

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145681	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Aliya of Crestwood		STREET ADDRESS, CITY, STATE, ZIP CODE 13259 South Central Avenue Crestwood, IL 60418	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>34072</p> <p>Based on interviews and record reviews, the facility failed to follow its skin prevention policy and notify one resident's (R1) family regarding a new facility acquired wound timely. This affects one of three (R1) resident reviewed for change in condition notification.</p> <p>Findings include:</p> <p>On 1/23/25, V3 (wound care nurse) stated that R1 was at high risk for skin breakdown. V3 stated that R1 developed a facility acquired MASD (moisture associated skin damage) sacral wound due to loose stools, moisture in brief due to sweating, and loose skin (on 12/23/24). V3 stated that the was an overall decline in R1's medical condition. V3 stated that while R1 was in the hospital, R1 was started on dialysis treatments three times a week. V3 stated that since R1 was readmitted from the hospital, R1's overall condition has declined. V3 stated that on 12/17 she discussed with R1's family that R1's multiple comorbidities and risk factors could cause skin impairments. V3 stated at that time, R1 did not have any skin alterations. V3 stated that on 12/30 V3 did R1's wound care treatment in the presence of R1's family member.</p> <p>R1's medical record documents:</p> <p>On 12/17, V3 noted skin assessment completed with R1's family member present at bedside. R1 continues with scattered areas of pink healed scar tissue within hyperpigmented skin to sacrum and bilateral buttock. No redness, warmth, swelling, drainage or other signs/symptoms of infection noted. Barrier cream re-applied per order without incident. No skin impairments noted however R1 does have thin fragile skin.</p> <p>On 12/23, R1 evaluated per wound nurse practitioner at bedside related to scattered areas of moisture associated skin damage. No signs/symptoms of infection. Area cleansed and pat dried with treatment applied per order without incident.</p> <p>On 12/30, R1 evaluated and treated per wound nurse practitioner at bedside. Areas cleansed and pat dried with treatment applied per order without incident.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/3, R1's other family member present in facility and made aware of R1's current wound status and current treatment orders-verbalized complete understanding. R1's family member informed that R1 has had poor caloric intake resulting in weight loss-verbalized complete understanding. R1's family member informed that R1 has multiple comorbidities and risk factors that can impede current wound healing and/or cause new wounds to develop despite interventions in place-verbalized complete understanding.</p> <p>There is no documentation found in R1's medical record noting R1's family was notified of R1's sacral wound, its deterioration, treatment plan, or the changes to the treatment plan (from 12/23/24 to 12/30/24).</p> <p>This facility's skin care prevention policy, dated 01/2024, notes educate the resident's representative regarding pressure ulcer prevention and treatment.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>34072</p> <p>Based on interviews and record reviews, the facility failed to follow its skin care prevention policy and develop a person-centered care plan with interventions to prevent or reduce the risk of developing skin breakdown. This affects one of three residents (R1) reviewed for care plan development.</p> <p>Findings include:</p> <p>On 1/23/25 at 10:00AM, V3 (wound care nurse) stated that R1 was at risk for skin breakdown. V3 stated that R1 developed a facility acquired MASD (moisture associated skin damage) sacral wound due to fragile skin, loose stools, moisture in brief due to sweating, and loose skin. V3 stated that there was an overall decline in R1's medical condition since R1 was readmitted from hospital stay in November.</p> <p>On 1/23/25 at 12:00PM, V4 CNA (certified nurse aide) stated that R1 is dependent for all ADLs (activities of daily living).</p> <p>On 1/23/25 at 12:35PM, V7 LPN (licensed practical nurse) stated that stated that R1 was able to make slight movements, but not able to reposition self.</p> <p>R1's comprehensive care plan does not note a risk for an alteration in skin integrity or actual skin impairment care plan was initiated related to R1 being at high risk for skin breakdown and developing a facility acquired wound.</p> <p>This facility's skin care prevention policy, dated 1/2024, notes the nursing department will review all new admissions/re-admissions to put a plan in place for prevention based on the resident's activity level, comorbidities, mental status, risk assessment.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>34072</p> <p>Based on observations, interviews, and record reviews, the facility failed to follow its tube feeding policy and check the resident's gastrostomy tube for residual prior to administering medications and bolus feeding. This failure affected one resident (R1) out of three residents reviewed for gastrostomy tubes in a sample of 5.</p> <p>Findings include:</p> <p>On 1/22/25 at 4:30PM, this surveyor observed V10 RN (registered nurse) administer medications and bolus feeding for R2. V10 was not observed checking R2's G-tube (gastrostomy tube) for any residual or checking placement prior to administering R2's scheduled medications. V10 was observed administering 150ml (milliliters) of water prior to initiating R2's bolus G-tube feeding.</p> <p>On 1/23/25 at 12:20PM, V6 LPN (licensed practical nurse) stated that the resident's G-tube should be checked for residual before administering medications and bolus feedings via G-tube.</p> <p>On 1/23/25 at 12:35PM, V7 LPN stated that the resident's G-tube should be checked for residual before administering medications and bolus feedings via G-tube. V6 stated that if the residual from the G-tube is greater than 150ml (milliliters), the physician needs to be notified for orders.</p> <p>On 1/23/25 at 1:47PM, V8 ADON (assistant director of nursing) stated that the nurse is expected to check for residual before administering any medications and bolus feedings via G-tube.</p> <p>R2's POS (physician order sheet), dated 12/6/24, notes an order to check for residual.</p> <p>This facility's tube feeding policy, dated 01/2024, notes to check tube placement via residual before initiation of formula, medication administration, and flushing tube. Flush the tube with the amount of water ordered at the end of the bolus tube feeding.</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>34072</p> <p>Based on observations, interviews, and record reviews, the facility failed to follow its enteral tube medication administration policy and administer water in between each medication administered and administer scheduled medications per physician orders for one resident (R1) out of three reviewed for medication administration in a sample of 5.</p> <p>Findings include:</p> <p>On 1/22/25 at 4:30PM, this surveyor observed V10 RN (registered nurse) prepare R2's medications for administration. V10 crushed R2's medications and placed each medication in a separate medication cup. V10 was observed dissolving each medication in water. V10 administered R2's medications via gastrostomy tube. V10 was not observed flushing the gastrostomy tube with 5-10ml of water in between each medication administered.</p> <p>On 1/22/25 at 4:30PM, V10 stated that R2's omeprazole was not present in the medication cart. V10 did not inform R2 that R2 was not receiving this medication.</p> <p>On 1/23/25 at 9:45AM, R2 complained of his stomach bothering him to V3 LPN (licensed practical nurse). R2 denied nausea or vomiting, but unable to describe the type of stomach pain he is experiencing.</p> <p>R2's medical record notes R2 with diagnoses including but not limited to gastric ulcer, esophageal obstruction, and gastrostomy.</p> <p>R2's POS (physician order sheet), dated 12/6/24, notes an order for omeprazole 20mg (milligrams) via G-tube twice a day related to gastric (stomach) ulcer. It also notes an order to flush G-tube with 30ml water before and after medications, with 5ml between each medication.</p> <p>R2's MAR (medication administration record), dated 1/22/25, notes omeprazole 20mg is scheduled to be administered at 4:00PM and is documented administered.</p> <p>This facility's enteral tube medication administration policy, dated 01/2023, notes to flush the feeding tube with 5-10ml (milliliters) of water after each medication administered.</p> <p>This facility's medication administration policy, dated 01/2024, notes verify that the medication is being administered at the proper time. Document as each medication is prepared on the MAR. If the medication is not given as ordered, document the reason on the MAR.</p>		