(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					С	
		IL6001051	B. WING		09/1	6/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ALTA RE	HAB AT FAIRMONT		RTH PULASK ), IL 60630	AI ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga	ation 2486906/IL177344				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610a) 300.1210b)					
	Section 300.610 R	esident Care Policies				
	a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.					
	b) The facility scare and services to practicable physical well-being of the reeach resident's complan. Adequate and care and personal of	shall provide the necessary of attain or maintain the highest l, mental, and psychological sident, in accordance with apprehensive resident care l properly supervised nursing care shall be provided to each e total nursing and personal				

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

10/04/24 **Electronically Signed** 

TITLE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6001051	B. WING			C <b>16/2024</b>
ALTA REHAB AT FAIRMONT 5061 NOR		DRESS, CITY, S RTH PULASK 1, IL 60630	TATE, ZIP CODE I ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
\$9999	These regulations of Based upon observe review the facility far procedures, failed the weights were docurresident dietary president dietary prenutritional assessment wo of five residents remained free from failures resulted in loss in 1 month and loss within 6 month.  Findings include:  R2 is 69 years old wend stage renal dismalnutrition.  R2's POS (Physicial (1/25/24) general dismalnutrition Sultimes daily). (2/15/2 daily. (6/17/24) Procentimeters) TID for R2's (6/24/24) BIMS Status) determined intact).  On 9/4/24 at 11:26a dietary concerns, Rathe portions have gone December when a place. Half of the tir because I'm not full observed in R2's traweight since then."	vere not met as evidenced by: vation, interview, and record liled to follow policy o ensure that (R2's) monthly mented, failed to ensure that ferences are included on ents and failed to ensure that s (R1, R2) in the sample significant weight loss. These R2 sustaining 7.1% weight I R1 sustaining 11.6% weight	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ()		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6001051	B. WING		1	C 1 <b>6/2024</b>	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 007	0,2024	
ALTA RE	HAB AT FAIRMONT	5061 NOR	TH PULASK				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
S9999	They used to give y select what you wan portions if you want put in front of us. Wa a choice of a size." offers alternate me used to, but they do R2's weights are as (pounds). (10/4/23 133# (loss). (1/5/2 117.8# (loss). (8/13 months). R2's required facility policy) were September, Novem May, and June (20/2 in December - as selected with the selected significant of	/ou menus and you could nt and even get double t. Now, we just get what they /e don't get a choice of food or Surveyor inquired if the facility nu items, R2 replied "No, they on't anymore."  Is follows (8/7/23) 132.4#  1) 133.6# (gain). (12/8/24)  4) 122.9# (loss). (7/4/24)  3/24) 109.4# (23# loss in 12 ired (monthly) weights (per not documented for ober, February, March, April, 24). [R2's weight loss started tated].  Ition progress notes include oral) intakes 75-100% per casionally less. House ID, Prostate AWC 30ml TID. inerals. Current body weight weight loss 7.1% x 1month. Ith meals, staff to encourage pplement intake [food of double portions are excluded].  MAR (Medication ord) affirms the house fused 37 times, Prostate AWC es and Multivitamin with	S9999				

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	ULTIPLE CONSTRUCTION (X3) DATE COMF		SURVEY LETED
					С	
		IL6001051	B. WING		09/1	6/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALTA RE	HAB AT FAIRMONT		TH PULASK , IL 60630	I ROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	and wound healing, meals." Surveyor in is attributed to, V16 CKD (Chronic Kidn documented that sh just monitoring her Surveyor inquired was supposed to be dor monthly" [R2's weig monthly]. Surveyor preferences are inconotes and/or assesservice manager uppreferences." Surveyor were recommended by me, no." Surveyor was recommended increase the caloric protein." Surveyor if facility and/or speal during Nutritional as hybrid, so sometimes	eady for weight management and I added whole milk with equired what R2's weight loss responded "She does have ey Disease) and a wound. It is ne's eating 75-100% so were intakes and her weights." when resident's weights are ne, V16 replied "They're done ghts were not documented inquired if R2's dietary studed in the Nutrition progress sments, V16 stated "The food odates the resident food eyor inquired if double portions of for R2, V16 responded "Not wor inquired why whole milk for R2, V16 replied "It's just to se with her meals and add anquired if V16 comes to the ks directly with the resident seessments, V16 stated "Its' es its remotely and just in staff in the building."				
	R1 is 77 years old with diagnoses which include hypertension secondary to other renal disorders.  R1's POS includes (1/29/24) Nepro (Supplement) 8 ounces BID (two times daily) and (4/18/24) LCS (Low Concentrated Sweets), NAS (No Added Salt) diet, no orange juice, banana, potato, tomato.  R1's (7/14/24) BIMS determined a score of 13 (cognition intact).  On 9/3/24 at 1:42pm, surveyor inquired about dietary concerns, R1 stated "They have me on a kidney diet which I don't need anymore. They					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ALTA RE	HAB AT FAIRMONT		TH PULASK	I ROAD		
040.15	CUMMAN DV CTA		, IL 60630	DROVIDERIO DI ANI OF CORRECTIO	DNI .	()/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	past year. I get naus or smelling it. I asked cottage cheese bed but rarely, they give pudding or soup I can with bringing me as gonna do it long ter increase my muscle pounds since last A don't get anything to out." Surveyor inqui Ensure, R1 respondent R1 was seen by the asked to see a Diet just totally useless, something, and they there's no follow thring great she lost all the starving. Meals go be	r stuff and I get sick for the seous just looking at the stuff ed them (staff) to just bring me ause you can't screw that up it to me. They have lemon an eat; they're getting better small salad but that's not m. I just need more protein to es and stamina. I've lost 112 ugust. I depend on Ensure if I o eat and sometimes, they run red if R1 has orders for ded "No." Surveyor inquired if a Dietician, R1 replied "I've ician they have one, but she's The thing is, you ask for y acknowledge the issue but rough. The attitude is, isn't it at weight, and it is but I'm by and I don't get anything I nquired if R1's weight loss ated "No."				
	R1's weights include but not limited to: (8/2/23) 262# (pounds). (11/9/23) 225# (37# loss in 3 months). (2/6/24) 203.5# (58.5# loss in 6 months). (8/7/24) 196# (66# loss in 12 months).					
	much weight R1 los (Licensed Practical pounds" [R1 lost a tinquired what R1's v V3 responded "The think she wanted to she did not want to inquired if R1 was a reviewed R1's elect affirmed she was la	n, surveyor inquired how at in the past 12 months, V3 Nurse) stated "About 60 total of 66 pounds]. Surveyor weight loss was attributed to, doctors are aware of this; I lose weight" [R1 affirmed that lose weight]. Surveyor assessed by the dietician, V3 ronic medical records, st seen on 7/9/24 and at weight loss of 7.9% in 3				

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ALTA RE	HAB AT FAIRMONT		TH PULASK	(I ROAD		
	T		, IL 60630			_
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S9999	Continued From pa	ge 5	S9999			
	diet, V3 replied "Shorange juice, potato and/or food prefere Surveyor inquired if V3 stated "She's on don't think she likes R1's (August 2024) refused 3 times and R1's nutrition progres Significant weight Io Intakes typically, 50 varies occasionally, weight. Diet; NAS/L potato. Nepro 8 oz [food preferences a excluded]. (7/9/24) 3 months. Diet; NA potato. Nepro 8 oz	MAR affirms Nepro was d not documented 1 time.  less notes include (6/5/24) loss 11.6% x 6 months.  1-100% per nursing records, Goal to maintain current body CS, no banana, tomato, BID. No recommendation Ind/or double portions are Significant weight loss 7.9% x IS/LCS, no banana, tomato, BID, Proteinex. No Indoor double portions are Indoor dou				
	R1's unplanned we's been stable since I's Surveyor inquired if weight loss, V16 restabilizing. She's als weight fluctuations significant weight lo "I didn't know her th 190s since I'm work will cause weight fluctuations and been mas Surveyor inquired if included in the Nutrassessments for R2"	om, surveyor inquired about 19th loss, V16 stated "She has we been seeing her in April." R1 sustained significant 19th sponded "She did but she's 19th so on a diuretic which causes tributed to, V16 replied 19th seeing with her, and the diuretic 19th significant on 19th seeing with her weight." R1's dietary preferences are 19th into 19th stated "Those will be 19th service manager and on her				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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\$9999	preferences are recompleted by the selection of the months	yor inquired if resident food commended by the Dietician can be obtained and	S9999	DELINOTY		

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