

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001051</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/09/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALTA REHAB AT FAIRMONT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5061 NORTH PULASKI ROAD CHICAGO, IL 60630</b>
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S 000	Initial Comments	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations 1 of 3 300.2210b)3)4)5)6)</p> <p>Section 300.2210 Maintenance</p> <p>b) Each facility shall:</p> <p>3) Maintain all electrical cords and appliances in a safe and functioning condition.</p> <p>4) Maintain the interior and exterior finishes of the building as needed to keep it attractive and clean and safe (painting, washing, and other types of maintenance).</p> <p>5) Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition.</p> <p>6) Maintain the grounds and other buildings on the grounds in a safe, sanitary, and presentable condition.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observations and interview the facility failed to provide safe, sanitary, and comfortable environment on a room that has prior incident of electrical burning due to urine contact with electricity for 1 out of 1 resident (R15) reviewed for physical structure. These failures has the tendency to reoccur that concerns safety and comfort of resident (R15) when left without proper</p>	S9999		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE  
04/24/24

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S9999	<p>Continued From page 1</p> <p>precautions.</p> <p>Findings include:</p> <p>On 4/2/2024 at 12:19 PM inside Room 8 where R15 was seen. Left side of R15's bed near the corner wall was a black colored similar to electrical burn, walls with chip paint and smell of urine. On 4/2/2024 at 3:20 PM V18 (Maintenance Director) stated that urinal of R15 spilled causing a pool of urine, got to the extension cord that connects with television cord causing an electrical reaction. Because of that incident R15's television was replaced. The next day, 4/3/2024 at 1:25 PM V18 stated that to prevent similar incident from happening, R15 was instructed to put the urinal on the other side. At R15's room with V18 two unmarked urinals inside a pinkish-brown plastic container is at the place near electrical burn and an extension cord hanging. V18 stated this should not be here and transferred the container on the other side of the bed. V18 said, "R15 was instructed to place urinal on the other side of the bed." V18 explained that he will follow up with this concern.</p> <p>After request for policy or procedure in maintaining resident's room safe, sanitary, and comfortable environment. V1 (Administrator) verified that facility does not have a policy related to or similar to what was requested.</p> <p>(B)</p> <p>Section 300.2210b)7)8)</p> <p>7) Maintain the grounds free from refuse, litter, insect, and rodent breeding areas.</p> <p>8) The building and grounds shall be kept</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>free of any possible infestations of insects and rodents by eliminating sites of breeding and harborage inside and outside the building, eliminating sites of entry into the building with screens of not less than 16 mesh screens to the inch and repair of any breaks in construction.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observations, interviews, and review of records the facility failed to follow pest control policy and establish effective pest control program in conducting pest control prevention on a regular and as needed basis. These failures may affect residents being free from pest concerns.</p> <p>Findings include:</p> <p>On 4/2/24 at 10:41 AM, at Room 12 where R10 and R11 were seen. R10 stated that she saw roaches from time to time. And that it was near the sink near R11 is located. At the cabinet under the sink on the right side beside R11's bed upon opening the door there is a small roach seen. On 4/2/2024 at 2:23 PM with V16 (Assistant Housekeeping Director) on the same closet after opening the door and lifting pinkish-brown plastic container, there were 4 small roaches seen. V16 stated that it needs to be address and informed housekeeping staff at the hallway to address the problem. V18 (Director of Maintenance) made aware.</p> <p>On 4/3/2024 at 1:08 PM, per V18 he only respond to if there are complaint by the resident. There is no report or documentation on what the facility was doing on a regular basis to prevent pest infestation. V18 presented pest problem</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>documentation that in different areas multiple sightings of pest that includes roaches, ants, mice, and bed bugs with inclusive date from 1/25/2024 to 3/30/2024. On the same document from 1/25/2024 to 2/19/2024 are addressed, from 3/2/2024 to 3/30/2024 with 15 different areas with pest concerns were not address.</p> <p>On 4/3/24 at 1:51 PM, with V18 at Room 36 where R12 was seen on bed. R12 said there were many ants found on the floor and near the other side of the bed. V18 said that he will inspect and make sure that ants pest problem will be address.</p> <p>Pest Control policy dated 9/1/2022, reads:</p> <p>The pest control program will be conducted on a regular and as needed basis. (C)</p> <p>300.2230a)2)D). Section 300.2230 Laundry Services</p> <p>a) Every facility shall have an effective means of supplying an adequate amount of clean linen for operation, either through an in-house laundry or a contract with an outside service.</p> <p>2) If an in-house laundry service is provided then the following conditions shall exist:</p> <p>D) Clean linen shall be protected from contamination during handling, transport and storage.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observations and interviews the facility</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>failed to maintain linen free from contamination during folding by overloading large plastic bins and long linen touching the floor per policy. These deficient practices may lead to contamination of linen used by residents in the facility.</p> <p>Findings include:</p> <p>4/2/2024 at 2:47 PM, with V16 (Assistant Housekeeping Supervisor) inside laundry area went in the folding area where clean linens were being folded. V16 said, "We have a folding area where we fold clean linens." On that folding area there was a large plastic bin overflowing with linen touching the side of the bin. V16 stated it should not be overflowing it should be inside the bin. Because the outside of the bin is not sanitized. During conversation with V16, laundry staff (V17) was folding linen while standing those linens being folded was touching the floor. V16 was made aware and instructed V17 to fold linen properly. At that time V18 (Maintenance Director) was present and was stated that it should not happened. Linen should not touch the floor and should not touch unclean surface. Those linen that are contaminated may contaminate other clean linens.</p> <p>Facility policy on Laundry Services, Handling Clean Linen dated 5/3/2023, reads: Clean linen is protected from contamination for handling, transport, and storage. Proper aseptic technique in the handling of linens and personal clothing. Folding Room Procedure The purpose is to provide a clean environment for handling clean linen for folding. - Clean linen must not touch the floor.</p> <p>CDC Centers for Disease Control and Prevention</p>	S9999		

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S9999	Continued From page 5  dated 5/4/2023 Appendix D - Linen and Laundry Management, reads: Best practices for management of clean linen - Sort, package, transport, and store clean linens in a manner that prevents risk of contamination by dust, debris, soiled linens, or other soiled items.  (AW)	S9999		