

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5105793	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/05/2025
NAME OF PROVIDER OR SUPPLIER ALTO-WHEATON		STREET ADDRESS, CITY, STATE, ZIP CODE 219 E PARKWAY DRIVE WHEATON, IL 60187			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comment Facility Reported Incident of 11/4/25 / IL00198639 VIOLATIONS: 295.2000 a) c) 2) 3) 4) 295.4060 a) b) c)	A 000			
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Type 3 Violation Section 295.2000 Residency Requirements. a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act) c) A person shall not be accepted for residency if: 2) The person is not able to communicate their needs in any manner and no resident representative residing in the establishment, and with a prior relationship to the person, has been appointed to direct the provision of services; 3) The person requires total assistance with 2 or more activities of daily living;	A2000			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A2000	Continued From page 1 4) The person requires the assistance of more than one paid caregiver at any given time with an activity of daily living. This requirement is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure residents are appropriate to live in an assisted living or shared housing environment. This applies to two (R2 and R4) out of four residents reviewed for residency requirements in a sample of three. Findings include: 1) On 12/4/25 at 11:13 AM, observed R2 sitting on a wheelchair in the TV room along with other residents. Observed resident was very passive and there was no active participation in the activity. Observed R2 answers questions in 1-2 words. Observed R2 not able to propel her wheelchair and E5 (LPN-Licensed Practical Nurse) propelled her wheelchair out of the TV room. Observed R2 not able to follow commands. On 12/4/25 at 2:45 PM, record review for R2 showed R2 was a 79 years old female admitted on 11/10/25 with diagnoses to include dementia, hypertension and mitral valve insufficiency. R2's service plan dated 11/10/25 showed R2 required physical assist for bathing/showers, grooming, toileting, transfers. R2's progress notes dated 11/10/25 at 9:06 PM showed, "R2 unable to make needs known, cannot stand up or bear weight for transfers". 2) On 12/4/25 at 1:40 PM record review for R4	A2000			

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A2000	Continued From page 2 showed R4 was a 94 years old female admitted on 10/21/21 with diagnoses to include seizures, hypertension, hypothyroidism, osteoporosis, depression and chronic kidney disease. R4's service plan dated 8/24/25 showed R4 required physical assistance for bathing / showers, dressing, grooming, transfers, mobility and toileting. On 12/4/25 at 11:30 AM, E5 (LPN-Licensed Practical Nurse) stated R2 was admitted on 11/10/25. E5 (LPN) stated, on 11/11/25 she noticed that R2 was pocketing food in her cheeks, could not bear weight and required two persons assist for bathing, toileting, grooming and transfer. R2 required total assist for oral care and feeding. E5 stated, R2 cannot do anything by herself. On 12/4/25 at 9:30 AM E2 (ARSD - Assistant Residence Services Director) stated R2 needs total assist for ADLS (activities of daily living) like bathing/showers, grooming, oral care (not able to hold a toothbrush & brush her teeth), toileting. R2 pockets her food. She was seen by speech therapist and her diet was downgraded to pureed diet. On 12/4/25 at 9:30 AM E1 (ED-Executive Director) and E2 (ARSD) stated R4 required total assist for bathing / showers, toileting, grooming, oral care and that she cannot converse. E1 (ED) stated currently R4 is in the hospital currently for her wounds and overall decline. Establishment policy on resident selection criteria dated 5/4/23 showed a resident may not require total assistance with two or more activities of daily living.	A2000		

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A4060	Continued From page 3	A4060		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 2 Violation Section 295.4060 Alzheimer's and Dementia Programs a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of the Act. (Section 150(a) of the Act) b) No person shall be admitted or retained in an assisted living or shared housing establishment if the establishment cannot provide or secure appropriate care, if the resident requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 150(b) of the Act) c) No persons shall be accepted for residency or remain in residence if the person's mental or physical condition has so deteriorated to render residency in such a program to be detrimental to the health, welfare or safety of the person or of other residents of the establishment. The assessment must be approved by the resident's physician and shall occur prior to acceptance for residency, annually, and at such time that a change in the resident's condition is identified by a family member, staff of the establishment, or the resident's physician. (Section 150(c) of the	A4060		

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A4060	Continued From page 4 Act) This requirement is not met as evidenced by: Based on observation, interviews and record review, the establishment failed to provide appropriate care leading to deterioration of resident's physical condition. This applies to one (R2) out of three residents reviewed for injuries and supervision. Findings include: On 12/4/25 at 11:13 AM, observed R2 sitting on a wheelchair in the TV room along with other residents. Observed resident was very passive and there was no active participation in the activity. Observed R2 answers questions in 1-2 words. Observed R2 not able to propel her wheelchair and E5 (LPN-Licensed Practical Nurse) propelled her wheelchair out of the TV room. Observed R2 not able to follow commands. On 12/4/25 at 2:45 PM, record review for R2 showed R2 was a 79 years old female admitted on 11/10/25 with diagnoses to include dementia, hypertension and mitral valve insufficiency. R2's service plan dated 11/10/25 showed R2 required physical assist for bathing/showers, grooming, toileting, transfers. R2's progress notes dated 11/10/25 at 8:00 PM showed R2 takes time to chew, pocketing noted, coughing on liquids noted. R2's progress notes dated 11/11/25 at 10:39 AM showed R2 will pocket her food with slight cough on liquids. R2's progress notes dated 11/25/25 at 10:24 AM	A4060			

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A4060	Continued From page 5 showed R2's swallow evaluation was completed and diet changed to pureed diet with 1:1 assistance. R2's progress notes from 11/10/25 till 11/25/25 showed R2's dysphagia was not addressed for 15 days. R2's progress notes dated 11/10/25 at 9:06 PM showed R2 had a large bruise on right inner knee, about one inch diameter pressure injury stage 1 on right inner buttocks. R2's progress notes dated 11/11/25 at 8:59 PM showed R2 had about 1 inch diameter sized sore on sacral area, about 1.5 inch diameter sore on right buttocks. R2's progress notes dated 11/13/25 at 2:12 AM showed R2 had open sores on sacral area, inner right buttocks and inner left buttocks. R2's progress notes dated 11/23/25 at 1:49 PM showed the sore on the left inner buttocks is now 1.5 inches. R2's progress notes dated 12/01/25 at 1:16 PM showed R2 was still awaiting evaluation by a service provider for R2's wounds. R2's progress notes showed from 11/10/25 till 12/1/25 (21 days), R2 did not receive appropriate care leading to worsening of R2's wounds. On 12/4/25 at 9:30 AM E2 (ARSD - Assistant Residence Services Director) stated R2 pockets her food. She was seen by speech therapist and R2's diet was downgraded to pureed diet. E2 (ARSD) stated R2 did not have any open wounds on admission, R2 was wheelchair bound, needed	A4060			

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A4060	Continued From page 6 total assist for ADLS (activities of daily living) and sustained ulcers on her buttocks. E2 (ARSD) stated R2 was commenced on home health as of 12/2/25 for wounds.	A4060			