

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006720	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2024
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NAME OF PROVIDER OR SUPPLIER ALTA REHAB AT OAK BROOK	STREET ADDRESS, CITY, STATE, ZIP CODE 2013 MIDWEST ROAD OAK BROOK, IL 60521
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S 000	Initial Comments Annual Licensure Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2 300.610a) 300.1210b) 300.1210d)3 300.1210d)5 Section 300.610 Resident 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. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each	S9999		

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

TITLE

(X6) DATE
07/26/24

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S9999	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to report, assess, and obtain treatment orders for a resident identified with a new wound before it became unstageable. This failure resulted in R61 receiving delayed wound care and deterioration of the wound.</p> <p>This applies to 1 of 3 residents (R61) reviewed for pressure ulcers in a sample of 23.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>The findings include:</p> <p>The EMR (Electronic Medical Record) showed R61 admitted to the facility on 1/02/2024. R61's EMR showed multiple diagnoses including encephalopathy, malnutrition, intervertebral disc degeneration of the lumbar region, history of malignant neoplasm of the prostate, dementia, anxiety, pain, ataxia, and left foot drop. R61's MDS (Minimum Data Set) dated 3/15/2024 showed R61 required substantial to maximal staff assistance with personal hygiene and bed mobility. The MDS continued to show R61 was at risk for developing pressure ulcers because R61 had acquired an unstageable ulcer at the facility.</p> <p>On 7/16/2024 at 11:23 AM, V16 (Wound Care Nurse/WCN) said she was going to change R61's sacral wound dressing. V16 removed R61's sacral packing dressing and said R61's wound had muscle and bone exposed and there was undermining between 9-2 o'clock. V16 continued to say R61's sacral wound had 30% slough tissue (non-viable tissue). V16 said R61's stage 4 pressure ulcer to his sacrum was facility-acquired.</p> <p>On 7/18/2024 at 12:47 PM, V23 (Certified Nurse Assistant/CNA) said she reports any skin alteration right away to the nurse on duty. V23 said in February 2024, she noticed R61 had a small open area to his sacrum that was covered with a dressing. V23 said she reported the new skin alteration to the nurse on duty.</p> <p>On 7/18/2024 at 10:56 AM, V15 (Wound Care Coordinator/WCC) said she was notified of R61's sacral wound on 2/27/2024. V15 said she assessed the wound, and it measured 4 cm x 5</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>cm x 0.1 cm (centimeters) and had 90% slough tissue and 10% granulation tissue on 2/27/2024. V15 said R61's sacral wound was determined to be an unstageable pressure ulcer. V15 said she then obtained treatment orders. V15 said the facility has wound care nurses on duty 7 days a week and R61 was being managed for other wounds at that time. V15 said she was concerned and interviewed the staff involved with R61's care. V15 said she interviewed V23 (CNA) and V23 said that she had notified the nurse on duty a week prior to 2/27/2024 of R61's identified skin alteration to his sacrum. V15 (WCC) said she reviewed R61's EMR and was unable to find documentation of when R61's wound was identified, nor if wound care was initiated prior to 2/27/2024. V15 said nursing staff is expected to report any new skin alteration immediately to ensure wounds are assessed and treatments initiated. V15 said R61's sacral wound deterioration could have been prevented if reported appropriately. V15 continued to say R61's sacral wound should have not been identified at an unstageable stage and could have been prevented if reported promptly to the wound care team when it was originally identified.</p> <p>On 7/18/2024 at 1:54 PM, V24 (Wound Physician) said she was managing R61's wounds. V24 said R61's sacral wound was identified as an unstageable pressure ulcer. V24 said R61 was at risk for pressure ulcers because he had a history of skin alteration on his prior admission, was non-mobile, incontinent of bowel and bladder, had poor nutrition, and was dependent on staff to reposition him. V24 said she expects facility staff to be checking for skin alteration during routine care and reporting new changes. V24 continued to say if the wound care staff is not notified of new skin alterations and/or</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>treatments are not started promptly, the wounds can worsen.</p> <p>R61's Skin Risk Assessment Tool dated 1/02/2024 showed R61 was at a high risk for pressure ulcers.</p> <p>R61's Care Plan reviewed on 7/18/2023 showed R61 was at risk for impaired skin integrity. The care plan showed multiple interventions including "Assess/record changes in skin status and follow facility policies/protocols for the prevention/treatment of skin breakdown." R61's Weekly Skin Observation assessment dated 2/27/2024 showed R61 had a new skin problem observed to his sacral area. The assessment said the new pressure injury to his sacrum was "unstageable measuring 4.0 cm x 5.0 cm x 0.1 cm with 90% slough and 10% granulation." R61's Physician Order dated 2/27/2024 showed "Apply to sacrum topically one time a day for pressure injury cleanse wound with NSS. Pat dry. Apply santyl and alginate. Cover with dry dressing daily."</p> <p>R61's Wound Visit Report dated 2/28/2024 said R61 acquired an unstageable pressure ulcer to his sacral area on 2/27/2024. The report said the wound measured 3.5 cm x 3.3 cm x 0.3 cm and had a medium amount of serous drainage noted. The report continued to show the wound was noted to have a foul odor after cleansing and had 67-100% (large amount) of necrotic tissue within the wound bed including slough tissue. The report showed daily treatment orders to R61's sacrum, to apply moist gauze with Dakin's solution to the wound bed and cover it with gauze; and an order to start on antibiotic "Augmentin 875 mg BID x 14 days" for sacral wound infection.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>R61's Wound Assessment Details Report dated 7/17/2024 said R61's sacral wound measured 6.5 cm x 4.0 cm x 2.5 cm with an undermining of 5.0 cm between 9-6 o'clock. The report continued to say R61's wound had 10% deep maroon tissue, 80% bright pink or red tissue, and 10% slough loosely adherent tissue with moderate serosanguineous drainage.</p> <p>The facility's policy titled Pressure Injury and Skin Condition Assessment with a revision date of 1/17/2018 showed "Purpose: To establish guidelines for assessing, monitoring and documenting the presence of skin breakdown, pressure injuries and other ulcers and assuring interventions are implemented ...1. A skin condition assessment and pressure ulcer risk assessment (Braden) will be completed at the time of admission ...2. Residents identified will have a weekly skin assessment by a licensed nurse. 3. A wound assessment will be initiated and documented in the resident chart when pressure and/or other ulcers are identified by licensed nurse. 4. Each resident will be observed for skin breakdown daily during care and on the assigned bath days by the CNA. Changes shall be promptly reported to the charge nurse who will perform the detailed assessment ...6. Care givers are responsible for promptly notifying the charge nurse of skin breakdown. 7. At the earliest sign a pressure injury or other skin problem, the resident, legal representative, and attending physician will be notified. The initial observation of the ulcer or skin breakdown will also be described in the nursing progress notes ..." The facility's policy titled Pressure Ulcer Prevention with a revision date of 1/15/2018, showed "Purpose: To prevent and treat pressure sores/pressure injury. Guidelines: ... 2. Inspect</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>the skin several times daily during bathing, hygiene, and repositioning measures ...5. Turn dependent residents approximately every two hours or as needed and position residents with pillow or pads protecting bony prominences as indicated...8. If redness does not disappear within 30 minutes the turning schedule may be shortened to 1 hour ..."</p> <p>(B)</p> <p>Licensure Violations 2 of 2</p> <p>300.661 300.615e) 300.615f)</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>(Source: Amended at 45 Ill. Reg. 11096, effective August 27, 2021)</p> <p>This requirement was NOT met, as evidenced by:</p> <p>Based on interviews and record review, the facility failed to check five CNAs' (Certified Nursing Assistants) and one unlicensed staff member (Receptionist) before hire, checking the six required websites as part of the registry, printing documentation, and adding information to their personnel files.</p> <p>This applies to all 109 residents in the facility.</p> <p>The findings include:</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>On 07/17/2024 at 12:55 PM, V37 (Business Office Manager) said HR (Human Resources) manager is on vacation and she has the access for employes files. This writer and V38 went over the files of V17 -V21 (CNAs) and V22 (Receptionist).</p> <p>The hired dates for employees are as follows: - V17: 06/10/2024 - V18: 06/13/2024 - V19: 06/19/2024 - V20: 05/23/2024 - V21: 04/10/2024 - V22: 06/17/2024</p> <p>The background checks for all sampled employees were conducted on 07/06/2024.</p> <p>On 07/18/2024 at 10:40 AM, V14 (Regional Vice President of Operations) said during the transition due to a change of ownership this year, the facility was required to set up a new account with the State to be able to check the background, and it takes up to 180 days to get granted. V14 said, however, that the facility is required to ensure all the employees are required to have background checks upon hire. V14 said the Human Resource Manager is responsible for conducting employment background checks, reference checks, and criminal conviction checks (including fingerprinting as may be required by state law) on persons making applications for employment with this facility.</p> <p>The facility was unable to produce a policy on background check investigation and instead provided the employee handbook. The handbook, under the background check heading, in part showed all employees' background checks-</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>Criminal and other background checks will be performed after an employment offer is extended, pursuant to State and/or Federal law requirements.</p> <p>The facility's Abuse Prevention and Reporting Policy, revised on October 24, 2022, showed in part that "the facility should conduct pre-employment screening of employees and pre-admission screening of residents. Prior to a new employee starting a work schedule, this facility will check the Illinois Health Care Worker Registry on any individual being hired for prior reports of abuse, neglect, or misappropriation of resident property, previous fingerprint check results, and the sex offender website links on the Registry; and Initiate an Illinois State Police live scan fingerprint check for any unlicensed individual being hired without a previous fingerprint check."</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act).</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>This requirement was NOT met as evidenced by:</p> <p>Based on the interview and record review, the facility failed to complete resident background checks within 24 hours on the CHIRP (Criminal History Information Response Process) website.</p> <p>This applies to 6 of 10 residents (R31, R150, R200, R202, R300, and R351) in a sample of 23.</p> <p>The findings include:</p> <p>On 7/17/2024 at 11:00 AM, this writer and V12 (Admissions Coordinator) reviewed the newly admitted residents to the facility on her computer in her office. V12 said she is responsible for doing residents' background checks before admission and initiating CHIRP within 24 hours of admission. V12 said if she is unavailable, another staff member in the admission department takes care of the background check and is unaware why any would be missed.</p> <p>R31's face sheet documents an admission date of 06/05/24. CHIRP screen conducted on 06/09/2024.</p> <p>R150's face sheet documents an admission date of 07/05/24. CHIRP screen was conducted on 07/14/2024.</p> <p>R200's face sheet documents an admission date</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>of 07/09/2024. CHIRP screen was conducted on 07/14/2024.</p> <p>R202's face sheet documents an admission date of 07/11/2024. CHIRP screen was conducted on 07/14/2024.</p> <p>R300's face sheet documents an admission date of 07/08/2024. CHIRP screen was conducted on 07/14/2024.</p> <p>R351's face sheet documents an admission date of 07/09/2024. CHIRP screen was conducted on 07/14/2024.</p> <p>The facility was unable to provide the facility's background check policies and reviewed the facility's abuse prevention policy.</p> <p>The facility's Abuse Prevention and Reporting Policy, revised on October 24, 2022, showed in part that "the facility should conduct pre-employment screening of employees and pre-admission screening of residents. Prior to a new employee starting a work schedule, this facility will check the Illinois Health Care Worker Registry on any individual being hired for prior reports of abuse, neglect, or misappropriation of resident property, previous fingerprint check results, and the sex offender website links on the Registry; and Initiate an Illinois State Police live scan fingerprint check for any unlicensed individual being hired without a previous fingerprint check."</p> <p>(C)</p>	S9999		