STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145087	A. Building B. Wing	05/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Oak Lawn	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview and record review the facility failed to ensure medications were administered as ordered by the physician for three of three residents (R2, R3 and R4) reviewed for medication administration. Findings include:On 5/16/26 at 10:45AM, R2 observed in hallway, R2 said he is waiting for his morning medications, said he usually gets them by 8:30am, but has not received them today and said he needed pain medication as well. On 5/16/26 at 11:15AM, V4 (Licensed Practical Nurse) said she has not administered R2 morning medications due at 9:00AM. On 5/16/25 at 11:30AM, Observed V7 (Licensed Practical Nurse) giving R3 morning medications due at 9am. On 5/16/25 at 11:30AM, V7 said that she was called at 9am to cover a shift at the facility, and medication administration has not been given yet. V7 said she has not administered medications to R4 either. On 5/16/26 at 12:00PM, V3 (Assistant Director of Nursing) made aware of above findings. V3 said that medication administration should be given as ordered and may be given one hour before and one hour after the scheduled time, V3 said medications scheduled at 8:00am should not be given at 11:15am or 11:30am. An order summary report indicates that R2 has a physician order for Amlodipine Besylate 5mg tablet, Give 1 tablet by mouth one time a day for Hypertension, Aspirin 81mg, Give 1 tablet by mouth one time a day for peripheral vascular disease, Heparin Sodium (Porcine) Solution 5000 UNIT/ML, Inject 1 ml subcutaneously every 12 hours for prevent deep vein thrombosis, Jardiance Oral Tablet 10mg one time a day for type 2 Diabetes Mellitus, Metformin Tablet 1000mg 1 tablet by mouth two times a day for diabetes, Sitagliptin Phosphate Tablet 100mg 1 tablet by mouth one time a day for diabetes. Medication Administration Record for May 2026 indicates no pain medication administered per R2 request. An order summary report indicates that R3 has a physician order for Metoprolol Succinate ER Tablet Extended Release 24Hour 25mg 1 tablet by mouth one time a day for atherosclerotic heart disease of native coronary artery, Pantoprazole Sodium Tablet Delayed Release 40mg 1 tablet by mouth one time a day, ProSource Oral Liquid (Nutritional Supplements) Give 30 ml by mouth two times a day for nutrition support, Senna-S Tablet 8.6-50 MG (Sennosides-Docusate Sodium) 1 tablet by mouth two times a day for Constipation, Tab-A-Vite Tablet (Multiple Vitamin) 1 tablet by mouth one time a day for Nutritional Supplement, Tamsulosin HCl Capsule 0.4mg 1 capsule by mouth one time a day for benign prostatic hyperplasia, Zoloft Tablet 25mg 1 tablet by mouth one time a day for help manage alterations in mood state. An order summary report indicates that R4 has a physician order for Aspirin Oral Tablet Chewable 81mg 1 tablet by mouth one time a day for heart healthy, Losartan Potassium Tablet 100 MG Give 1 tablet by mouth one time a day for hypertension, Metoprolol Tartrate Tablet 25 MG Give 1 tablet by mouth two times a day for hypertension, Nifedipine ER Tablet Extended Release 24 Hour 90 mg 1 tablet by mouth one time a day for hypertension, Omeprazole 40mg Capsule delayed release 1 capsule by mouth in the morning for Heartburn Indigestion, Renal-Vite Oral Tablet 0.8mg 1 tablet by mouth in the morning for supplement, Sevelamer Carbonate Oral Tablet 800mg give 1600 mg by mouth three times a day for End stage renal disease.Facility Policy on Medication AdministrationGeneral: All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis.Level of Responsibility: RN, LPNGuideline:An order is required for (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145087	A. Building B. Wing	05/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Oak Lawn	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	administration of all medication.Medications are administered by licensed personnel only.6. Check medication administration record prior to administering medication for the right medication, dose, route, patient/resident and time.13. Verify that the medication is being administered at the proper time, in the prescribed dose, and by the correct route.22. If medication is not given as ordered, document the reason on the MAR and notify the health care provider if required.