STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058552	(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
ALTA REHAB AT FAIRMONT	5061 NORTH PULASKI ROAD , CHICAGO, Illinois, 60630

(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 Annual Licensure Survey	S0000		09/12/2025
S9999	Final Observations Statement of Licensure Violations 1 of 2 300.610a) 300.615e) 300.615f) 300.615g) 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 300.615 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	S9999		09/12/2025

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

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S9999	Continued from page 1 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. g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check. This requirement was NOT MET as evidenced by: Based on interview and record review, the facility failed to check the CHIRP (Criminal History Information Response Process) within 24 hours of admission for one (R16) out of five residents reviewed for Identified Offender Protocol. Findings include: On 9/9/25 at 1:12 PM, V4 (Admission Director) stated resident's background check including CHIRP are run prior to residents' admission. V4 stated if CHIRP will show "HIT", fingerprinting is scheduled within 72 hours. R16's CHIRP was checked on 2/28/24. R16 was discharged from the facility. A review of R16's records showed R16 was newly admitted again an admission date of 8/12/25, with no record of a new CHIRP. The facility's "Admission of Identified Offender-ILLINOIS" policy dated 1/24/18 documents in part: Facility must review screenings and all supporting documentation to determine if the placement	S9999		

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S9999	Continued from page 2 is appropriate. (C) 2 of 2 300.610a) 300.1025 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 300.1025 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease A TB screening test shall be used when screening persons for latent TB infection (LTBI). Persons who have signs and symptoms of active TB disease or a positive TB screening test result shall complete a diagnostic evaluation for active TB disease in accordance with the Centers for Disease Control and Prevention (CDC) guidelines, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection and Guidelines for Health-Care Settings. a) Screening for Latent TB Infection 1) Persons who are contacts to suspected or confirmed cases of active TB disease shall be evaluated in accordance with the CDC Guidelines for the Investigation of Contacts. 2) Workers and clients at health care settings and other residential settings serving high-risk groups shall be screened in accordance with this subsection	S9999		

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S9999	Continued from page 3 (a)(2) and the following CDC guidelines: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection; Guidelines for Health-Care Settings; Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC. C) All clients in non-acute care residential health care settings serving high-risk groups shall obtain an entry TB screening according to the healthcare facility written protocol. Routine periodic screening shall be determined by completing a Department approved a risk assessment tool performed in cooperation with the local TB control authority. The TB Risk Assessment Form is available on the Department's website at https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/tuberculosis-risk-assessment.pdf. This requirement was NOT MET as evidenced by: Based on interview and record review the facility failed to follow their policy and procedures for TB (tuberculosis) testing for five (R3, R8, R13, R99, and R137) residents out of five residents reviewed for immunizations in a total sample of 29. Findings include: 09/09/2025 at 3:01 PM, V2 (Director of Nursing) stated that TB (tuberculosis) assessments are conducted upon admission and nurses are supposed to administer two step TB test unless the resident had the TB two step test done in the past three months and validated. With V2, reviewed R3, R8, R13, R99, and R137 immunization records. No record documented regarding TB (Tuberculosis) testing. V2 stated that TB two step test is part of the batch order set that is automatically approved to order by the physician. V2 stated that the residents have the right to refuse but it should be documented in the resident's file. V2 said that per facility's policy, residents should have the TB two step testing done upon admission or within three months unless contraindicated or have record of having it done. On 09/11/2025 at 9:45 AM, V2 stated we searched in the residents' electronic medical records and cannot find any record that R3, R8, R13, R99, and R137 received TB two step testing. R3's current face sheet documents that R3 was admitted to the facility on 07/06/2022. R8's current face sheet documents that R8 was admitted to the facility on 03/13/2025.	S9999		

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S9999	Continued from page 4 R13's current face sheet documents that R13 was admitted to the facility on 11/16/2018. R99's current face sheet documents that R99 was admitted to the facility on 03/20/2025. R137's current face sheet documents that R137 was admitted to the facility on 12/07/2020. Facility document dated 04/22/22 documents in part TB testing- resident. To reduce exposure and transmission of tuberculosis in the facility by performing screening of residents and prompt initiation of TB protocol and/or treatment. A tuberculin skin test must be completed within three months prior to admission or upon admission unless there is documentation of a previous positive TB test. (B)	S9999		