

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 11/26/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33330</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was transferred with two people while using a mechanical lift as shown in the facility's policy.</p> <p>This applies to 1 of 3 residents (R1) reviewed for falls in the sample of 5.</p> <p>The findings include:</p> <p>On November 25, 2024 at 9:01 AM, R1 was sitting in the dining room in a high back wheelchair. R1 was unable to answer questions due to her cognitive status.</p> <p>On November 25, 2024 at 10:28 AM, R1 was transferred to her bed from the high back wheelchair using a mechanical lift. V8 (CNA-Certified Nursing Assistant) provided incontinence care to R1. As V8 removed R1's pants, a four-by-four-inch dressing was visible on R1's left shin. The date 11/24 was written on the dressing. The dressing was dry and intact. No bruising was noted.</p> <p>The EMR (Electronic Medical Record) shows R1 was admitted to the facility on [DATE]. R1 has multiple diagnoses including, senile brain degeneration, dementia with agitation, depressive episodes, dysphagia, hypertension, and restlessness and agitation.</p> <p>R1's MDS (Minimum Data Set) dated October 16, 2024 shows R1 has severe cognitive impairment, requires substantial/maximal assistance with eating, personal hygiene, and bed mobility, and is dependent on facility staff for transfers between surfaces, lower body dressing, showering, toilet hygiene, and oral hygiene. R1 is always incontinent of bowel and bladder.</p> <p>R1's mechanical lift care plan, initiated on March 16, 2024, and revised on May 17, 2024 shows multiple interventions. The goal of the mechanical lift transfer care plan, also initiated on March 16, 2024 shows: I will be able to transfer with the use of the [total body mechanical lift] safely from bed to chair and vice versa with 2-person assist. The following intervention was initiated on March 16, 2024: There will always be 2 staff to assist resident. One staff will control the lift as the other will guide resident and support back and neck to transfer surface. The following intervention was initiated on May 17, 2024: Updated room signage related to [total body mechanical lift] transfers x 2 assist.</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 11/26/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On November 3, 2024 at 2:59 AM, V7 (RN-Registered Nurse) documented R1 was being transferred using a total body mechanical lift by the CNA on November 2, 2024 at 9:00 PM. R1 slid out of the mechanical lift to the floor between the bed and the mechanical lift. V7 noticed a skin tear on R1's left lower extremity. R1 denied discomfort or pain, the skin tear was cleaned with normal saline, and a dressing was applied. R1 was assessed by facility staff and hospice nursing staff, and no further injuries were identified.</p> <p>On November 25, 2024 at 11:17 AM, V2 (DON-Director of Nursing) said, On November 2, 2024, [R1] was transferred from the chair to the bed using a [total body mechanical lift]. [V3] (Agency CNA) failed to ask another staff member to assist her. There are supposed to be two CNAs present when using a mechanical lift, but [V3] was alone. All agency staff are educated on our transfer protocols. She was trying to get [R1] back into bed as quickly as possible. There was an issue where the sling came unhooked on one side and [R1] fell from the sling onto the floor and sustained a skin tear to her shin. V2 continued to say R1 did not sustain any other injury following the fall from the mechanical lift.</p> <p>The facility's policy entitled, Transfers - Manual Gait Belt and Mechanical Lifts revised 1-19-18 shows: Purpose: In order to protect the safety and well-being of the staff and residents, and to promote quality care, this facility will use mechanical lift devices for the lifting and movement of residents. Guidelines: 1. Mechanical lifting devices shall be used for any resident needing a two person assist, or who cannot be transferred comfortably and/or safely by normal transfer technique. Except during emergency situations or unavoidable circumstances, manual lifting is not permitted.5. The transferring needs of residents will be assessed on an ongoing basis and designated into one of the following categories: 0 = Independent. 1 = 1 person transfer. 2 = 2 person transfer with gait belt (only when use of mechanical lift is not possible). SS = sit-to-stand lift with 2 caregivers. H = Mechanical lift [total body mechanical lift] with 2 caregivers.8. Failure to comply with the lifting guidelines may result in disciplinary action as deemed appropriate.</p>		