

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 03/16/2026
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow physician order for bi-level positive airway pressure (BIPAP) use and ensure continuous positive airway pressure (CPAP) / BIPAP device (mask, tubing and exhalation port) were cleaned daily. These failures affected five (R1, R2, R3, R4 and R6) of six residents reviewed for Improper nursing care. The findings include: R1's admission record or face sheet shows initial admission date on 2/13/26 with diagnoses not limited to Acute and chronic respiratory failure, Unspecified systolic (congestive) heart failure, Acute embolism and thrombosis of unspecified deep veins of right distal lower extremity, Morbid (severe) obesity with alveolar hypoventilation, Morbid (severe) obesity due to excess calories, Type 2 diabetes mellitus with unspecified complications, Body mass index [BMI] 70 or greater, Cognitive communication deficit, Other reduced mobility, Chronic kidney disease stage 2 (mild), Autistic disorder. MDS (Minimum Data Set) dated 2/16/26 shows R1's cognition was intact. On 3/15/26 At 10:52AM Observed R1 sitting up on wheelchair by his bedside with oxygen inhalation via nasal cannula at 3Lmin, alert and oriented x 3, verbally responsive. Stated he is using BIPAP at bedtime around 9-10pm. Observed bi-level positive airway pressure (BIPAP) machine at bedside. R1 stated he was admitted to the facility in February for rehab. He said the following morning after he was admitted to the facility, he passed out and was transferred to the hospital. R1 stated the BIPAP mask was not put on his face, so he passed out the following morning. He was only using O2 via nasal cannula during that night. R1 stated BIPAP machine was available at bedside, but he did not get it, or mask was not applied on him. He stated he was admitted to the hospital for 1 day and came back again to the facility to continue rehab. R1 stated he was supposed to get BIPAP machine every nighttime around 9 - 10pm. He stated the nurse was supposed to put on BIPAP mask at nighttime. R1 stated he became responsive or came back to life in the hospital. R1 stated he is using BIPAP machine for breathing. R1's admission Summary notes dated 2/13/26 show in part: R1 is bariatric weighing 486 lbs. (pounds). R1 is on BIPAP at night. V18's (Nurse Practitioner) notes dated 2/14/26 show in part: the provider received a call from the nurse on duty reporting that R1 was not waking up and his respirations had increased to 32. The provider returned to the bedside and evaluated R1. R1 was found to be requiring increased oxygen, with a respiratory rate of 34. R1 is not waking up. Given his extensive history of acute respiratory failure with recent ICU (Intensive Care Unit) admission, the decision was made to transfer R1 out for acute evaluation via 911. R1's Nurses Note dated 2/14/26 shows in part: R1 is admitted with diagnosis: acute respiratory failure. R1's Nurses Note dated 2/17/26 07:00 shows in part: LATE ENTRY - this is for 02/14/2026 0730H: 1915H - Received R1 awake in bed, saturating well at 94% in 3 lpm via nc (nasal cannula), not in respiratory distress. On 2/14/26 at 130H - placed R1 on BIPAP machine with medium size mask, saturating between 91-94%. At 0615H - Transferred R1 to nc at 3 lpm. R1 noted to be very sleepy while providing care. Rechecked spO2, noted between 89-90%. increased rate to 4 lpm and patient saturated between 94-96%. R1's physician order dated 2/13/26 shows order not limited to: BiPAP via full mask at bedtime for sleep apnea. R1's health record does not show that BIPAP machine was provided or put on at bedtime ON 2/13/26. R1's February and March MAR (Medication Administration Record), TAR (Treatment Administration Record) and progress notes do not reflect that BIPAP device (mask, tubing (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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>and exhalation port) were cleaned daily.Care plan dated 2/16/26 shows in part: R1 has altered respiratory status/difficulty breathing r/t (related to) Sleep Apnea. BiPAP via full mask with 15/5 50%.R1's hospital records dated 2/14/26 show in part: R1 with past medical history of obesity, Obstructive Sleep Apnea (OSA), Acute respiratory failure, recent pneumonia presents today with AMS (Altered Mental Status) from nursing home. R1 only opened eyes to his name and was otherwise unresponsive. Final diagnoses: Acute respiratory failure, Mobid obesity.R2's admission record or face sheet shows initial admission date on 1/3/26 with diagnoses not limited to Sepsis due to methicillin susceptible staphylococcus aureus, Obesity class 3, Body mass index [BMI] 70 or greater, Type 2 diabetes mellitus with unspecified complications, Resistance to multiple antibiotic, Epilepsy, Diabetes insipidus, Hypothalamic dysfunction, Hidradenitis suppurativa, Retention of urine, Hypothyroidism, Personal history of traumatic brain injury, Major depressive disorder, Bilateral primary osteoarthritis of knee. MDS dated [DATE] shows R2's cognition was intact.On 3/15/26 At 11:12AM Observed R2 resting in bed, alert and oriented x 3, verbally responsive. He stated he has been residing in the facility since January 2026 for therapy. Observed BiPAP machine at bedside. He stated he has been using BIPAP machine on and off since February. He stated he prefers the nasal pillow mask instead of face mask. R2 stated face mask is not really a good for him. R2's POS (Physician Order Sheet) dated 3/15/26 shows order not limited to Devices: BiPAP ON at 2100; OFF at 0700. Please assist the patient with setting up the BiPAP device each night and removing it each morning.R2's February and March MAR (Medication Administration Record), TAR (Treatment Administration Record) and progress notes do not reflect that BIPAP device (mask, tubing and exhalation port) were cleaned daily.R2's care plan dated 2/26/26 shows in part: R2 have altered respiratory status/difficulty breathing r/t Sleep Apnea. Devices: BiPAP ON at 2100; OFF at 0700. R3's admission record or face sheet shows initial admission date on 07/27/2025 with diagnoses not limited to Acute on chronic diastolic (congestive) heart failure, Essential (primary) hypertension, Radiculopathy cervical region, Morbid (severe) obesity due to excess calories, Body mass index [BMI] 70 or greater, Chronic obstructive pulmonary disease, Obstructive sleep apnea. MDS dated [DATE] shows R3's cognition was intact.On 3/15/26 At 11:27AM Observed R3 resting in bed, on moderate high back rest, with air mattress, alert and oriented x 3, verbally responsive. Observed CPAP machine at bedside. R3 said she is using her CPAP machine on and off for about a month. She said when she is using it, usually she cannot sleep, it is not comfortable. R3's POS dated 3/15/26 shows active order not limited to Auto CPAP 6-18cm H2O at bedtime for sleep apnea.R3's February and March MAR (Medication Administration Record), TAR (Treatment Administration Record) and progress notes do not reflect that CPAP device (mask, tubing and exhalation port) were cleaned daily.R3's care plan dated 10/28/25 shows in part: R3 have altered respiratory status / difficulty breathing r/t Sleep Apnea. Auto CPAP 6-18cm H2O.R4's admission record or face sheet shows initial admission date on 02/10/2026 with diagnoses not limited to Metabolic encephalopathy, Chronic obstructive pulmonary disease, Body mass index [BMI] 50.0-59.9, Morbid (severe) obesity due to excess calories, Type 2 diabetes mellitus, Anemia, Primary generalized (osteo)arthritis, Other fracture of right femur, Chronic kidney disease stage 3, Chronic atrial fibrillation, Spinal stenosis, Neuromuscular dysfunction of bladder, Chronic systolic (congestive) heart failure, Essential (primary) hypertension, Methicillin resistant staphylococcus aureus infection, Resistance to multiple antimicrobial drugs. MDS dated [DATE] shows R4's cognition was intact.On 3/15/26 At 11:36AM Observed R4 resting in bed, alert and oriented x 3, verbally responsive. Observed continuous positive airway pressure (CPAP) machine at bedside. R4 said she has been using CPAP machine at bedtime around 10pm. She said the nurse is putting the mask on her face and checking the water level. Stated she never seen any staff cleaning the device, she said the nurse would only wipe excess water on the mask, but they never cleaned it. R4 stated the device was cleaned months ago at least 2-3 months ago. She stated she did not see staff cleaning it. She said the device is supposed to be cleaned at least every week, but it has never been done. R4's POS dated 3/15/26 shows active order not limited to: CPAP via (full/nasal) mask with setting 5-20cm at bedtime for sleep apneaR4's (continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>February and March MAR (Medication Administration Record), TAR (Treatment Administration Record) and progress notes do not reflect that CPAP device (mask, tubing and exhalation port) were cleaned daily.R6's admission record or face sheet shows initial admission date 5/12/22 with diagnoses not limited to Unilateral primary osteoarthritis right knee, Morbid (severe) obesity due to excess calories, Body mass index [bmi] 70 or greater, Chronic pulmonary embolism, Chronic respiratory failure with hypoxia, Sleep apnea, Lymphedema, Major depressive disorder, Vitamin d deficiency, Gastro-esophageal reflux disease. MDS dated [DATE] shows R6's cognition was intact.On 3/15/26 At 11:41AM Observed R6 resting in bed on moderate high back rest, alert and oriented x 3, verbally responsive. Observed CPAP machine at bedside. He said sometimes he is using CPAP; he last used it about 3 days ago. R6 said the nurse has been putting it on every night around 10pm but he is removing the device at times. Stated he doesn't sleep at night at times when CPAP machine is on. He stated he is Breathing okay at night without using CPAP. R6's POS dated 3/15/26 shows active order not limited to: CPAP at bedtime for sleep apnea.R6's February and March MAR (Medication Administration Record), TAR (Treatment Administration Record) and progress notes do not reflect that CPAP device (mask, tubing and exhalation port) were cleaned daily.R6's care plan dated 4/8/25 shows in part: R6 has altered respiratory status/difficulty breathing r/t Sleep Apnea. CPAP at bedtime for sleep apnea. On 3/15/26 At 12:23PM V12 (CERTIFIED NURSING ASSISTANT / CNA) stated he was the assigned staff when R1 was transferred to the hospital on 2/13/26. He said when he rounded R1 at the beginning of the shift around 7am, he was sleeping in bed. V12 stated he can't remember if there was BIPAP machine going on. He stated that R1 was using oxygen. V12 said R1 just looked at him but did not say anything. V12 stated he passed breakfast tray in R1's room and checked on R1 again and he did not eat. V12 stated R1 just keep looking at him and was not saying anything, he was off and called the nurse (V6) right away. On 3/15/26 At 12:42AM V6 (REGISTERED NURSE / RN) stated that on 2/14/26, taking report from the previous nurse - V17 (night shift nurse). R1 was new admit, he was admitted on [DATE]. On 2/14/26 At around 7:30am, R1 was sleeping in bed with oxygen on via nasal cannula. BIPAP machine was not on. She said R1 was very sleepy, will wake up and then go back to sleep right away. V6 said she referred R1 to NP (V18) who was in the facility at that time. She stated R1 was seen by NP in R1's room. R1 was transferred to the hospital as ordered.On 3/15/26 At 1:48PM V15 (REGISTERED NURSE / RN) stated she was the nurse who admitted R1 on 2/13/26, R1 had an order for BIPAP machine at bedtime. She stated R1 is alert and oriented x 3-4, verbally responsive, not sleepy or lethargic. V5 stated R1 wanted his BIPAP machine on at around 8-9PM. She said nurse should be documented in the progress notes or signed in TAR / MAR after BIPAP was given or administered. She said standard nursing practice if it was not documented then it was not done.On 3/15/26 2:47PM V2 (DON / Director of Nursing) stated CPAP / BIPAP machine - nurses are expected to have setting order and consistent with hospital records. She stated nurses should follow the doctor's order. Administer the CPAP / BIPAP at bedtime as ordered, however residents have the right to refuse. When resident is refusing - reeducate and encouraged maybe later. V2 stated once BIPAP / CPAP machine was administered or provided, should be signed in the TAR / MAR or general progress notes. She said proper documentation should be done to validate that they followed the order or provided or BIPAP / CPAP to residents. V2 stated general nursing standard of practice, if it was not documented it was not done. She said BIPAP / CPAP device, hose or mask should be cleaned daily as stated in the policy. She said expectation to place it in MAR / TAR or progress notes to validate it was done. She said the purpose of BIPAP / CPAP helps or support with sleep apnea, it will help residents' breath. V2 stated residents could possibly have an apnea episode if not wearing BIPAP / CPAP machine at bedtime. She said the purpose of cleaning BIPAP / CPAP device for infection control to prevent infection.On 3/15/26 At 3:14PM V18 (Nurse Practitioner / NP) stated she can recall R1. It was on 2/14/26, she saw R1 early morning around 7:15am - 7:30am was waking up and was not wearing BIPAP mask. She said it took a bit of time to wake him up, R1 tired and wanted to sleep. V18 stated, around 8-9am, the nurse alerted her because staff are having a hard time keeping him awake, (continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R1 will wake up but then go back to sleep right away. She said she then evaluated R1 at bedside. V18 sated R1 was not waking up, stay asleep. R1 was sent out to hospital for further evaluation due to change in mental status. She said R1 was breathing fast, Tachypnea = 28 -32/min, R1 was on oxygen via nasal cannula and oxygen level was above 94%. V18 stated in her clinical judgement, if BIPAP machine was not provided as ordered at bedtime, it could potentially cause a change in mental status but there could be a lot of reasons as well. She said given R1's chronic condition or comorbidities such as chronic respiratory failure, CHF, OSA and he is morbidly obese could lead also to change in mental status. She said it is important to clean CPAP / BIPAP device to maintain pulmonary hygiene to prevent infection. On 3/16/26 At 8:44AM V17 (RN) stated she was working with R1 on 2/13/26, 7pm to 7am shift. She stated she received R1 alert and oriented x3, verbally responsive. V17 stated it was endorsed to her that R1 is using BIPAP at bedtime as ordered. She said she was busy that night and was able to put on BIPAP mask on R1 after 1AM. V17 said she used medium size mask, it fits on him. She stated R1 is morbidly obese, there was a large size available, but she opted to use medium size. She said she did not try to fit or use the large size mask for R1. V17 said there were 3 mask sizes available at bedside - small, medium and large and she used medium size for R1. She said in the morning, R1 was responding but not that much, R1 would look at her and close his eyes. She said R1 would respond to Verbal stimuli but it's hard for him to stay awake, he was very sleepy. V17 said at around 4am, R1 was awake so she removed BIPAP mask and changed him with oxygen via cannula. She stated R1, was sleepy and went back to sleep with oxygen via NC. V17 stated she started med pass then around 5AM, V16 (CNA) asked her for help with R1. She observed R1 slow to respond but responding to verbal stimuli, not staying awake, very sleepy. She said she switched back R1 from oxygen to BIPAP. Stated she raised R1's head of bed, Saturation checked = 90-92% with Oxygen then switched to BIPAP and saturation picked up to 96-97%. V17 said she removed BIPAP mask after 6am then oxygen via cannula was administered. V17 stated maybe R1 can't remember that BIPAP mask was put on 2/14/26 after 1AM because he was sleeping already around that time. She said R1 was slow to respond, breathing was okay early morning of 2/14/26. V17 said BiPAP mask was put on after 1 AM until around 4:30AM when he was switched to oxygen via nasal cannula. On 3/16/26 At 9:15am V19 (R1's PHYSICIAN) stated he saw R1 on day of admission and he is supposed to get BIPAP nightly. Stated given R1's BMI greater than 70, morbidly obese - typically would use large size BIPAP mask. V19 said the nurse should check the mask's seal, if it fits well or has a good seal. V19 stated if BIPAP machine was not put on at bedtime, it could potentially lead to change in mental status, but it could be that R1 was discharged too early from the hospital. V19 stated probably change in mental status would keep happening until R1 will lose weight. He said we don't know for sure what was the cause of R1's altered mental status. He stated R1's CO2 (carbon dioxide) is chronically high. V19 stated R1 would benefit with large size mask, comfort wise - large would be helpful and would have a good seal. V19 said short amount of time around 4 hours of BIPAP use could potentially lead to R1's change in mental status but R1's had prolonged intubation period in the hospital, R1 has Chronic medical condition such as CHF, obesity, OSA, are other factors that lead to his change in mental status. Facility's CPAP / BILEVEL policy dated 8/2017 shows in part: CPAP - provided continuous positive airway pressure (CPAP) to airways to spontaneously breathing residents. Delivered via circuit to nasal mask, full face mask or nasal prongs. BIPAP/BILEVEL - provides CPAP but allows for different pressures on inhalation and expiration. PURPOSE: To augment resident breathing. To treat residents with sleep disorders, obstructive sleep apnea, to correct arterial hypoxemia, to decrease work of breathing. To avoid tracheostomy and / or mechanical ventilation. To decrease atelectasis. CPAP / BIPAP must be ordered by the physician and initially set up by a respiratory therapist. Verify physician's order in the resident's chart. CPAP / BIPAP mask, tubing, and exhalation port should be cleaned daily or as needed.</p>		