

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 05/30/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>34072</p> <p>Based on interviews and record reviews, the facility failed to follow its abuse prevention policy and report an allegation of physical abuse immediately. This affected one of three residents R1 reviewed for reporting allegations of abuse.</p> <p>Findings include:</p> <p>On 5/28/24 at 11:48 AM, V2 DON (director of nursing) was made aware on 5/16/24 of an allegation of physical abuse involving R1. The allegation involved staff hitting and pinching R1. V2 stated that R1 went to the hospital on 5/16/24. V2 stated that the hospital did not notify the facility of R1's allegation. V2 stated that R1 had a bruise on left arm on 5/15/24.</p> <p>On 5/29/24 at 10:15 AM, V1 (administrator) stated that V2 DON did not inform him of the abuse allegation involving staff hitting and pinching R1. V1 was informed that he was not present in the facility on 5/28/24 at 11:48 AM when V2 was informed of the allegation of abuse. V1 stated that V2 informed him that this surveyor had a concern for physical abuse but not an allegation of abuse involving staff hitting and pinching R1.</p> <p>R1's skin condition report, dated 5/15/24 at 7:30 PM, notes V4 CNA (certified nurse aide) observed bruising to R1's left arm. V6 RN (registered nurse) assessed R1 and noted skin discoloration (dark purple/red) measuring 4cm (centimeters) x 1 cm on R1's left forearm. R1 is alert and oriented x/times 2. R1 was unable to tell V6 how and when the skin discoloration happened.</p> <p>R1's medical record, dated 5/16/24, V6 RN noted R1 was admitted to the hospital with subarachnoid bleeding.</p> <p>R1's hospital records, dated 5/16/24, notes R1 presented to the emergency room for evaluation of leg pain/arm pain. R1 was alert and disoriented. CT (computerized tomography) scan of R1's head notes a small acute subarachnoid bleed along the left superior frontal area of brain, possible trace subdural bleed. No evidence of intracranial aneurysm or vascular malformation. R1's family member informed emergency room nurse that R1 had been saying facility staff have been hitting R1. emergency room tech also reported that R1 stated that facility staff will hit or pinch R1.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This facility's abuse prevention policy, dated 10/2022, notes under the law and the facility's policy, every employee is obligated to report any incident or suspicion of abuse. Any charge or accusation that there was abuse must be reported to a department head and the administrator, so it can be properly investigated, even if it is obvious that the resident is incorrect or mistaken. Any allegation of abuse will be reported to the State Surveying and Certification Agency immediately, but no more than two hours after the allegation of abuse. The nursing staff is responsible for reporting the appearance of suspicious bruises or abnormalities of an unknown origin as soon as it is discovered.		