

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 11/06/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34410</p> <p>Based on observation, interview, and record review, the facility failed to provide feeding assistance and timely incontinent care to dependent residents.</p> <p>This applies to 2 of 4 residents (R1 and R4) reviewed for activities of daily living (ADL) care in a sample of 4.</p> <p>The Findings Include:</p> <p>1. R1 is a [AGE] year-old male admitted on [DATE] with an admitting diagnosis, including cervical spine myelopathy. The MDS (Minimum Data Set) assessment dated [DATE] documents that R1 has intact cognition. R1's Physician Order Sheet (POS) dated 10/17/24 documented that R1 is on a regular, thin-liquid diet, with one to one feeding.</p> <p>On 10/31/24 at 8:45 AM, R1 stated, I need feeding assistance; they just started feeding me yesterday. Before, I was like a dog, putting my face on a plate to eat what I could get like a dog. I don't have a good grip on my hand. My condition deteriorated from cervical myelopathy.</p> <p>On 10/31/24 at 11:10 AM, V3 (Certified Nursing Assistant/CNA) stated, If a resident is a feeder, it should be on the diet card. Nothing on the dietary card says R1 is a 1:1 feeder.</p> <p>On 10/31/24 at 11:20 AM, V7 (CNA) confirmed during interview that R1 was not noted to be one to one feeding. V7 stated, R1 was not on 1:1 feed as per the dietary card. I didn't know about the 1:1 feed order from MD.</p> <p>On 11/1/24 at 2:00 PM, V11 (Dietary Manager) stated that he would review the chart to see the diet order when they had a new admission. V11 added that he didn't notice the 1:1 feed instruction, which is why it wasn't showing up on the dietary card.</p> <p>On 10/31/24 at 2:05 PM, V5 (Nurse Practitioner/NP) stated that R1 said his hands were weak and it was difficult for him to eat independently. V5 ordered a 1:1 feed. V5 continued that R1 has cervical myelopathy, which causes his arm weakness, so he should get a 1:1 feed.</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
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/31/24 at 2:15 PM, V6 (Occupational Therapist) stated that R1 was complaining of arm weakness and couldn't eat by himself, so V6 recommended adaptive equipment for his feeding. V6 continued that R1 was unable to eat with his adaptive equipment, so the Physician (MD) ordered a 1:1 feed on 10/17/24.</p> <p>On 10/31/24 at 2:50 PM, V2 (Director of Nursing /DON) stated, The staff should have followed the 1:1 feed order from the physician (MD) on 10/17/24 to feed R1. The dietary card should have reflected 1:1 feed for R1.</p> <p>2. R4 is a [AGE] year-old female admitted on [DATE]. The Minimum Data Set (MDS) dated [DATE] indicates that her cognition is intact. The MDS also indicates R4 was dependent on two people assist for toileting hygiene and rolling in bed from left and right.</p> <p>On 10/31/24 at 2:10 PM, R4 was observed slid to the bottom of the bed (approximately 18 inches from the headboard, and feet two inches from footboard), and R4 stated, I have to eat like a turtle; they are not pulling me up. They treat me like a dead fish (sobbing). They don't have enough people and would say I am on the bed close to the headboard and don't need to be pulled up. They just changed me at around 2:00 PM. The last time they changed me was 3:00 PM yesterday. Even though, the night CNA checked on me at 4:00 AM, I was dry that time. When I put the call light on, the CNA supervisor will answer it and turn it off, saying she will let my CNA know I need a diaper change. But nobody won't show up for hours, and care is delayed.</p> <p>On 11/1/24 at 10:23 AM, R4 was observed again in her bariatric bed and slid down to the bottom.</p> <p>On 11/1/24 at 10:23 AM, R4 stated, Look, I am like a turtle. Nobody pulled me up today. I called at 3:00 AM to be changed, and they changed me at 4:45 AM. I wrote down the timings in my book. I have a working clock in my room to know the time. I am going to put the call light on now as I need to be changed now. Wait and see how they are going to respond. At 10:25 AM, R4 triggered call light to receive incontinence care.</p> <p>On 11/1/24 at 10:30 AM, V12 (Wound Care Nurse) entered R1's room to answer the call light and turned it off. V12 told R1 the CNA was on break and she would let the CNA know R1 needed a brief change.</p> <p>On 11/1/24 at 10:40 AM, V13 (R4's assigned CNA) entered the room and told R4 she was on break and would return in a little while with V12 (Wound Care Nurse) to do wound care and brief change together.</p> <p>On 11/1/24 at 10:50 AM, V12 and V13 were observed providing incontinent care to R4. R4 had a urine-soaked brief with urine-stained linen.</p> <p>On 11/1/24 at 1:10 PM, V2 stated that the staff should have offered incontinent care without delay when R1 requested it.</p> <p>A review of R4's Activities of Daily Living (ADL) care plan document: Assist with personal hygiene as needed, including oral/dental care; Assist with repositioning in bed.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility presented revised incontinent care guidelines in a document dated 4/20/21: Incontinent residents will be checked periodically, approximately every two hours, in accordance with the assessed incontinent episodes and provided perineal and genital care after each episode.</p>		