

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2024
NAME OF PROVIDER OR SUPPLIER  Aliya of Evanston		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 Oak Avenue Evanston, IL 60201	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41639</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure fall prevention measures were in place for 1 of 3 residents (R1) reviewed for safety and supervision in the sample of 5.</p> <p>The findings include:</p> <p>R1's electronic face sheet printed on 11/9/24 showed R1 has diagnoses including but not limited to fracture of 2nd lumbar vertebrae, cerebral infarction, bipolar disorder, schizophrenia, and hypertension.</p> <p>R1's facility assessment dated [DATE] showed R1 has moderate cognitive impairment and requires substantial assistance for transfers.</p> <p>R1's care plan dated 12/28/18 showed, (R1) is at high risk for falls related to impaired mobility, history of cerebrovascular accident, history of falls, and psychotropic drug use .requires use of floor mat to prevent injury from falls, place call light within reach, use wheelchair for locomotion and mobility and ensure device is operable.</p> <p>On 11/9/24 at 10:28AM, R1 was in his bed with his wheelchair and over the bed table next to his bed. R1's floor mat was folded up and leaning against the wall by his door. R1's wheelchair had both wheels locked; however, surveyor was able to move the wheelchair around due to the right brake not locking completely.</p> <p>On 11/9/24 at 11:05AM, V3 (Registered Nurse) stated, (R1) should have his call light within reach and a fall mat next to his bed at all times. He just had a fall with a fracture in his vertebrae, so we need to ensure we have all precautions in place for him. He is noncompliant at times asking for help, so we at least need to make sure everything is in place. Surveyor then accompanied V3 to R1's room where she visualized and confirmed that R1's floor mat was not in place and then attempted to activate R1's call light and it was not lighting up to alert staff if he needed assistance.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/9/24 at 1:50PM, V2 (Regional Nurse Consultant) stated, Fall prevention measures should be in place for all residents that have a care plan for these items. The measures are implemented to prevent injury and hopefully prevent falls. If (R1) does not have a working call light, he cannot call for help. If his fall mat is not in place, then he could potentially be injured during a fall. We were not aware that (R1's) wheelchair was not locking all the way. This potentially could have contributed to his last fall, but we cannot be sure as (R1) does not really recall his most recent fall.</p> <p>R1 was interviewed regarding his most recent fall and was unable to provide details of the fall.</p> <p>The facility's policy titled, Fall Prevention and Management dated 1/2024 showed, 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 environment as possible .</p>		