

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 01/14/2026
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to inform a resident's Healthcare Power of Attorney of the provision of atypical care requests. This applies to 1 of 3 residents (R1) reviewed for resident rights in a sample of 5. The findings include: MDS, dated [DATE], shows R1's cognition was severely impaired. Grievance dated 12/29/25 shows V4 (Healthcare Power of Attorney) expressed concern that R1's pubic hair was shaved by a facility CNA (Certified Nursing Assistant) without permission. The grievance resolution shows education to staff was provided regarding notifying resident power of attorney of special requests that do not fall within standards listed in facility policy. On 1/14/26 at 11:53 PM, V4 (Family - Healthcare Power of Attorney) stated she never gave the facility staff permission to shave R1's pubic hair. On 1/13/26 at 10:53 AM with V2 (Director of Nursing) and V17 (Restorative), R1's pubic area was examined, appeared to have been recently shaved, and showed approximately 1/4 inch outgrowth of hair. R1 was asked if she was aware her pubic area was shaved and R1 nodded yes and stated yes. R1 was then asked if she wanted to have been shaved and R1 shook her head and said no. On 1/13/26 at 9:45 AM, V2 (Director of Nursing) stated she was informed by V4 (Family - Healthcare Power of Attorney) that R1's pubic hair was shaved without V4's permission while residing in the facility. V2 stated V4 informed V2 that shaving R1's pubic area was a dignity issue and staff should not have shaved her mother without permission. V2 stated she told V4 that V7 (Family) requested that R1's pubic area was shaved in the past. V4 responded that if R1's pubic hair needed to be trimmed, V4 would trim it herself with scissors she had in R1's dresser drawer. On 1/13/26 at 10:19 AM, V5 (CNA - Certified Nursing Assistant) stated V7 (Family) was visiting R1 and told V5 she wanted her mother nice and clean and requested that V5 shave R1's pubic hair. V5 stated V7 made the request before but supplies were not available at the times of requests. V5 stated she left R1's room to look for razors, found razors, returned to the room, told V7 she found razors, and V7 replied, Oh, good! V5 stated V7 left R1's room and V5 proceeded to shave R1's pubic area, change her incontinence brief, then transferred R1 to her wheelchair and dressed R1 before V7 returned to the room. On 1/13/26 at 12:40 PM, V11 (CNA) stated she was in the room with V5 and assisted V5 in shaving R1's pubic hair. V11 stated it was clear that V7 requested R1's pubic hair be shaved. On 1/13/26 at 1:45 PM, V7 denied she ever asked staff to shave R1's pubic hair. V7 stated she was aware that all care decisions needed V4 to be asked because V4 was the decision maker and Healthcare Power of Attorney for R1's care. V7 stated she had no right to give permission to staff to shave R1's pubic hair. On 1/13/26 at 2:07 PM, V12 (LPN - Licensed Practical Nurse) stated she was not aware of V4 ever asking/approving staff to shave R1's pubic hair but V7 did ask V12 to shave R1's pubic hair in the past. On 1/14/26, V2 and V14 (Regional [NAME] President of Operations) stated staff were expected to check with residents' healthcare power of attorney prior to providing any care that families request. V2 and V14 stated any special care requests outside of typical services should be discussed with the resident's</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>healthcare power of attorney and V2 prior to delivering the care request. Resident Rights document, reviewed/approved 1/4/19, shows, Purpose: To promote the exercise of rights for each resident, including any who face barriers (such as communication problems, hearing problems, and cognition limits) in the exercise of these rights. A resident, even though determined to be incompetent, should be able to assert these rights based on his or her degree of capability. Exercising rights means that residents have autonomy and choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the facility's rules, as long as those rules do not violate a regulatory requirement.</p>		