

Illinois State Department of Health

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 04/06/2026	
NAME OF PROVIDER OR SUPPLIER ALTA REHAB AT FAIRMONT				STREET ADDRESS, CITY, STATE, ZIP CODE 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		S0000				
	Complaint Investigations: 2682998/2801719						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.610a)						
	300.1210b)						
	300.1210c)						
	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. Restorative measures shall include, at a minimum, the following procedures:						
	c) Each direct care-giving staff shall review and be						

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 knowledgeable about his or her residents' respective resident care plan. These Requirements were not met evidenced by: Based on observations, interviews and record review, the facility failed to ensure that one dependent resident (R10) received timely incontinence care. The facility also failed to timely provide activities of daily living (ADL) care to ensure that two residents (R1 and R3) did not have excessive facial hair and/ or debris in beard. These failures have affected three (R1, R3, R10) of four residents reviewed for quality of care which resulted in R10 experiencing psychosocial harm becoming tearful and expressing her feelings of upset and frustration for delayed incontinence care. Findings include: A. On 4/1/26 at 10:45 am, R10 observed in bed and was upset and tearful. R10 stated the following, "I (R10) need to bed changed. I had a bowel movement, and I don't remember the last time that I was changed. It makes me upset when I have to wait so long just to be changed. It's not right. There are times that I've ripped off my brief because I have to wait so long to have it changed. I don't want to get bed sores. Sometimes I want to leave this place." At that time, V9 (RN/ Registered Nurse) stated that she would inform V10 (CNA/ Certified Nurse Assistant) to come and clean R10 once she (V10) is done helping another resident. On 4/1/26 at 11:40 am, V10 entered R10's room to clean her (R10) and stated the following to R10, "I (V10) was with another resident. I apologize for the delay." On 4/1/26 at 12:05 pm, V10 stated that she had informed V2 (DON/ Director of Nursing) that she (V10) needed help with team two residents and was told by V2 that there was nothing that she (V2) could do." R10 is 75 year old with diagnosis including but not limited to: Adult failure to thrive, hypotension, type 2 diabetes mellitus with hyperglycemia, Atherosclerotic heart disease of native coronary artery without angina pectoris and iron deficiency anemia. R10's Functional Abilities assessment (Section GG)		S9999				

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S9999	Continued from page 2 dated 3/18/26 documents, R10 is dependent on staff for toileting hygiene. R10 has a BIMS (Brief Interview of Mental Status) score of 8, which indicates moderately impaired cognition. B. On 3/31/26 at 4:00 pm, R1 was observed lying in bed with his eyes closed and filled with a wet, green substance. R1 had a full beard and mustache with hair covering his mouth, also with debris in his beard and mustache. V6 (RN/ Registered Nurse) stated the following, "It looks like food in his (R1's) beard. I told the ADON (Assistant Director of Nursing) that he needs a shave." R1 is a 64 year old with diagnosis including but not limited to: Other reduced mobility, aphasia, abnormalities of gait and mobility, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. R1's Functional Abilities assessment (Section GG) dated 2/6/26 documents, R1 is dependent on staff for all personal hygiene (including shaving). C. On 4/1/26 at 10:47 am, R3 was lying in bed and observed with facial hair above her lips, below her lips and on her chin. R3 was asked if she wanted to be shaved and replied, "Yes, I look ugly." On 4/1/26 at 10:47 am, V9 (RN) stated the following, "I would say that her (R3's) facial hair is unkempt. She definitely needs to be shaved." R3 is a 78 year old with diagnosis including but not limited to malignant neoplasm of endometrium, other reduced mobility, aphasia following cerebral infarction, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. R3's MDS (Minimum Data Set) dated 2/10/26 documents R3 has a BIMS (Brief Interview of Mental Status) score of 15, which indicates cognitively intact. R3's Care Plan documents the following: R3 has an ADL (Activities of Daily Living) self-care/mobility performance deficit. On 4/1/26 at 1:53 pm, V8 (ADON/ Assistant Director of Nursing) stated the following, "It is not acceptable for a resident to wait one hour to be changed. This is how residents develop infections such as UTIs (urinary		S9999				

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S9999	Continued from page 3 tract infections) and skin breakdown. I would say that a resident shouldn't wait no more than 10-15 minutes to be changed. The CNA is usually caring for another resident." On 4/2/26 at 1:30 pm, V16 (FNP/ Family Nurse Practitioner) stated the following, "If an incontinent resident that wears a brief has a bowel movement in their brief, some possible effects of not cleaning the resident within an hour could be: Skin rashes, UTI, skin and breakdown. Also, the patient could be affected mentally because they cannot do for themselves. Women residents with facial hair (beard and mustache) can be affected as well if they are alert and oriented." Facility policy titled Bathing (1/31/18) documents the following purpose, to ensure residents' cleanliness to maintain proper hygiene and dignity. Facility policy titled Incontinence Care (4/20/21) documents the following purpose, to prevent excoriation and skin breakdown, discomfort and maintain dignity. Facility policy titled Shaving Male and Female Residents (undated) documents the following purpose, to provide cleanliness, comfort and improved morale. B		S9999				