Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055087	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUSTIN OASIS, THE	**901 SOUTH AUSTIN BLVD , CHICAGO, Illinois, 60644**

(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) COMPLETION DATE
S0000	Initial Comments Complaint Investigation 25810387/2651815	S0000		11/12/2025
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.3210t) 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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.	S9999		11/12/2025

Office of Primary Care and Health Systems Management

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

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S9999	Continued from page 1 These requirements were not met as evidenced by: Based on interview and record review, the facility failed to ensure that residents are free from abuse for two of four residents (R2, R4) reviewed for abuse in the sample of eight. This failure resulted in R2 requiring antibiotics for treatment of a bite to R2's hand. Findings include: R2's face sheet documents R2 is a 42-year-old admitted to the facility on 10.31.2024, with diagnoses including but not limited to: Unspecified psychosis, Hallucinations, Parkinsonism, and Anxiety disorder. R2's MDS (Minimum Data Set of 8.13.2025) documents a BIMS (Brief Interview for Mental Status) of "15" denoting R2 is cognitively intact. R4's face sheet documents R4 is a 55 -year-old admitted to the facility on 7.2.2025, with diagnoses including but not limited to: Type 2 diabetes Mellitus, Cerebral infarction, Acute kidney failure, and Opioid use. R4's MDS (Minimum Data Set of 9.18.2025) documents a BIMS (Brief Interview for Mental Status) of "15" denoting R4 is cognitively intact. Final Incident Investigation Report (10.24.2025) documents in in part: On 10.18.2025, the facility administration was notified by facility nurse that residents (R2) and (R4) were involved in an altercation in the elevator "that verbally challenged her reasoning". Both residents had minor injuries in reference to the altercation. (R4) was interviewed and stated that (R2) refused to allow another resident on the elevator. (R4) stated that (R2) became angry and attacked him. (R4) stated that he only fought back to defend himself. (R2) was interviewed and stated that after she told a waiting resident to wait until the next elevator, (R4) hit her. (R7) was in the elevator at the time of the incident and corroborated (R2's) account of the incident. (R6) was also in the elevator at the time of the incident and corroborated (R4's) account of the incident. On 10.25.2025, at 11:45 AM, R4 said R2 told another resident that they could not get on the elevator. I told R2, "you can't do that", then (R2) hit me and I retaliated. On 10.25.2025, at 2:14 PM, R7 said R2 told another resident they couldn't get on the elevator. R4 told R2,"you can't do that". R7 then hit and choked R2.	S9999		

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S9999	Continued from page 2 On 10.25.2025, at 3:30 PM, V7 (RN-Registered Nurse) said Social Service told me R2 is fighting with a man. I got between them (R2 and R4). R4 said R2 wouldn't let anyone on the elevator. I don't' recall what R2 said. I assessed them both. R2 looked like she had a bite mark on her hand, the skin was broken. I don't recall which hand. I called the on-call NP (Nurse Practitioner) and received an order for an antibiotic for R2. On 10.27.2025, at 11:08 AM, via telephone, V8 (NP) said I was told that R2 was bit by another resident and was refusing to take the antibiotic that was ordered by another provider. We all have bacteria in our mouths, any break in the skin can increase the risk for infection. The antibiotic was to prevent an infection. I gave an order for a topical antibiotic ointment. R2 was not in the facility during the investigation. On 10.18.2025, at 11:28 PM, Nursing Progress Note documents in part, Resident stated that she was involved in an altercation on the elevator with another resident. The residents were separated and the peer was moved to another floor. On 10.22.2025, at 6:16 PM, Nursing Progress Note documents in part, Resident seen this evening by infection control NP (V8). NP notified of resident's refusal to take Amoxicillin-Pot Clavulanate Oral Tablet 875-125 MG (milligrams). New order for Triple Antibiotic External Ointment to be applied topically to right hand and leave out to air BID (twice daily) x 5 days, order carried out as ordered. Abuse Prevention Program Facility Policy (undated) documents in part: This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of property, corporal punishment, and involuntary seclusion. Abuse: Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Physical abuse is the infliction of injury on a resident that oc curs other than by accidental means and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment. (B)	S9999		