

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Alta Rehab at Oak Brook		STREET ADDRESS, CITY, STATE, ZIP CODE 2013 Midwest Road Oak Brook, IL 60521	

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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32935</p> <p>Based on observation, interview, and record review, the facility failed to implement strategies and equipment to prevent pressure injury.</p> <p>This applies to 1 resident (R2) of 3 residents observed for prevention and treatment of pressure injury.</p> <p>According to the MDS (minimum data set) for R2, R2 was admitted to the facility January 9, 2024 with advanced dementia and requires moderate assistance with bed mobility and substantial assistance with all transfers.</p> <p>The facility provided records of R2's pressure injuries which shows R2 has a pressure injury to the left heel, diagnosed on [DATE]. The wound is described as unstageable.</p> <p>The wound assessment performed by the Wound Doctor, dated April 10, 2024, shows the wound as worsening.</p> <p>The wound assessment performed by the Wound Doctor, dated April 17, 2024, shows the wound as improving.</p> <p>On April 17, 2024 at 11:30am, R2 was in the dining room eating lunch. After lunch was finished, R2 was assisted to bed and was in bed at 1:00pm. R2 was positioned on turned to the right side, supine. R2 had no heel floating boots on while in bed.</p> <p>On April 17, 2024 at 1:00pm, an intermittent observation of R2 was commenced. Every 15 minutes between 1:00pm and 3:05pm, R2 was observed in the same position and without heel floating boots. During this period, no staff entered R2's room with heel floating boots.</p> <p>On April 17, 2024 at 3:00pm, V7 (RN - Registered Nurse) checked R2 for the heel float boots and showed there were none.</p> <p>On April 17, 2024 at 3:00pm, V7 stated the heel float boots should be on the resident in bed. V2 searched the room and was not able to locate the boots.</p> <p>On April 17, 2024, V5 (Wound care Nurse) stated the heel float boots should be on the resident - without them the wound will likely get worse.</p> <p>(continued on next page)</p>

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Alta Rehab at Oak Brook		STREET ADDRESS, CITY, STATE, ZIP CODE 2013 Midwest Road Oak Brook, IL 60521	
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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The POS (physician's order sheet) for R2 includes the Doctor's order with a start date of February 12, 2024 that says: Apply off loading boots: while in bed every shift.</p>		