

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145927	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER PRAIRIE OASIS		STREET ADDRESS, CITY, STATE, ZIP 16000 SOUTH WABASH SOUTH HOLLAND, IL 60473	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to notify resident representative of a change/decline in condition for one (R4) of four residents in a sample of 17 reviewed for change in condition. Findings include: R4 is an [AGE] year old, male, originally admitted in the facility on 01/13/14 with [DIAGNOSES REDACTED]. In a review of R4's progress notes dated 04/10/20, the following were documented: labs (laboratory) called in with new order for D5W ([MEDICATION NAME] 5% in water) at 80 milliliters per hour for two liters. Noted temperature of 99.4 degrees Fahrenheit, PRN (when needed) medications given with some progress. There was no documentation that V18 (Family) or representative was notified regarding R4's condition. Progress notes dated 04/13/20 time stamped 1:41 PM documented: (R4) noted to have poor appetite at breakfast and lunch. Assistance was given, will continue to monitor and encourage fluids. No documentation indicating that V18 (Family) or representative was notified regarding his (R4) condition. 08/13/20 at 9:25 AM, V20 (Licensed Practical Nurse, LPN) was interviewed regarding the progress notes she wrote on 04/10/20 regarding R4's condition. V20 stated, I cannot remember if I notified V18. I just walked in that day and I just picked up the endorsement for a follow-up. I just notified V21 (Physician) about his (R4) laboratory results and she (V21) ordered intravenous fluids. V2 (Director of Nursing) was asked regarding notification of family members or representatives during change in condition. She stated, Any change in condition, family and physicians should be notified and it should be documented in the progress notes. On his (R4) 04/10/20 progress notes, V18 should be notified. I can't say that family was notified because it was not documented. On his 04/13/20 progress notes, usually, yes we notify family, but nurse probably was monitoring resident before calling family. Again, it was not documented. Facility's policy titled CHANGE IN CONDITION PHYSICIAN NOTIFICATION OVERVIEW GUIDELINES dated 4/14 documented in part but not limited to the following: These guidelines were developed to ensure that: 2. Medical care non-emergency problems are communicated to the attending physician and family in a timely, concise, and thorough manner (generally with twenty-four (24) hours or sooner). 3. Medical care emergency problems are communicated to attending physician and family immediately (generally within two (2) hours or sooner). NURSING DOCUMENTATION F. Responsible Party is to be notified of change in condition.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.