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| 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 01/25/2026 |
| 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the State Agency of the initial and final report after one resident (R2) was emergently transferred to a local hospital and diagnosed with an acute and displaced right femoral neck fracture. Findings include: R2 is a [AGE] year-old female originally admitted on [DATE] with medical diagnoses that include and are not limited to: left femur fracture, anxiety disorder, bipolar disorder, lupus, and dependent on hemodialysis. According to the Minimum Data Set (MDS) dated [DATE], R3 has a Brief Interview for Mental Status (BIMS) score of 13/15, indicating cognitively intact. On 1-24-2026 at 11: 10 AM, R2 said, I had a fall on 12-27-2025 at 5:15 AM in the bathroom, and I broke my right hip. I was getting ready for the day, and no one was with me at the time of the fall. The paramedics picked me up from the floor and took me to the hospital. On 1-24-2026 at 2:20 PM, V2 (Director of Nursing) said, we did not report the incident to IDPH. We only report if the fall is unwitnessed; R2 was observed by the nurse on the floor. Per local hospital documentation dated: 12-27-2025 at 6:32 AM reads R2 very tearful and in severe right hip/thigh pain. Computed tomography scan (CT) without contrast, final findings and impression: Basicervical fracture of the right femoral neck impacted up to about 1 centimeter (cm). X-Ray of right femur final results: Acute and displaced right femoral neck fracture. On 1-24-2026 at 2:40 PM, V1 (administrator) said, since R2 had a pathological fracture, we do not need to report it to the State Agency. I am not sure, let me check the policy. At 2:50 PM, V1 presented policy title: Fall prevention and management dated: 7-2025 reads: All incidents and accidents with Serious Physical Injury will be reported to the State Agency within 24 hours. A full written investigative report is required by the State Agency within seven days of the incident.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 145087 |
| | | If continuation sheet Page 1 of 1 |