

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  02/28/2025
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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>38796</p> <p>Based on interview and record review the facility failed to follow their policy and provide a written notice of room change with and explanation of the room change for one of one resident (R2) reviewed for written room change notice.</p> <p>Findings include:</p> <p>On 2/27/25 at 10:39am V1 (R2's sister/ POA-Power of Attorney) said the facility did not discuss R2's room change with her. V1 said she did not get a copy of the room change notice.</p> <p>On 2/27/25 at 4:40pm request was made to V4 (Director of Nursing) V5 (Administrator) and V7 (Social Service) to review the written notice of room change for R2.</p> <p>On 2/28/25 upon exit of this survey V5 (Administrator), V4 (Director of Nursing), and V7 (Social Worker) did not present a copy of the written notice of room change and explanation of room change for R2, the facility did not present documentation denoting a written notice was given to R2's family/poa/ resident representative</p> <p>Facility policy dated 11/1/2023 denotes in-part room change/transfer within facility. To assure residents and/ or their representatives are appropriately notified of room transfers and that the room's occupants are notified that they will be receiving a new roommate. When a resident is being moved to a new room at the request of the facility, the residents, family or resident representative shall receive an explanation in writing of why the move is required. The resident will be provided the opportunity to see the new location, meet the new roommate, and ask questions about the move.</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 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>38796</p> <p>Based on interview and record review the facility failed to follow their abuse prevention policy and report an allegation of abuse to the abuse coordinator and or Director of Nursing on 2/21/25 for one of one resident (R1) reviewed for abuse reporting.</p> <p>Findings include:</p> <p>R1 face sheet denotes R1 has diagnosis of dementia.</p> <p>On 2/27/25 at 4:19 pm V3 (Registered Nurse) said V1 (visitor) approached him on 2/21/25 and said that V2 (Certified Nursing aide/CNA) slapped R1 on the knee. V3 said he did not report the allegation to V4 (DON) or V5 (Administrator).</p> <p>On 2/27/25 at 4:25 pm (Director of Nursing) said he was not aware of the allegation of abuse for R1.</p> <p>Facility policy titled abuse prevention dated 3/2022 denotes in-part, internal reporting requirements and identification of allegations. Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator or the compliance officer. In the absence of the administrator, reporting can be made to individual who has been designated to act in the administrator's absence.</p>