

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>40001</p> <p>Based on observation, interview, and record review the facility failed to provide timely incontinence care for 1 of 3 dependent resident, R13 in a sample of 28 reviewed for activities of daily living.</p> <p>Findings include:</p> <p>On 4/9/2024 at 10:30am R13 informed this writer that she had been waiting all morning to for assistance with incontinence care and to be placed in her wheelchair, and no one had returned since bringing her breakfast tray. R3 stated the last incontinence care assistance had been at 4:30am when her blood glucose was obtained by the nurse.</p> <p>On 4/9/2024 at 10:40am V3(Assistant Director of Nursing-ADON) observed with the writer R13 hospital gown soaked from the waist down, the smell of urine, the depends on was soaked with dark urine and the bed linen wet with urine.</p> <p>On 4/9/2024 at 10:45am V3 stated this is not okay the nursing assistants should be making rounds every two hours and as needed.</p> <p>On 4/9/2024 at 10:42am V24(Lead Certified Nursing Assistant-CNA) stated I will assist R13 in cleaning up. V24 stated the CNA for R13 is in another resident room. The nursing staff is expected to do rounds every two hours and as needed this is not okay, she does want to be up for bingo.</p> <p>On 4/12/2024 at 10:30am V20(Certified Nursing Assistant-CNA) stated that she is R13's nursing assistant most of the time and that she entered her room at 7am to round and observed that she was wet but not a lot, so she did not do any incontinence care. V20 stated she then proceeded to take her vital signs and then do other resident vital signs. V20 stated the breakfast trays arrived and V20 told R13 that she would return after breakfast and was not able to return to her room. V20 stated she did ask the lead CNA to assist R13 I don't know what happened after that.</p> <p>On 4/12/2024 at 9:45am V2(Director of Nursing-DON) stated the certified nursing assistants should round every two hours and as needed.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An order Summary Report dated 4/10/2024 indicates that R13 has a diagnosis of a need for assistance with personal care. A care-plan dated 9/28/2024 that R13 is at risk for further skin complications related to physical limitations, incontinence. Interventions to assist and encourage resident to turn and reposition every one to two hours and as needed. Provide skin care after each incontinent episode.</p> <p>Facility Policy: Incontinence care revised on 1/2024</p> <p>General:</p> <p>Incontinence care is provided to keep residents as dry, comfortable and odor free as possible. It also helps in preventing skin breakdown.</p> <p>Guideline:</p> <p>4. Remove soled clothing and linen.</p>		

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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>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>2. Resident at risk for falls will have fall risk identified on the care plan with intervention implemented to minimize fall risk.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>39781</p> <p>Based on observation, interview, and record review the facility failed to sign the shift-to-shift controlled substance count sheet acknowledging that actual count of controlled substances and count sheet matches the quantity documented. This deficiency affects one (North Unit Medication cart 1) of four medication carts reviewed for Handling, Storage and Record Keeping of Controlled Substance.</p> <p>Findings include:</p> <p>On 4/9/24 at 11:06AM, Checked North medication cart 1 with V11 Licensed Practical Nurse (LPN). Narcotic and controlled substance shift to shift count sheet incomplete. Missing numerous nurse's signatures dated: 4/2/24- 2nd and 3rd shift; 4/3/24- 1st and 3rd shift; 4/4/24- 1st shift; 4/8/24- 1st, 2nd and 3rd shift. V11 stated that both nurses, off-going and on-coming, will sign after counting the narcotic/controlled substance count sheet.</p> <p>On 4/9/24 at 12:30PM, informed above observation to V3 Assistant Director of Nursing (ADON). V3 stated that the going off duty nurse and coming on duty nurse are to count all controlled drugs together at each change of shift and sign.</p> <p>Facility's policy on Controlled Substance review date 1/10/2024 indicates:</p> <p>General: Medications classified by the FDA (Food and Drug Authority) as controlled substances have high abuse potential and may be subject to special handling, storage and record keeping.</p> <p>Policy:</p> <p>11. All scheduled II-controlled substances (and other schedules if facility policy so dictates) will be counted each shift or whenever there is an exchange of keys between off -going and on-coming licensed nurses. The two nurses will:</p> <p>d. Both nurses will sign the Shift/Shift Controlled Substance Count Sheet acknowledging that the actual count of controlled substance and count sheet matches the quantity documented.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>39781</p> <p>Based on observation, interview, and record review the facility failed to monitor and document medication refrigeration temperature and failed to place date on tuberculin purified protein after opening as manufacturer recommendation. This deficiency affects both two medication rooms (West and North unit) reviewed for Safe Medication Storage.</p> <p>Findings include:</p> <p>On 4/9/24 at 9:31AM, Checked [NAME] unit medication room storage with V10 Licensed Practical Nurse (LPN). Used/opened not dated tuberculin purified protein 5ml vial. The vial has instructions to discard after 30 days from opening. V10 LPN stated that they should write the date after opening the tuberculin vial.</p> <p>On 4/9/24 at 11:23AM, Checked North unit medication room storage with V11 LPN. Actual medication refrigerator temperature is 40F read by V11 LPN. On April 2024 refrigerator temperature monitoring log was not recorded from 4/4, 4/6, 4/7, 4/8 and 4/9/24. V11 LPN stated that the night shift is responsible for monitoring and documenting the medication refrigerator temperature daily. Reviewed March 2024 Medication Refrigerator temperature monitoring log with V11 LPN which indicated temperature was not monitored and documented on the following dates: 3/1, 3/2, 3/3, 3/9, 3/10, 3/11, 3/12, 3/22, 3/30 and 3/31/24. Medications inside the refrigerator are 3 boxes of lorazepam, 2 boxes of suppository, 1 bottle of vancomycin suspension, 1 bottle of cephalexin suspension, 1 insulin Humulin R vial, 3 insulin pen, 6 IVPB (Intravenous piggy bag) medications and 2 MVI (multivitamin) vials.</p> <p>On 4/9/24 at 12:30PM, informed the above observation to V3 Assistant Director of Nursing (ADON). V3 stated that the Medication refrigerator temperature should be monitored and recorded daily. Multi dose vials should be dated after opening.</p> <p>Facility's policy on Medication Storage in the facility review date 1/2024.</p> <p>General: Medications and biologicals are stored safety, securely and properly following the manufacture or supplier recommendations. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.</p> <p>Procedure:</p> <p>12. A thermometer must be kept in the refrigerator containing medications to allow proper temperature monitoring.</p> <p>18. Facility staff will assure that the multi-dose vial is stored following manufacturer's suggested storage conditions</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41846</p> <p>Based on interview and record review, the facility failed to offer influenza, Pneumococcal and COVID immunizations as required to three of five residents (R21, R107, and R133) reviewed for immunization in a sample of 28 residents.</p> <p>Finding include:</p> <p>During record review on 4/11/2024 at 11:00 AM, R107 and R133' s immunization records did not indicate that these residents received or refused the Pneumococcal, Influenza and COVID vaccine. R21's immunization record indicated that she last received the Pneumococcal vaccination on 10/1/2022. There was no documentation of any given or refused of the vaccination.</p> <p>On 4/11/24 at 11:45am, and V2 (Director of Nursing) and V4 (Infection Prevention) both stated, all immunization given or refused should be documented. V4 stated that, she is responsible for checking that residents' s immunizations are up to date once admitted into the facility. V4 stated that she took over the position two weeks ago.</p> <p>On 4/11/23 at 1:45 pm, V2 and V15(Unit Manager) both stated that all residents admitted into the facility are assessed by the admitting nurse for immunization and documented in the resident's medical record.</p> <p>Facility Policy Reviewed 1/2024 reads: Pneumococcal Vaccination.</p> <p>Guideline:</p> <ol style="list-style-type: none"> 1. All current residents or the resident's responsible party will be screened and offer the pneumococcal vaccine within the first week of admission and annually eligible per CDC guidelines. 2. if the resident or responsible party declines the vaccine this information will be documented in the immunization tab of the electronic health record. <p>Facility Policy Reviewed 5/21/2023 reads; COVID-19 VACCINATION-Resident</p> <p>General: COVID-19 vaccination is one of the Core Principle of COVID-19 Infection Prevention. [NAME] is dedicated to ensuring that vaccination is available for all residents.</p> <p>Policy: all residents will be offered the COVID-19 vaccine.</p> <p>Facility Policy Reviewed 1/2024 reads; Influenza (Flu)Vaccine.</p> <p>Guideline: annually all residents all residents' responsible parties will be asked if they want to receive the influenza vaccine.</p>		