

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145983	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2025
NAME OF PROVIDER OR SUPPLIER  Aliya on 87th		STREET ADDRESS, CITY, STATE, ZIP CODE 2940 West 87th Street Chicago, IL 60652	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>29536</p> <p>Based on record review and interview the facility failed to follow their abuse policy for two residents (R1,R2,) out of four residents reviewed for abuse. This failure resulted in staff members not immediately intervening in a situation where residents became abusive to each other. Staff did not intervene in time resulting in R1 and R2 engaging in a physical altercation that lead to them both putting scratches/abrasions on each other's faces.</p> <p>Finding Include:</p> <p>R1's wound assessment sheet dated 4/25/25 reads upon assessment writer noted skin alteration to face. Classification abrasion. Doctor made aware , staff to continue to monitor.</p> <p>R1s Nursing Note 4/25/2025 08:35 reads: was notified of the situation that occurred and will notify the rest of her family. MD has also been notified.MD wants wound care to evaluate and treat. Resident does not need to go out to the hospital at this time. Resident was separated and in stable condition. No c/o(complaints of) pain or discomfort at this time. First aid applied.</p> <p>R2's wound assessment sheet dated 4/25/25 reads upon assessment writer noted skin alteration to face. Classification abrasion. Doctor made aware , staff to continue to monitor.</p> <p>R2'S Nursing Note4/25/2025 15:42 reads: MD wants wound care to evaluate and treat. Resident does not need to go out to the hospital at this time. Resident was separated and in stable condition. No c/o pain or discomfort noted. First aid applied.</p> <p>On 5/6/25 at 10:45 am V3 (Certified Nurse Aide) stated she was sitting at the nurses station and saw R1 wandering down the hall and redirected her to sit down in the hallway by the nurses station. V3 stated R2 rolled to where R1 was sitting and heard them talking and heard R1 tell R2 to move her hand away. V3 stated as she was getting up from the nurses station when R1 stood up over R2 then they started wailing their hands at each other. V3 stated she separated them both and the nurse (V6) came and assessed them. V3 stated after they were separatedshe noticed scratches on both of their faces.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145983	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2025
NAME OF PROVIDER OR SUPPLIER  Aliya on 87th		STREET ADDRESS, CITY, STATE, ZIP CODE  2940 West 87th Street Chicago, IL 60652	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/7/25 at 10:10 am V6 (Licensed Practical Nurse) stated she was getting off the elevator and saw R1 and R2 wailing their arms at each other while V3 was separating them. V6 stated they separated them and took them to their rooms. V3 stated she noted after assessing R1 and R2 they both had small scratches on their face. V3 stated she gave them first aide by cleaning the scratches with normal saline. V3 stated she has worked on the Dementia unit for five years. V3 stated R1 had been on that unit for about a year and a half, while R2 had lived up there for about three years. V3 stated she has never witnessed them getting into an altercation before like the one she had witnessed.</p> <p>V2 (Wound Nurse) stated on 5/6/25 at 11:15 am stated she was told by V6 to look at R1 and R2 faces because they had gotten into a little scuffle. V2 stated noticed R1 had two small superficial scratches/abrasions under her right eye and that R2 had a small scratches/abrasions on her top lip . V2 stated neither needed extensive treatment only they were cleaned and monitored for any signs of an infection. V2 stated since the incident both resident scratches/abrasions have healed.</p> <p>Facility's abuse policy reads the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. The facility prohibits abuse, neglect, misappropriation of property, and exploitation of its residents, including verbal, mental, sexual or physical abuse; corporal punishment; and involuntary seclusion. Establishing an environment that promotes resident sensitivity, resident security and prevention of mistreatment. Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.</p>		