(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY	
		IL6002067	B. WING		05/1	6/2024
	PROVIDER OR SUPPLIER	901 SOU	DDRESS, CITY, S TH AUSTIN E D, IL 60644	STATE, ZIP CODE BLVD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure a	nd Certification				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	300.4090c)5					
	Services to Persons for Facilities Subject	Personnel for Providing s with Serious Mental Illness et to Subpart S: Rehabilitation Services				
	5) There shall participants.	be a PRSC for each 30				
	This requirement w	as not met as evidenced by:				
	review, the facility fa Psychiatric Rehabili Coordinators/PRSC psychosocial and m residents. This failure has the	to meet the individualized nental health needs of potential to affect all 49				
		noses of Severe Mental Illness in the facility who require ort.				
	Findings include:					
	conference, V1 (Ad facility census as 16	Sam after the entrance ministrator) presented the 63 residents as follows: Third Floor - 37, Fourth Floor -				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE **Electronically Signed** 06/01/24

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE : COMPI	
	IL6002067	B. WING		05/1	6/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AUSTIN OASIS, THE		TH AUSTIN B ), IL 60644	ELVD		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE	(X5) COMPLETE DATE
On 5/13/24 between residents including F observed just sitting R47, R58, and R83 a spoken with any Cou Nursing staff, including Nurse, LPN) and V1 Assistant) were observices staff to specy V9 stated that the southere on the floor.  On 5/14/24 at 8:55an how many PRSCs we many residents were PRSC. V18 stated the morning shift and to come for the after if V5 (Social Service Rehabilitation Service Rehabilitation Service Rehabilitation Service Rehabilitation Service Rehabilitation Service Residents. V18 stated for all residents on the (approximately 84 representation of the state of the s	he list of 49 residents with e Mental Illness (SMI).  n 10:30am and 12pm, R47, R58, and R83 were in the room with flat affect. all stated that they have not unselor or PRSC in a while. ing V9(Licensed Practical I5(CNA/Certified Nurse erved and interviewed on the g the availability of social eak with residents individually. ocial worker/PRSC was not  m, V18(PRSC) was asked work in the facility and how e on the case load for each hat's he is the only PRSC for d another PRSC is supposed rnoon shift. Inquired from V18 es Director/PRSD - Psychiatric ces Director), was available in ated that V5 will not be here here tomorrow. Inquired from PRSC in the building right now the psychosocial needs of the det that he (V18) is responsible he 2nd floor and 4th floor esidents) while the other or the afternoon shift is chird floor and 5th floor esidents).	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6002067	B. WING		05/1	6/2024
AUSTIN OASIS, THE 901 SOUT		H AUSTIN B	TATE, ZIP CODE <b>LVD</b>			
CHICAGO		), IL 60644				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	resignation letter ar be her last day at the V1 how the PRSD a psychosocial service that they had adver	ed that this PRSC turned in a and 5/15/24 was supposed to be facility. The surveyor asked and one PRSC can provide les to 163 residents. V1 stated tised the positions and made PRSCs to meet the needs of				
	Director/PRSD - Ps Services Director), individualized menta provides for resident encourage resident trying to hire psychi coordinators/PRSC interviewed already V5 how many PRSO V5 stated that the fa PRSCs. At this time	sam, V5 (Social Services ychiatric Rehabilitation was interviewed regarding the al health services the facility its. V5 stated that they is to attend group and they are atric rehabilitation services is, and someone was in the surveyor inquired from the State of Services is, and someone was in the facility is trying to hire. It is acility is trying to hire is acility is trying to hire.				
	Section 300.4090, # shall be a PRSC for	titled "Administrative Code" #C) 5) states in part: There r each 30 participants.				
	Rehabilitation Servi "Responsibilities" si the resident with a s This includes welco providing support, e relationship, and ini process. #E: "To pro delivery of the psyc programs; #F: To m areas of self-directe	ocument titled "Psychiatric ce Coordinator (PRSC)" under tates in part: #A: To provide stable therapeutic relationship. It is the new resident, establishing a trusting tiating the assessment povide and /or coordinate the hiatric rehabilitation services ionitor the resident in the ed care and for overall extreatment plan." #6 states to				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6002067	B. WING		05/1	16/2024
AUSTIN OASIS, THE 901 SOUT		DRESS, CITY, S TH AUSTIN B , IL 60644	STATE, ZIP CODE S <b>LVD</b>			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	provide active lister assigned case load	ning with individuals on the . The PRSC needs to pport with residents and be behavioral	S9999			
	e) In addition to the Section 2-201.5(a) facility shall, within a check pursuant to the Information Act for admission to the factheck was initiated. Hospital Licensing and other identifiers Department of State of the Act).  j) The facility shall steps necessary to while the results of check or a fingerpriare pending; while the waiver of a fingerprinare facility shall steps necessary to while the results of check or a fingerpriare pending; while the results of check or a fingerpriare pending; while the results of check or a fingerpriare pending; while the results of the check or a fingerpriare pending; while the results of the check or a fingerpriare pending; while the results of the check or a fingerpriare pending; while the results of the check or a fingerpriare pending; while the results of the check or a fingerpriare pending; while the check of the	eed Screening and Request al History Record Information e screening required by of the Act and this Section, a 24 hours after admission of a criminal history background he Uniform Conviction all persons 18 or older seeking cility, unless a background by a hospital pursuant to the Act. Background checks shall sident's name, date of birth, as required by the e Police. (Section 2-201.5(b) be responsible for taking all ensure the safety of residents a name-based background check the results of a request for int-based check are pending; entified Offender Report and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	
			A. BOILDING.			
		IL6002067	B. WING		05/1	6/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AUSTIN	OASIS, THE		H AUSTIN B	SLVD		
			, IL 60644	PROVIDENCE NAME OF CORPORATI		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	Recommendation is	s pending				
	These requirement by:	s were NOT met as evidenced				
	failed to conduct re background checks Information Respor hours after admissi R477, R479, R476,	and record review, the facility sident criminal history is via Criminal History inse Process (CHIRP) within 24 on for 10 residents (R151, R49, R171, R172, R478, ailure has the potential to affect siding in the facility.				
	Findings include:					
	R151 is a 52 year old with diagnosis including but not limited to: Bipolar disorder, alcohol abuse, metabolic encephalopathy, type 2 diabetes mellitus and unspecified cirrhosis of liver.					
	not limited to: Schiz	old with diagnosis including but cophrenia, depression, auditory emic lupus erythematosus and				
	not limited to: Alcohencephalopathy, ac	old with diagnosis including but nol abuse, metabolic cute kidney failure, hemiplegia llowing cerebral infarction.				
	not limited to: Brief	old with diagnosis including but psychotic disorder, altered hol use, hypertensive rebral infarction.				
	not limited to: Schiz	d with diagnosis including but coaffective disorder, alcohol				

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mellitus and anxiety disorder.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6002067	B. WING		05/1	6/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
AUSTIN	OASIS, THE		TH AUSTIN B ), IL 60644	SLVD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	not limited to: Impu	old with diagnosis including but Isiveness, cerebral infarction, and essential hypertension.				
	R172 is a 68 year old with diagnosis including but not limited to: Schizoaffective disorder, major depressive disorder, unspecified psychosis, chronic obstructive pulmonary disease and sleep apnea.					
	not limited to: Other	old with diagnosis including but r schizophrenia, violent hypertension, epilepsy and				
	R95 is a 84 year old with diagnosis including but not limited to: Unspecified dementia, major depressive disorder, insomnia, essential hypertension and dysphagia.					
	not limited to: Schiz	old with diagnosis including but cophrenia, unspecified iabetes mellitus and essential				
	reviewed files of the and discovered that submitted via CHIR	nse Process) within 24 hours				
	Surveyor inquired a CHIRP documental	bout the date on the top of the tion.				
	said, "The date on t	:32 AM, V1 (Administrator) the top of these documents ne background checks were				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6002067	B. WING		05/	16/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	0.4.0.10 T.I.T	901 SOUT	TH AUSTIN B	LVD		
AUSTIN	OASIS, THE	CHICAGO	), IL 60644			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	requested by me (V	(1). We do not have the ability ne facility. We use another				
		bout the purpose of screening hours of admission to the				
	of running the back of a resident's admi	:32 AM, V1 said, "The purpose ground checks within 24 hours ission to the facility is to f the environment and all				
	admission date of 0 was dated and subraction date of 1 dated and submitte R171's Admission radmission date of 0 was dated and subraction dated and subraction dated and dated and dated and dat	ecord documents an original in ited on 05/13/2024. ecord documents an original in ited on 05/14/2024. ecord documents an original in ited on 05/14/2024. ecord documents an original in ited on 05/13/2024. ecord documents an original in ited on 05/13/2024. ecord documents an original in ited on 05/13/2023. ecord documents an original in ited on 05/13/2024. ecord documents an original ited on 05/13/2024.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6002067	B. WING		05/1	6/2024
AUSTIN CASIS THE 901 SOUTH		DRESS, CITY, S TH AUSTIN B , IL 60644	STATE, ZIP CODE S <b>LVD</b>			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	admission date of C dated and submitte R480's Admission radmission date of C was dated and submitte racility policy titled documents, this factoriminal history bac seeking admission identify previous cri will request a Criminaccording to the factoriminal policy titled recodure docume facility policy titled resident secure envite provisions of the facility shall check to background on any the facility in order to convictions; Identify Criminal History Bahours of admission. Uniform Conviction criminal history bachame, date of birth	p2/26/2016. R95's CHIRP was d on 05/15/2024. ecord documents an original 04/30/2024. R480's CHIRP mitted on 05/13/2024.  Abuse Prevention Program cility shall check and review the kground for any resident to the facility in order to minal convictions. This facility nal History Background check cility Identified Offender Policy little Identified Offender Policy and nts, it is the policy of this a resident sensitive and vironment. In accordance with e Nursing Home Care Act, this he criminal history resident seeking admission to to identify previous criminal ving Offenders: Conduct a ckground Check: Within 24, request a name-based Information Act (UCIA) kground check based on and other identifiers required of State Police for any resident	\$9999			

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