| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145867 | A. Building<br>B. Wing | 05/29/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Alta Rehab at Fairmont | 5061 North Pulaski Road<br>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) |
|---|---|
| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45196<br><br>Based on interview, and record reviewed the facility failed to assure that a resident (R1) with a pressure ulcer received necessary treatment and services for prescribed wound care as ordered by the physician in order to promote healing. These failures affected one resident (R1) reviewed for wound care in a total sample of four residents.<br><br>Findings include:<br><br>R1 has a diagnosis which includes but not limited to: bacteremia, iron deficiency anemia secondary to blood loss chronic, other staphylococcus as the cause of disease classified, morbid (severe) obesity due to excess calories, obstructive sleep apnea adult, mucopurulent conjunctivitis bilateral, acute, and chronic respiratory failure, intramural leiomyoma of uterus, chronic kidney stage 3, and essential hypertension.<br><br>R1 has a Brief Interview for Mental Status dated 12/18/24, with a score of 15 which indicates that R1 is cognitively intact.<br><br>R1's Minimum Data Set (MDS) dated [DATE], section M indicates that R1 has unhealed pressure ulcer injuries.<br><br>(continued on next page) |

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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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 05/27/25, at 1:55 PM, V3 (Registered Nurse, RN, Wound Care Nurse,) stated that V3 recalls caring for R1 at the facility. V3 explained that R1 had a lot of wounds that healed and a lot of MASD (Moisture Associated Dermatitis) wounds to R1's skin folds. V3 recalls caring for R1's hernia to her umbilicus prior to R1's discharge from the facility. When V3 was asked regarding R1's left buttocks, bilateral buttocks, left hip, and sacral wounds at the facility, V3 stated that V3 recalls R1's wounds to left buttocks, bilateral buttocks, left hip, and sacral upon R1's readmission from 12/16/24. V3 explained that V4 (Licensed Practical Nurse, LPN, Wound Care Nurse) was responsible for carrying out R1's wound care orders on R1's physician order sheet (POS) when R1 readmitted to the facility on [DATE]. V3 then explained when a resident is readmitted to the facility, the hospital treatment orders are put in on admission by the admitting nurse or the wound care nurse. Treatment should start upon the residents admission to the facility. Surveyor and V3 reviewed R1's Treatment Administration Record (TAR) and Physician Order Sheet (POS) which did not indicate a treatment order for R1's left buttocks, left hip, and sacral wounds upon R1's readmission to the facility on [DATE]. It also showed missing signatures for R1's wound care treatment to R1's left abdomen wound for 12/13/24 and 12/18/24. V3 stated, V4 (LPN, Wound Care Nurse) took the pictures (referring to wound care pictures of R1's left buttocks, bilateral buttocks, left hip, and sacral). I'm not sure where the orders are. I'm stumped by that one. V3 stated that if a treatment order is not on the residents TAR or POS the treatment won't be performed and the residents wound can worsen or become infected. V3 further explained, When the wound doctor places new orders it is the wound coordinators responsibility to carry out the wound care orders on the residents POS. At that time there was no wound care coordinator. V3 then explained that if a treatment is not signed out indicates that the treatment was not performed. V3 further explained if a residents treatment is not performed the residents wound can worsen or become infected.<br><br>On 05/28/25, at 10:37 AM, V4 (Licensed Practical Nurse, LPN, Wound Care Nurse) stated that upon a residents admission to the facility, the admitting nurse is responsible for making sure the residents wound care orders are carried out on the Physician Order Sheet unless the wound care team assesses the resident first. V4 explained that if a resident is admitted with wound care orders that are not carried out on the residents physician order sheet the residents wounds can get infected, worsen, and the resident is at risk for further skin breakdown. V4 then stated that V4 does not know why R1's wound care orders were not carried out on the physicians order sheet when R1 was readmitted to the facility on [DATE]. V4 then explained that if R1's Treatment Administration Record (TAR) has days where there are no signatures and left blank, then it is assumed that R1's treatment was not performed. V4 further explained if a residents wound care treatment is not performed the residents wounds can be left exposed to elements, further skin breakdown, and can become contaminated.<br><br>On 05/28/25, at 11:06 AM, V5 (LPN, Wound Care Coordinator) stated that R1 had multiple wounds and that V5 recalls caring for R1's wounds once when R1 resided at the facility. V5 stated that when a resident admits to the facility, the floor nurse completes an initial skin assessment. If the resident has wounds, then the floor nurse is responsible for contacting the residents physician and initiating treatment orders for the residents wounds. V5 also explained that wound care updates the wound care orders if necessary after wound care completes their skin assessment with the resident. V5 stated if a resident who has wounds does not have wound care orders carried out the residents wounds can worsen and become infected. V5 explained if the residents treatment order is not signed out it can be assumed that the residents treatment was not done. V5 further explained if a resident has wound care orders, and the residents treatment is not performed the resident can acquire an infection.<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Surveyor and V2 (Director of Nursing/DON) reviewed R1's TAR and POS which did not indicate a treatment order for R1's left buttocks, left hip, and sacral wounds upon R1's readmission to the facility on [DATE].<br><br>R1's wound assessment dated [DATE], authored by V8 (Wound Nurse Practitioner) shows that on 12/18/24, R1 had wounds to left breast, bilateral buttocks, left buttocks, left hip, sacral and umbilicus at the facility, however no treatment orders for these areas documented on R1's Physician Order Sheet (POS).<br><br>R1's Weekly Wound assessment dated [DATE], authored by V4 (LPN, Wound Care Nurse) shows R1 had wounds to sacrum, left hip, left buttocks, bilateral buttocks, however no treatment orders for these areas documented on R1's Physician Order Sheet (POS).<br><br>R1's Physician Order Sheet (POS) dated active orders as of 12/17/24, does not show R1 with treatment orders for left buttocks, left hip, sacral, and bilateral buttocks area.<br><br>R1's Treatment Administration Record (TAR) dated 12/01/24 through 12/31/24 shows missing signatures for R1's wound care treatment to the left abdomen for 12/13/24 and 12/18/24.<br><br>R1's Care Plan dated 12/19/24, documents, in part: R1 has pressure ulcers (Left buttocks, left hip and sacrum) r/t (related to) immobility. However, no orders for R1's left buttocks, left hip and sacrum wound has orders on R1's POS.<br><br>R1's hospital record dated 12/11/24, documents in part: On assessment all present on admission: full thickness wounds: abdomen left, left buttocks, left thigh, posterior right upper leg all related to pressure injury, stage 2 pressure ulcers. Red granulation tissue. Minimal serosanguinous drainage.<br><br>The facility's document dated 12/18/24 through 12/19/24 and titled Wound Details shows that R1 had wounds to bilateral buttocks, left buttocks, left hip, and sacral area. However, there are no orders for these sites on R1's physician order sheet.<br><br>The facility's undated job description titled Wound Nurse documents, in part: Summary: the wound nurse is responsible for providing primary skin care to residents under the medical direction and supervisor of the residents' attending physician, the director of nursing, or the medical director of the facility, with emphasis on treatment and therapy of skin disorders. Essential duties and responsibilities: Identify, manage, and treat specific skin disorders and primary and secondary lesions, such as skin abrasions, foot problems such as corns and calluses, decubitus ulcers, bacterial, parasitic, and viral and infections, scaling popular diseases, and benign tumors . Implement and maintain established policies and procedures relative to skin care treatments. Interpret these to the physician, resident family members, and public as appropriate.<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The facility's undated job description titled Registered Nurse documents, in part: Summary: the RN is responsible for providing direct nursing care to the residents, and to supervise the day-to-day nursing activities performed by nursing assistants. Such supervision must be in accordance with current federal, state, and local standards, guidelines, and regulations that govern our facility, and as may be required by the director of nursing to ensure the highest degree of quality care is maintained at all times. Essential Duties and Responsibilities: Complete and file required record keeping forms/ charts upon the residence admission, transfer and or discharge. Receive and transcribe telephone orders from physician and record on the physician order form. Chart nurses notes in an informative and descriptive manner that reflects the care provided to the resident, as well as the residents response to the care period fill out and complete accident/incident reports and submit to director as required. Perform routine charting duties as required and in accordance with the established charting and documentation policies and procedures. Prepare and administer medications as ordered by the physician . Administer professional services such as catheterization, tube feeding, suction, applying and changing dressings/bandages, packs, colostomy, and drainage bags, taking blood, giving massages in range of motion exercises, etc. (etcetera) as required.<br><br>The facility's undated job description titled Licensed Practical Nurse documents, in part: Summary: the RN is responsible for providing direct nursing care to the residents, and to supervise the day-to-day nursing activities performed by nursing assistants. Such supervision must be in accordance with current federal, state, and local standards, guidelines, and regulations that govern our facility, and as may be required by the director of nursing to ensure the highest degree of quality care is maintained at all times. Essential Duties and Responsibilities: Complete and file required record keeping forms/ charts upon the residence admission, transfer and or discharge. Receive and transcribe telephone orders from physician and record on the physician order form. Chart nurses notes in an informative and descriptive manner that reflects the care provided to the resident, as well as the residents response to the care period fill out and complete accident/incident reports and submit to director as required. Perform routine charting duties as required and in accordance with the established charting and documentation policies and procedures. Prepare and administer medications as ordered by the physician . Administer professional services such as catheterization, tube feeding, suction, applying and changing dressings/bandages, packs, colostomy, and drainage bags, taking blood, giving massages in range of motion exercises, etc. (etcetera) as required.<br><br>The facility's policy dated 1/15/18 and titled Pressure Ulcer Prevention documents, in part: Purpose: To prevent and treat pressure sores/pressure injury.<br><br>The facility's policy dated 01/31/18 and titled Physician Orders-Entering and Processing documents, in part: Purpose: To provide general guidelines when receiving, entering, and confirming physicians or prescribers orders. (a prescriber is noted as physician, nurse practitioner, and a physician's assistant.). Guidelines: 6. Verbal and Telephone orders will be documented as such in the Electronic Medical Record. |