STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **0054833**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/12/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE OASIS	**16000 SOUTH WABASH , SOUTH HOLLAND, Illinois, 60473**

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S0000	Initial Comments Annual Health Licensure Survey	S0000		09/19/2025
S9999	Final Observations Statement of Licensure Violations (1 of 3): 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 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. 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 care needs of the resident.	S9999		09/19/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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. These requirements were not met as evidenced by: Based on interview and record review, the facility failed to ensure two-person assistance was utilized during resident care, as required by the resident's care plan, to maintain safety. This deficient practice affected one of three residents (R13) reviewed for safety during care. As a result, R13 fell from the bed during care, which led to the dislodgement of the resident's gastrostomy tube and required hospitalization for replacement. On 9/12/25 at 9:37 AM, R13 was observed able to nod head yes or no to questions asked. When questioned if able to raise arms off bed, R13 nodded head ‘no’. On 9/9/25 at 4:00 PM, V2 DON (director of nursing) stated V2 wrote up V9 CNA (certified nurse aide) for improper care resulting in R13's fall out of bed. V2 stated R13 is a two-person assist with all care. On 9/11/25 at 12:08 PM, V10 RN (registered nurse) stated she worked night shift 11:00 PM 8/20/25 to 7:30 AM 8/21/25. V10 stated she had just changed R13 with the night shift CNA at 4:00 AM. V10 stated R13 is not able to assist with turning/repositioning. V10 stated R13 requires two-person assistance with all ADL care. V10 stated R13 fell out of bed and was on the floor on the side of bed furthest from the door; fell on left side of bed. V10 stated upon arrival to room, V10 observed R13's gastrostomy tube dislodged with balloon inflated resting on R13’s stomach. V10 stated R13 was sent to the hospital morning for G-tube replacement because nursing staff cannot re-insert the tubing. V10 stated the day shift, V9 CNA (certified nurse aide,)	S9999		

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S9999	Continued from page 2 was performing care without another staff member to assist. On 9/11/25 at 12:15 PM, V5 (restorative nurse) stated R13 is able to move hands. V5 stated R13 receives AAROM (active assisted range of motion) to both legs. V5 stated R13 can move legs side to side with staff holding leg off bed. V5 stated R13 can move her arms with AAROM. V5 stated R13 needs a lot of encouragement to participate in restorative therapy. V5 stated R13 is not able to turn self or hold self on side while staff provide care. V5 stated resident requires two-person assistance with all turning/repositioning and transfers. On 9/12/25 at 11:00 AM, V9 CNA (certified nurse aide) stated on 8/21, V9 was providing morning care to R13 by herself. V9 stated R13 is totally dependent on staff; not able to assist with turning. V9 stated typically V9 provides care for R13 by herself due to not enough staff present in facility to assist V9. V9 stated R13 is a two-person assist with all ADLs. V9 stated sometimes R13 will throw herself onto back when positioned on side during care. V9 stated this is not a new behavior for R13. V9 stated R13 was positioned on her left side facing window. V9 stated V9 was positioned on the right side of bed placing new linen on bed behind R13 when R13 fell off bed. R13's fall incident report, dated 8/21/25, notes V10 RN found R13 on floor near bed lying on her right side. V10 noted R13's gastrostomy tube dislodged. The conclusion: R13 slid to the floor during morning care. R13's ADL care plan, dated 9/3/23, notes R13 has performance deficit related to stroke with hemiparesis affecting left non-dominant side. Intervention, dated 2/28/25, notes R13 is totally dependent on staff for turning and repositioning in bed. R13's diet care plan, dated 7/18/23, notes R13 has a nothing by mouth diet and receives gastrostomy tube feeding of Glucerna 1.2 at 75ml (milliliters)/hour x 20 hours and 450ml water flush per shift. R13's MDS (minimum data set), dated 8/5/25, notes, in part, R13 is dependent on staff for bed mobility, toileting, hygiene, and bathing. Per section GG, dependent is defined as helper does all of the effort. R13 does none of the effort to complete the activity. Or the assistance of two or more helpers is required for R13 to complete the activity. R13's transfer and bed mobility review, dated 8/5/25,	S9999		

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S9999	Continued from page 3 notes R13's mobility and balance – ability to turn side to side is poor. R13 requires two person physical assistance from staff for bed mobility. R13's side rail assessment, dated 8/5/25, notes R13 has moderately impaired cognitive skills for decision making. R13 has alterations in safety awareness due to cognitive decline. R13 will not use side rails at this time. The facility's fall prevention program policy, dated 2/28/2014, notes safety interventions will be implemented for each resident identified at risk using a standard protocol. All nursing personnel are responsible for ensuring ongoing precautions are put in place and consistently maintained. (B) 2 of 3: 300.610a) 300.1010h) 300.1210b) 300.1210c) 300.1210d)1)2)3) 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. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a	S9999		

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S9999	Continued from page 4 resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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 care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. 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. These requirements were not met as evidenced by: Based on interview and record review the facility	S9999		

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S9999	Continued from page 5 failed to follow physician orders and plan of care by not implementing Megace as prescribed for one resident (R17) who was identified as underweight with body max index of 13. (underweight is less than 18.5). This failure resulted in the resident experiencing a significant weight loss of 6 percent in one month and a significant weight loss of 11.3 percent within six months for one of seven reviewed for nutrition. Findings include: R17 was admitted to the facility on 6/7/24 with a diagnosis of type II diabetes, hypertension, anemia, severe protein caloric malnutrition, blindness category four to left and right eye. R17's weights documents: 9/5/25 65.2 pounds; 8/27/25 65 pounds; 8/20/25 66.6 pounds; 8/5/25 62.8 pounds; 7/3/25 66.8 pounds, 6/4/25 66.8 pounds, 5/28/25 66.8; 5/6/25 65 pounds, 3/5/25 70.2 pounds; 2/7/25 70.8pounds; 1/7/25 69 pounds and 12/6/24 71.4 pounds. R17's plan of care dated 6/7/24 documents: R17 receives a regular diet with thin liquids which I consume usually with a poor appetite. The resident may be at risk for weight loss related to: adjustment to new surroundings. Interventions include: Administer medication as ordered Date Initiated: 10/18/2024; Prepare/serve the resident's nutritional diet as ordered. Prescribed diet is: Date Initiated: 06/14/2024; Determine food preferences through one-to-one interview &/or family interview. Date Initiated: 06/14/2024; Weigh the resident monthly or per facility protocol. Date Initiated: 06/14/2024; Provide one-to-one staff intervention to promote proper nutritional intake. Date Initiated: 06/14/2024; Provide dietary supplements, as ordered. Date Initiated: 06/14/2024; Encourage & praise the resident's attempts to follow the prescribed diet. Date Initiated: 06/14/2024; Offer between meal snacks & meal substitutions, as appropriate. Date Initiated: 06/14/2024; Offer the resident a bedtime snack. Date Initiated: 06/14/2024; Review the resident's daily exercise & caloric expenditures. Keep physical activity at a moderate level. Date Initiated: 06/14/2024. There were no new interventions documented. On 9/12/25 at 10:44AM, V12 (medical doctor) said he is familiar with R17 but unclear of any issues related to weight concerns. V12 was unclear of any medical diagnosis contributing to weight loss and low body max index. V12 said if he ordered Megace he would expect that order to be followed. Megace helps to increase appetite.	S9999		

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S9999	Continued from page 6 R17's progress notes by V12 on 12/11/24 documents: Severe protein-calorie malnutrition (Gomez: less than 60% of standard weight): Weight continues to fluctuate but remains severely underweight with BMI <14 percent will add Megestrol Acetate Suspension 40 MG/ML -10ml daily. Encourage Nutritional supplements in between meals. Encourage high calorie diet. Review of physician orders and medication administration records does not document Megace being administered and confirmed with V2(Director of nursing, DON). R17's dietary progress note dated 8/14/25 documents: Weight loss. Height 59" BMI 12.7 – underweight. Weight: 8/5 62.8, 7/3 66.8, 6/4 66.8, 5/6 65, 4/7 66.8, 3/5 70.2, 2/7 70.8 Significant weight loss x 1 6 percent, 6 months 11.3%. BMI indicates underweight. History of significant weight gain and loss. Upper Body weight high 60's to low 70's. Estimated needs: 1034-1182 (35-40kcal/ml fl/kg), 38-47 (1.3-1.6g pro/kg) Diet: NAS, Regular texture, thin liquids ~2200kcal/110g pro/2L fl (dietary/nursing – meeting estimated needs if consumed Recorded intake varies 26-100% - appetite mostly fair, 51-75%. May benefit from adding nutritional supplement to increase energy intake and improve weight/nutritional status. Resident appears elderly, thin, frail. Diet appropriate and meeting estimated needs if consumed with current appetite. Unintended weight loss related to energy intake as evidence by significant weight t loss x 1 and 6 months. PLAN. Recommend health shakes with meals ~600kcal/18g protein. R17's dietary progress note dated 5/8/25 documents: Weight loss. Height 59" BMI 13.1 underweight. Weight: 5/6 65, 4/7 66.8, 3/5 70.2, 2/7 70.8, 1/7 69, 12/6 71.4, 11/5 71.3 Significant weight loss x 3months 8.2 percent BMI indicates underweight. History of significant weight gain and loss. Upper Body weight high 60's to low 70's. Est needs: 1034-1182 (35-40kcal/ml fl/kg), 38-47 (1.3-1.6g pro/kg) Diet: NAS, Regular texture, thin liquids ~2200kcal/110g pro/2L fl (dietary/nursing – meeting estimated needs if consumed. Previously	S9999		

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S9999	see below	S9999		

Continued from page 7

received Megestrol 10/18/24. Recorded intake varies 0-100% - appetite mostly fair, 51-75%. May benefit from adding nutritional supplement to increase energy intake and improve weight/nutritional status. Diet appropriate and meeting estimated needs if consumed with current appetite. Unintended weight loss related to energy intake as evidence by significant weight loss x 1 month. PLAN. Recommend ready care three times a day.

According to the center for disease control, body max index (BMI) underweight is less than 18.5. NO VIOLATION

3 of 3:

300.615e)

300.615f)

These requirements were not met as evidenced by:

Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information

e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)

f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to follow their Identified Offender Policy and Procedure by not initiating resident’s criminal history checks within twenty-four hours of admission for 3 of 5 (R28, R38 and R55) residents reviewed. This failure has the potential to affect all 104 residents

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S9999	Continued from page 8 abuse. Findings Include: R28 was admitted to the facility on 8/14/25. R28's criminal history checks were conducted on 8/22/25. R38 was admitted to the facility on 8/18/25. R38's criminal history checks were conducted on 8/22/25. R85 was admitted to the facility on 8/08/25. R85's criminal history checks were conducted on 8/22/25. On 9/12/2025 at 9:46am, V16 (assistant administrator) said, resident's background checks should be done within twenty-four hours of admission. V16 said, she was responsible to getting the CHRIPS completed. V16 said, she was having problems with the system. V16 was asked to submit correspondents with her contact about the system not working for submission. V16 failed to submit any correspondents to document the problems of entering, R28, R38 and R85 resident into the computer system to complete their CHRIP during this survey. Facility abuse policy no date documents: Conduct a Criminal History Background Check according to the Facility Identified Offender Policy and Procedure. Identified Offender Policy and Procedure no date documents: Conduct a criminal history background check within 24 hours of admission. (C)	S9999		