V7's (Nurse Supervisor) written statement, dated 3/27/23, was reviewed. V7 noted at approximately 11:00pm, V7 went to R1's nursing unit. V7 was made aware V3 was in R1's room. V7 had conversation with V8. V7 then instructed V6 (CNA) to round on R1. V7 saw V3 exiting R1's room and asked V3 if everything was okay. V3 replied "Yes." V7 and V3 talked for a couple of minutes and then V3 left to go back on his assigned nursing unit.</p> <p>V8's (LPN) written statement, dated 3/27/23, was reviewed. Inconsistencies were noted in V8's written statement, interview, and video tapes. Video tape and staff interviews note V8 closed</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 04/11/2023
--	--	---	---

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>R1's door. There were also inconsistencies with V8's timeline of events.</p> <p>V3's (RN) written statement, dated 3/29/23, was reviewed. V3's statement included "One of the ideas of being a nurse is, in my opinion, to console residents. With R1, I have given her hugs and tried to make R1 feel loved." V3 also wrote, "R1 is a woman with dementia, and I've learned to help keep R1 in the moment R1 is in. So I believe I only went to R1's room to console R1."</p> <p>Attempts to interview V3 were unsuccessful during this survey.</p> <p>Review of R1's medical record, dated 3/27/23 at 4:29pm, documents V13 (Director of Clinical Services) noted: V13 was informed earlier by human resources of an allegation that a staff member, V3, had been seen lying in bed with R1 last night. Stated both R1 and V3 were fully dressed and that R1 was asleep. Administrator immediately made aware. Went to R1's room where she was observed walking independently in room, confused as per her baseline, oriented to name only as per her baseline. Talking incoherently when questions asked. R1 did allow body check without difficulty and no obvious evidence of trauma, redness, drainage, signs of pain or discomfort or injury noted with focus on vaginal area.</p> <p>Review of R1's BIMS (Brief Interview for Mental Status) score, dated 3/28/23, documents R1's score is 4 out of 15, indicating severely impaired cognition.</p> <p>Review of V3's timecard, dated 3/26/23, documents V3 did not clock out until 11:45pm.</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 04/11/2023	
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 facility's investigation into an allegation of sexual abuse involving V3 (RN) and R1 was reviewed. Summary of findings documented V3 left his assigned nursing unit and entered R1's room. Several minutes later, V8 (LPN) looks in R1's room and sees V3 standing by R1's bed. Several minutes later, V6 looked into R1's room and alleges seeing V3 in R1's bed on top of R1. When asked why V3 went in R1's room, V3 replied, "To tell R1 good night." V3 stated V3 was in the room for 1-2 minutes and that R1 was asleep. When asked why did V3 stay in the room if R1 was asleep, V3 replied, "I don't know."</p> <p>Facility Abuse Prevention policy, undated, documents this facility affirms the right of our residents to be free from abuse. Abuse means any sexual assault inflicted upon a resident other than by accidental means. All instances of abuse of residents, even those in a coma, cause physical harm or pain or mental anguish.</p> <p>According to the Association for the treatment and Prevention of Sexual Abuse, sexual abuse is defined as any sexual or sexually motivated behavior that is done to someone without that person's consent. This includes a continuum of intrusive behaviors ranging from hands-off offending, such as voyeurism and verbal comments, up to and including sexual penetration with or without violence. The key is that there is no consent.</p> <p>(B)</p>	S9999		