

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145867	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Alta Rehab at Fairmont		STREET ADDRESS, CITY, STATE, ZIP CODE  5061 North Pulaski Road Chicago, IL 60630	

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 - 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45111</p> <p>Based on interview and record review, the facility failed to provide supervision, and an environment that is free from accidents and hazards for one (R1) of five residents reviewed in a total sample of four residents. This deficiency resulted in R1 falling from bed and sustaining a right femur fracture and swelling to the forehead.</p> <p>Findings include:</p> <p>R1's current face sheet documents R1 is a [AGE] year-old individual admitted to the facility on [DATE]. R1's medical conditions include but not limited to hemiplegia and hemiparesis following cerebral infarction affecting left dominant side, aphasia following cerebral infarction, other sequelae of cerebral infarction, foot drop, left foot.</p> <p>R1's MDS (Minimum Data Set) 3.0 Brief Interview for Mental Status (BIMS) dated Jun 10, 2024, documents R1 has a BIMS score of 13/15, indicating she has intact cognitive function.</p> <p>Section GG - Functional Abilities and Goals documents:</p> <p>R1 requires setup or clean-up assistance with eating/oral hygiene and is dependent with toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear, personal hygiene, roll left and right, sit to lying, lying to sitting on side of bed, chair/bed-to-chair transfer and sit to stand, toilet transfer, tub/shower transfer was not attempted due to medical condition or safety concerns. R1 has Functional limitation in range of motion, and R1 has lower/upper impairment on one side and is always incontinent of bladder and bowel and uses a wheelchair.</p> <p>On 10/10/2024, at 2:56PM, V9 (Certified Nursing Assistant-CNA) stated via phone that she had just taken care of R1 who was not able to move her body except move her the right hand but was not able to turn left to right or get out of bed by herself. V9 stated as she was getting out of the door, she heard a sound of someone falling and went back to R1's room and found R1 face down on the floor. V9 stated she had just repositioned R1 to face the window side, and R1 was not able to move by herself. V9 stated maybe she left R1 at the edge of the bed, and V9 does not know if R1 was at risk for falls.V9 said she then called for help and all staff came to the room to rescue R1. V9 stated fall risk residents have a sign on the door to let staff know who is on fall but does not know if R1 had sign on the door for risk for falls. V9 stated she worked for a few more weeks and then somebody from the facility told her she was fired.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/10/2024, at 3:32 PM, V2 (Director of Nursing-DON) said R1 was a potential for risk of falls related to limited mobility. When transferring or changing R1, there should be two staff because R1 was not able to move her body to reposition herself or assist staff with turning herself or repositioning. V2 stated V9 should not have been cleaning R1 by herself because R1 was a two person assist resident, and maybe turning and repositioning R1 alone could have contributed to R1 falling and swelling (hematoma) on the forehead. V2 stated R1 was sent to the local hospital. Later that day, V8 (Licensed Practical Nurse-LPN) called the local hospital and was informed R1 was admitted with diagnosis of right femur fracture. V2 stated the facility staff are supposed to follow residents care plans and keep the residents safe and prevent falls. V9 was in-serviced about repositioning R1 in the middle of the bed after R1 fell .</p> <p>On 10/10/2024, at 1:28 PM, V10 (Advanced Nurse Practitioner) said R1 was a new patient for her and had just started providing services to R1 and V10 further stated that the morning of 7/15/2024 when R1 fell , V10 had just seen R1 for a cough, and V10 had observed R1 in bed awake with no bruises or swellings. V10 stated she was still in the building when she received a call that R1 had fallen. V10 stated she went back to R1's room and found R1 on the floor on the right side of the bed. R1 had a large hematoma on her forehead and a small amount of blood was observed on her gums. V10 stated the large hematoma was secondary to the fall because V10 had just seen R1 that morning and R1 did not have a hematoma. V10 said after she assessed R1, she gave orders to V8 (LPN) to call 911 to transport R1 to the local hospital for further evaluation and later found out R1 was admitted to the hospital with a femur fracture on the right leg, and R1 was also on blood thinners. V10 stated R1 had left side hemiparesis (paralysis) due to a stroke. She had never seen R1 get out of bed by herself or turn or reposition herself in bed. But V10 has seen R1 eat things like popcorn by herself using the right hand. R1 might have slid out of bed if she was not positioned properly. V10 stated R1 did not complain she was in pain before the ambulance got to the facility, but R1 might have been in shock due to the fall. She was also on scheduled gabapentin 100mg (milligrams) three times a day. V10 stated she hopes staff monitor residents, so they do not fall to prevent any resident injuries. R1 should have been monitored to prevent falls.</p> <p>On 10/09/2024 at 12:25PM, V6 (Director of Rehabilitation) stated R1 was referred to therapy on 05/18/2023, for Physical Therapy/ Occupation Therapy (PT/OT) related decline in strengthen and balance, positioning and safety while seated in wheelchair. V6 stated R1's bed/wheelchair mobility evaluation/assessment was done on May 18th, 2023. The evaluation determined R1 was dependent on bed/wheelchair mobility, meaning she needed 100% assistance with bed/wheelchair mobility, and staff have to do all the work. V6 said R1's PT ended on June 14th, 2024. R1 did not show any improvement and continued to be dependent on 05/18/2024. R1 was working on bed/wheelchair mobility, but R1 was not able to turn or reposition herself and remained dependent on staff for bed/wheelchair mobility. Therefore, R1 was discharged from therapy. V6 stated for dependent residents, when positioned by staff, the resident will remain the same until repositioned again because the resident cannot move her/himself. Therefore, staff have to move the resident. V6 stated he was familiar with R1 and she could not move or reposition herself independently in bed or in wheelchair.</p> <p>(continued on next page)</p>		

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