

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145087	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Aliya of Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 6300 West 95th Street Oak Lawn, IL 60453	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview, and record review the facility failed to implement fall prevention interventions to a resident who is at high risk and with history of falls. This deficiency affects one (R20) of three residents in the sample of 28 reviewed for Fall Prevention Program.</p> <p>Findings include:</p> <p>On 4/9/24 at 11:10AM, V12 Restorative Nurse presented to surveyor list of residents on fall prevention program. V12 stated that R20 is at high risk for falls due to history of falls. R20 should be in lowest position when in bed for safety.</p> <p>On 4/9/24 at 11:16AM, rounds made with V12 Restorative Nurse to R20's room. R20 lying flat on bed in high position approximately 38 inches from the floor alone in her room. V12 stated that R20 should be in lowest position when in bed for safety and should not be left alone when the bed is in high position. V12 called the CNA (Certified Nurse Assistant) assigned to R20. V13 CNA stated that she placed R20 in highest position because she is preparing her to get up and left her because she had to look for the mechanical lift. V12 stated that V13 CNA should place R20's bed in lowest position before leaving R20 alone in her room for safety.</p> <p>R20 was admitted on [DATE] with diagnoses listed in part but not limited to Encephalopathy, Dementia, Psychotic disturbance, Anxiety, Cerebrovascular disease. Fall care plan indicates that R20 is at high risk for falls related to weakness due to recent hospitalization for respiratory failure. Intervention: Keep bed in lowest position. R20 had history of 2 episodes of unwitnessed fall in her room.</p> <p>Facility's policy on Fall Prevention and Management review date 1/2024 indicates:</p> <p>General: This facility is committed to maximizing each resident's physical, mental and psychosocial well-being. While preventing all falls is not possible, the facility will identify and evaluate those residents at risk for falls, plan for preventive strategies and facilitate as safe an environment as possible. All resident falls shall be reviewed, and the resident's existing plan of care shall be evaluated and modified as needed.</p> <p>Guidelines:</p> <p>(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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Resident at risk for falls will have fall risk identified on the care plan with intervention implemented to minimize fall risk.</p>		