

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 12/10/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50519</p> <p>Based on interviews and record reviews the facility failed to follow their policy and procedures for medication administration by not ensuring residents received medication and treatments as ordered by the physician. This failure applied to three of three (R1, R2, R3) residents reviewed for medication administration.</p> <p>Findings include:</p> <p>R1 a [AGE] year old, male admitted to the facility 11/05/2024 with diagnoses history of pulmonary embolism and deep vein thrombosis, morbid obesity, Alcohol use disorder, diabetes, Hypertension, and left humerus fracture.</p> <p>On the (MDS) Minimal data Set assessment of 11/18/2024 section C the BIMS (Brief Interviewed Mental status) score was 12/15.</p> <p>On 12/05/2024 at 10:45AM R1 stated that he is not getting his Norco pain medication as ordered and facility does not have medication in stock. R1 stated the facility is only giving half of his dose. R1 said, also he is not getting some of his routine medication as ordered by the physician.</p> <p>R1 physician order state Norco medication is ordered as needed 1-2 tablets as needed for pain. R1 needs to request for the medication and let nurses know if he needs 1 or 2 tablets at a time. Electronic medication administration records reviewed and R1 is getting pain medication every shift but routine medications reviewed with concerns of multiple medication not signed as given during different days and different shifts for the month of December of 2024.</p> <p>Medications not signed as given were:</p> <ol style="list-style-type: none"> 1. Metformin 500mg 1 tab for diabetes in the evening dated 12/03/2024. 2. Quetiapine fumarate 25mg 1 tablet for depression at bedtime dated 12/03/2024 and 12/05/2024. 3. Eliquis 5mg 1 tablet scheduled 5:00PM dated 12/03/2024. 4. Magnesium Oxide 500mg 1 tablet supplement scheduled 5:00PM dated 12/03/2024. 5. Gabapentin 400mg scheduled 5:00PM dated 12/03/2024. <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
---	-------	-----------

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 12/10/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. Oxymetazoline nasal spray scheduled 5:00PM for allergy dated 12/03/2024 and 12/05/2024.</p> <p>7. Ammonium Lactate medicated lotion applies to lower extremities for dry skin scheduled 5:00PM dated 12/03/2024.</p> <p>R1's Current Physician Orders document an active order effective 11/05/2024 for the medications not signed as given for the month of December 2024.</p> <p>R1's Medical Practitioner progress note dated 12/5/2024 documents that R1 takes Metformin for diabetes and to monitor blood glucose level and for neuropathy R1 is taking Gabapentin and taking Eliquis for deep vein thrombosis.</p> <p>R2 is [AGE] year-old male admitted to the facility on [DATE]-[DATE] with diagnoses history of sepsis, end stage renal disease on hemodialysis, hypertension, diabetes DM2, neuropathy, and anemia.</p> <p>On the (MDS) Minimal data Set assessment of 11/18/2024 section C the BIMS (Brief Interviewed Mental status) score was 15/15.</p> <p>R2 is no longer in the facility and electronic medication administration records reviewed for the month November and December 2024. There are concerns with multiple routine medications not signed as given during different days and different shifts for the month of November and December 2024.</p> <p>Medications not signed as given were:</p> <ol style="list-style-type: none"> 1- epoetin alfa injection 1000 units subcutaneous scheduled for 11/02/2024. 2- insulin glargine 12 units bedtime scheduled for 9:00PM 12/03/2024. 3- carvedilol 25mg 1 tablet scheduled for 4:00PM 12/03/2024. 4- Gabapentin 100mg 1 capsule scheduled for 4:00PM 12/03/2024. 5- hydralazine 100mg 1 tablet scheduled for 4:00PM 12/03/2024. 6- isosorbide dinitrate 10mg 1 tablet scheduled for 4:00PM 12/03/2024. 7- sevelamer HCl Oral 1 Tablet 800 MG scheduled for 4:00PM 12/03/2024. <p>R2's Current Physician Orders document an active order effective 10/18/2024 for the medications not signed as given for the month of November and December 2024.</p> <p>R2's Medical Practitioner progress note dated 11/14 /2024 documents that R2's takes Sevelamer for end stage renal failure, Insulin Glargine for diabetes, Epoetin Alfa Injection for anemia, Gabapentin for neuropathy and carvedilol and hydralazine for hypertension.</p> <p>(continued on next page)</p>		

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 12/10/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/05/2024 and 12/09/2024 in separate interviews V10 (Licensed Practical Nurse/LPN) and V11 (Unit Manager), both stated that if a medication is missing for a resident, nurses can remove from the emergency convenience box and reorder missing medication. If a narcotic medication needs to be removed, nurses are expected to call pharmacy to obtain a code to open the (emergency convenience box). If a medication was not giving to a resident, nurses are expected to call and notify physician.</p> <p>On 12/09/2024 at 12:24PM V2 (Director of Nursing) stated, nurses are expected to give medication and sign out medication as they give them. If medications are not sign in the electronic medication administration records, they were not given.</p> <p>On 12/05/2024 at 3:39PM V1 (Administrator) presented Facility Policy titled Medication Administration revision date 01/2024, which reads:</p> <p>Guideline:</p> <p>18. Document as each medication is prepared on the MAR.</p> <p>22. If Medication is not given as ordered, document in the reason on the MAR and notify Health care Provider if required.</p> <p>26. If medication is ordered, but not present, check if was misplaced and then call the pharmacy to obtain the medication, if available, obtain it from the contingency or convenience.</p> <p>40718</p> <p>R3 is a [AGE] year-old female with a diagnoses history of partial paralysis following stroke, cognitive communication deficit, recurrent major depressive disorder, anxiety disorder, adjustment disorder, end stage renal disease, peripheral neuropathy, legal blindness, confirmed adult abandonment and neglect who was admitted to the facility 06/07/2024.</p> <p>On 12/09/2024 at 10:40 AM R3 stated she has inconsistently worn her medication patch and the nurses have given inconsistent information on when she is supposed to have it applied. R3 stated she was told it should be worn daily, then every three days, and once weekly and this is confusing. R3 stated they (facility) don't always have her scheduled medications available. R3 stated she is supposed to receive an antianxiety medication before going to dialysis to keep her calm and they were supposed to order it, but she just finally received it the other day. R3 stated they have to go to two different carts to find her medications and this shouldn't be that way. R3 stated she has had to go without her anxiety medication during dialysis at times and just tries to deal with it. R3 stated when this happens, she does feel anxious during dialysis, and it makes her want to discontinue receiving dialysis. R3 stated her right leg is like a big fat turkey leg and her cardiologist was going to give her something for her foot as well but she hasn't received it. R3 stated she doesn't have on compression hose. Observed R3's right leg swollen and without a Compression hose applied. R3 stated the swelling comes all the way up her right leg.</p> <p>(continued on next page)</p>		

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 12/10/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R3's Current Physician Orders document an active order effective 06/20/2024 for Injection of 5000 units of Heparin (Blood Thinner) subcutaneously every 8 hours for deep vein thrombosis (Blood Clot) prevention; an active order effective 08/11/2024 for 50 MG Hydralazine (antihypertensive) tablet to be given by mouth four times a day for hypertension hold if blood pressure below 110/60; an active order effective 10/20/2024 for one 50 MG Lyrica (nerve pain reliever) capsule to be given by mouth at bedtime for neuropathy; an active order effective 11/07/2024 for one 0.25 MG Alprazolam (antianxiety) tablet to be given mouth one time a day every Monday, Wednesday, and Friday for anxiety give before dialysis; an active order effective 11/13/2024 for application (compression stocking) every morning/remove every evening one time a day; an active order effective 11/22/2024 for completion of weekly skin check to ensure no new skin alterations are present. (If new alteration is present completely new Skin Condition assessment); and an active order effective 11/28/2024 for application of one Catapres TTS 3 (clonidine antihypertensive transdermal) patch transdermally in the morning every Tuesday for hypertension and remove per schedule.</p> <p>R3's November and December 2024 Medication Administration Record documents missing information for Multiple scheduled medications including Heparin across multiple shifts on multiple days; missing information for administration of scheduled Alprazolam on 11/25/2024 and 12/04/2024 and marked with a 9 referring to nurses notes; missing information for application of compression hose on multiple days in November and on 12/01/2024; missing information on Saturday 11/23/2024 for application of antihypertensive Catapres TTS 3 (Clonidine) transdermal patch scheduled to be applied every Saturday and missing information on Tuesday 12/03/2024 for application of antihypertensive Catapres TTS 3 (Clonidine) transdermal patch scheduled to be applied every Tuesday for with both entries marked with a 9 referring to nurses notes; missing information for administration of Lyrica on multiple days in November and December 2024 and marked with a 9 referring to nurses notes in multiple entries; missing information for administration of Hydralazine across multiple shifts on multiple days in November and from 12/03/2024 - 12/04/2024; and missing information for skin audits scheduled on Mondays in November and December 20204.</p> <p>R3's current care plan documents she is at risk for bleeding/bruising related to antiplatelet medication use with interventions including administer Medication as ordered she has potential for altered cardiac function related to diagnosis: hypertension with interventions including monitor and document any edema; medication as ordered; R3 has an alteration in comfort related to left heel pain with interventions including administer pain meds and treatments as ordered; R3 requires the use of psychotropic medication (Alprazolam) to assist with managing mood and behavior related to diagnoses of (anxiety) with targeted symptoms/ behaviors of (refusal of care, and restlessness) with interventions including administer medication as ordered; R3 has a diagnosis of/ history of coronary vascular accident (stroke) with right residual effects with interventions including monitor for pain and provide pain medications, per physician orders.</p> <p>R3's Medical Practitioner progress note dated 11/12/2024 documents on exam patient has a right swollen leg, with pain from her right hip radiating down to her right foot and pitting edema with plan for right lower extremity including edema-monitoring; continue heparin (blood thinner), and apply compression hose as appropriate.</p> <p>(continued on next page)</p>		

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 12/10/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R3's Medical Practitioner progress note dated 11/13/2024 documents patient is a [AGE] year-old female patient past medical history of coronary vascular accident with right-sided partial paralysis, hypertension, end stage renal disease and on hemodialysis, hyperlipidemia, and diabetes mellitus that that was seen to establish care earlier in the week and was seen today to follow-up on complaints of right leg swelling and pain. Patient continues to have edema.</p> <p>R3's medication administration progress note dated 11/16/2024 and 11/28/2024 for her scheduled 50 MG Hydralazine tablet to be given by mouth four times a day documents she was going to or in dialysis.</p> <p>R3's medication administration progress note dated 11/19/2024, 11/20/2024, 11/21/2024, 11/24/2024, 11/27/2024, 11/29/2024, 12/02/2024, 12/04/2024 for her scheduled 50 MG Lyrica Capsule to be given by mouth at bedtime for neuropathy was on order.</p> <p>on order.</p> <p>R3's medication administration progress note dated 11/23/2024 for her scheduled 50 MG Lyrica Capsule to be given by mouth at bedtime for neuropathy documents a new script was needed and the pharmacy was contacted for reorder.</p> <p>R3's medication administration progress note dated 11/26/2024 for her scheduled 50 MG Lyrica Capsule to be given by mouth at bedtime for neuropathy documents was awaiting pharmacy.</p> <p>R3's medication administration progress note dated 12/3/2024 for her scheduled (Clonidine) antihypertensive transdermal patch to be applied transdermally in the morning every Tuesday for hypertension and removed per schedule was on order.</p> <p>R3's medication administration progress note dated 12/4/2024 for here scheduled 0.25 Alprazolam (Benzodiazapine antianxiety) tablet to be given by mouth before dialysis once daily every Monday, Wednesday, and Friday for anxiety was on order.</p> <p>R3's Medical Practitioner progress note dated 12/4/2024 documents she states today that her Clonidine (antihypertensive) patch was not being placed regularly and was just placed for the first time in a month. She also states that she has not been given a compression stocking for her right lower extremity that was ordered.</p> <p>R3's progress notes from 11/23/2024 and 12/03/2024 do not include information regarding application of Clonidine transdermal antihypertensive patch.</p> <p>On 12/09/2024 at 2:29 PM V2 (Director of Nursing) stated if medications are not available when scheduled to be given the nurse should call the pharmacy to order what is needed and medications should be ordered before they run out. V2 stated she would reorder medications when they are down to a five-day supply. V2 stated R3's Hydralazine and Lyrica medications can be pulled from the facility's Cubex (medication supply) when needed and if it's not available there the physician should be called, and it should be charted why the medication is not available. V2 agreed that missing medication administration documentation also makes it difficult to determine if medications are being provided as ordered. V2 could not explain why R3 did not have her compression hose on as ordered.</p>		