

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  04/06/2026
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 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews and record review, the facility failed to ensure that one dependent resident (R10) received timely incontinence care. The facility also failed to timely provide activities of daily living (ADL) care to ensure that two residents (R1 and R3) did not have excessive facial hair and/ or debris in beard. These failures have affected three (R1, R3, R10) of four residents reviewed for quality of care which resulted in R10 experiencing psychosocial harm becoming tearful and expressing her feelings of upset and frustration for delayed incontinence care. Findings include: A. On 4/1/26 at 10:45 am, R10 observed in bed and was upset and tearful. R10 stated the following, I (R10) need to bed changed. I had a bowel movement, and I don't remember the last time that I was changed. It makes me upset when I have to wait so long just to be changed. It's not right. There are times that I've ripped off my brief because I have to wait so long to have it changed. I don't want to get bed sores. Sometimes I want to leave this place. At that time, V9 (RN/ Registered Nurse) stated that she would inform V10 (CNA/ Certified Nurse Assistant) to come and clean R10 once she (V10) is done helping another resident. On 4/1/26 at 11:40 am, V10 entered R10's room to clean her (R10) and stated the following to R10, I (V10) was with another resident. I apologize for the delay. On 4/1/26 at 12:05 pm, V10 stated that she had informed V2 (DON/ Director of Nursing) that she (V10) needed help with team two residents and was told by V2 that there was nothing that she (V2) could do. R10 is [AGE] year old with diagnosis including but not limited to: Adult failure to thrive, hypotension, type 2 diabetes mellitus with hyperglycemia, Atherosclerotic heart disease of native coronary artery without angina pectoris and iron deficiency anemia. R10's Functional Abilities assessment (Section GG) dated 3/18/26 documents, R10 is dependent on staff for toileting hygiene. R10 has a BIMS (Brief Interview of Mental Status) score of 8, which indicates moderately impaired cognition. B. On 3/31/26 at 4:00 pm, R1 was observed lying in bed with his eyes closed and filled with a wet, green substance. R1 had a full beard and mustache with hair covering his mouth, also with debris in his beard and mustache. V6 (RN/ Registered Nurse) stated the following, It looks like food in his (R1's) beard. I told the ADON (Assistant Director of Nursing) that he needs a shave. R1 is a [AGE] year old with diagnosis including but not limited to: Other reduced mobility, aphasia, abnormalities of gait and mobility, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. R1's Functional Abilities assessment (Section GG) dated 2/6/26 documents, R1 is dependent on staff for all personal hygiene (including shaving). C. On 4/1/26 at 10:47 am, R3 was lying in bed and observed with facial hair above her lips, below her lips and on her chin. R3 was asked if she wanted to be shaved and replied, Yes, I look ugly. On 4/1/26 at 10:47 am, V9 (RN) stated the following, I would say that her (R3's) facial hair is unkempt. She definitely needs to be shaved. R3 is a [AGE] year old with diagnosis including but not limited to malignant neoplasm of endometrium, other reduced mobility, aphasia following cerebral infarction, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. R3's MDS (Minimum Data Set) dated 2/10/26 documents R3 has a BIMS (Brief Interview of Mental Status) score of 15, which indicates cognitively intact. R3's Care Plan documents the following: R3 has an ADL (Activities of Daily Living) self-care/mobility performance deficit. On 4/1/26 at 1:53 pm, V8 (ADON/ Assistant Director of Nursing) stated the following, It is not acceptable (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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F 0677  Level of Harm - Actual harm  Residents Affected - Few	for a resident to wait one hour to be changed. This is how residents develop infections such as UTIs (urinary tract infections) and skin breakdown. I would say that a resident shouldn't wait no more than 10-15 minutes to be changed. The CNA is usually caring for another resident. On 4/2/26 at 1:30 pm, V16 (FNP/ Family Nurse Practitioner) stated the following, If an incontinent resident that wears a brief has a bowel movement in their brief, some possible effects of not cleaning the resident within an hour could be: Skin rashes, UTI, skin and breakdown. Also, the patient could be affected mentally because they cannot do for themselves. Women residents with facial hair (beard and mustache) can be affected as well if they are alert and oriented. Facility policy titled Bathing (1/31/18) documents the following purpose, to ensure residents' cleanliness to maintain proper hygiene and dignity. Facility policy titled Incontinence Care (4/20/21) documents the following purpose, to prevent excoriation and skin breakdown, discomfort and maintain dignity. Facility policy titled Shaving Male and Female Residents (undated) documents the following purpose, to provide cleanliness, comfort and improved morale.		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review, the facility has failed to provide restorative services to two contracted residents (R8 and R9). This failure has affected two of four residents reviewed for restorative services. Findings include: On 3/31/26 at 3:30 pm, R8 was noted with flaccid legs and contracted hands; R9 was noted with flaccid legs and right arm and legs. No splints or adaptive equipment were noted at that time. At that time, Both R8 and R9 were asked about restorative services. On 3/31/26 at 3:32 pm, R8 stated, No one has ever come in and help me with exercises. I (R8) would like to feed myself, but I can't because my fingers are too stiff, and I was told that I would receive some adaptive utensils. They still haven't ordered the utensils for me. At that time, R9 stated, They (staff) come and put my arm splint on sometimes but not every day. No one comes in and exercises my legs or arms. I wish I could do it myself. I don't want to become even stiffer. R8 is a [AGE] year old with diagnosis including but not limited to: Personal history of transient ischemic attack and cerebral infarction, age-related osteoporosis with current pathological fracture, chronic pain and heart failure. R8's MDS (Minimum Data Set) dated 2/13/26 documents R8 has a BIMS (Brief Interview of Mental Status) score of 15, which indicates cognitively intact. R9 is a [AGE] year old with diagnosis including but not limited to: hemiplegia and hemiparesis following cerebral infarction, muscle weakness, unspecified arthritis, reduced mobility and type 2 diabetes mellitus without complications. R9's MDS dated [DATE] documents R9 has a BIMS score of 14, which indicates cognitively intact. On 4/2/26 at 11:27 am, V15 (Restorative Registered Nurse, RN) stated the following, I am the only restorative nurse at this time. I have seven restorative aides. We don't have a set schedule of residents to see daily. If anyone had been referred by therapy, I update the residents. I assess the residents and create a program based on the therapy recommendations. If someone needs adaptive equipment, I notify V1 (Administrator) to order the equipment. I didn't know that R8 needed assistance with feeding. I did assess her but didn't know that she needed adaptive utensils. The purpose of the adaptive equipment such as feeding utensils is to maximize the resident's abilities so that they would be more independent. I don't have a QA (Quality Assurance) program to monitor the restorative program. Residents on the restorative program should exercise three to six times per week according to their program. On 4/2/26 at 12:20 pm, V12 (Restorative Aide) stated that she is assigned to R8 and R9 for restorative services; however, V12 could not recall the last time that she performed Passive Range of Motion (PROM) with R8 or R9. On 4/2/26 at 1:30 pm, V16 (FNP/ Family Nurse Practitioner) stated the following, Restorative services can prevent contraction and muscle stiffness. It is important to preserve the current functional levels. R8's Therapy to Nursing Recommendations dated 2/21/25 documents the following restorative recommendations: PROM of upper and lower extremities (BUE {bilateral upper extremities}/ BLE {bilateral lower extremities}); and Active Range of Motion (AROM) on a cycle machine. R8's Restorative Observations dated 2/13/26 documents the following: the IDT (Inter-disciplinary Team) believes R8 would benefit from AROM (Active Range of motion), PROM and Bed mobility exercises. R8's Care Plan documents the following: R8 has the potential for decline in assisting with bed mobility related to decreased endurance, decreased mobility and age-related osteoporosis; staff will cue resident to complete bed mobility exercises six times per week. R9's Therapy to Nursing Recommendations dated 5/9/25 documents the following recommendations: Passive Range of Motion exercises of bilateral upper and lower extremities. R9's Restorative Observations dated 2/11/26 documents the following: the IDT (Inter-disciplinary Team) believes R8 would benefit from PROM (Passive Range of motion) and Bed mobility exercises. R9's Care Plan documents the following: R9 has limited range of motion related to a history of CVA (Cerebrovascular Accident) and weakness; staff will conduct PROM and monitor for pain; staff will monitor progress of ROM (Range of Motion). Facility policy titled Restorative Nursing Program (dated 1/4/19) documents (continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the following purpose, to promote each resident's ability to maintain or regain the highest degree of independence as safely as possible.</p>		