

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/10/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA ON 87TH				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET , CHICAGO, Illinois, 60652			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
S0000	Initial Comments Complaint Investigations: 2683616/IL2965080 2681794/IL2740447	S0000				04/20/2026	
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.610a) 300.1210b) 300.1210d)6) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.	S9999				04/30/2026	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/10/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA ON 87TH				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET , CHICAGO, Illinois, 60652			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
S9999	Continued from page 1 d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These regulations were not met as evidence by: Based on interview and record review the facility a.) failed to provide a proper transfer for a dependent resident that required a two person assist with a mechanical lift, b.) failed to communicate a resident's mode of transfer to a new employee and c.) failed to educate a staff of how to properly transfer a resident. This failure resulted in one (R4) resident sustaining an impacted transverse fracture of the right humeral neck and the greater tuberosity during the resident transfer from the wheelchair to the bed. Findings include: R4 was admitted to the facility on 08/18/24 with diagnosis not limited to Dementia, Anxiety Disorder, Peripheral Vascular Disease, Gastrostomy, Hyperlipidemia, Major Depressive Disorder, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side, Need for Assistance with Personal Care, Reduced Mobility, Disorder of Brain and Unspecified Displaced Fracture of Surgical Neck of Right Humerus, Initial Encounter for Closed Fracture. R4's MDS (Minimum Data Set) BIMS (Brief Interview for Mental Status) score is 09 indicating moderate impairment. Section GG Functional Abilities: Mobility Devices: Wheelchair, Chair/bed-to-chair transfer: Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. or, the assistance of 2 or more helpers is required for the resident to complete the activity. R4's Care Plan document in part: Focus: R4 is at risk for alteration in Comfort. 03/12/26 Readmitted to facility with right humerus fracture. Focus: R4 has history of Cerebral Vascular Accident (Stroke). Focus: ADL (Activities of Daily Living): R4 requires assistance with daily care needs r/t (Related to)	S9999				04/30/2026	

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/10/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA ON 87TH				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET , CHICAGO, Illinois, 60652			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 2 Right side hemiplegia/hemiparesis and COPD (Chronic Obstructive Pulmonary Disease). Interventions: Mechanical lift with two assists for transfers. Date Initiated: 01/04/25. Focus: FALL: R4 is at high risk for falls r/t generalized weakness and left side hemi. Date Initiated: 01/14/26. Interventions: Currently uses manual wheelchair for mobility needs. Mechanical lift with two assists for transfers. Date Initiated: 01/14/26. Focus: Potential for falls, R4 at HIGH risk for injury from falls. Date Initiated: 01/16/26. Focus: SKILLED/ADL: R4 has a Self-care deficit r/t Hemiparesis, hemiplegia and CHF (Congestive heart failure). Interventions: Use mechanical lift for all surface-to-surface transfers. R4's Physician order document in part: Order: Right Humerus, 2+ Views / Right Elbow, 2 Views / Right Shoulder, Complete, 2+ Views / Right Wrist, 2 Views / Right Forearm, 2 Views / Right Hand, 2 Views Completed Imaging X-Ray 03/11/26 00:00. 1. Non weight bearing to right arm, use of sling for comfort. 2. Non weight bearing right upper extremity shoulder immobilizer for comfort. 3. Elevate and ice right upper arm extremity. Every shift for comfort measures. Radiology Results Report dated 03/11/26 document in part: Right Humerus, 2+ Views / Right Elbow, 2 Views / Right Shoulder, Complete, 2+ Views / Right Wrist, 2 Views / Right Forearm, 2 Views / Right Hand, 2 Views. Right Humerus 2+ Views. Clinical information: Pain. Findings: Right Humerus examination reveals impacted transverse fracture of the humeral neck and the greater tuberosity. Impression Right Humerus: Fracture of the humeral neck and greater tuberosity. Findings: Right Elbow: Examination reveals mild soft swelling. Findings: Right Shoulder examination reveals slightly impacted transverse fracture of the humeral neck and the greater tuberosity. Findings Right Wrist examination reveals soft tissue swelling. Findings: Right Forearm examination reveals mild soft tissue swelling. Findings: Right Hand examination reveals mild soft tissue swelling. Progress note dated 03/10/26 22:00 document in part: Summary for Providers Situation: The Change in Condition/s reported Evaluation are/were: Pain (uncontrolled). Outcomes of Physical Assessment: Positive findings reported on the resident/patient evaluation for this change in condition were: - Pain Status Evaluation: Does the resident/patient have pain? Yes, Nursing observations, evaluation, and recommendations are: Complain of RUE (right upper extremity) with touch or movement. PRN (as needed) Pain medication given. rest encouraged. Primary			S9999			04/30/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/10/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA ON 87TH				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET , CHICAGO, Illinois, 60652			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 3 Care Provider responded with the following feedback: A. Recommendations: Hold Tramadol while taking NORCO Start Norco 5/325 mg (milligram) tablet - 1 tab/via gastric tube/q (every) 6hr (hours)/prn for pain Order x-rays of right humerus, right forearm, right hand and wrist B. New Testing Orders: - X-ray - New or Change in Medications. Progress note dated 03/10/26 22:39 document in part: Extremity Pain History Present Illness: R4 reporting pain to the RUE that started this evening. R4 has no prior history of similar pain in the past. R4 was given Tramadol about an hour ago with no improvement in pain. States pain started as she was being transferred from wheelchair to bed and twisted arm. Per nurse and/or patient Diagnosis, Assessment/Plan: - Pain in right upper arm (Primary). Order x-rays of right humerus, right forearm, right hand and wrist. Progress note dated 03/11/26 00:27 document in part: Nursing Note: STAT X-Rays of RUE (right upper extremity) per order. Progress note dated 03/11/26 02:51 document in part: STAT X-rays of right humerus, right forearm, right hand and wrist r/t right upper extremity pain STAT X ray of right humerus, right forearm, right hand and wrist r/t pain completed on 03/11/26 at 0215. Progress note dated 03/11/26 03:01document in part: Nursing Note: occasional c/o pain to right arm with movement, x ray of right arm completed this night shift. Progress note dated 93/11/26 06:10 Diagnostics Note Text: Relayed STAT Radiology results of x ray of right humerus, right elbow, right wrist, right forearm, right hand. Impression: impacted transverse fracture of the humeral neck and the greater tuberosity with no significant displacement. Orders received to send resident to emergency department for further eval and treatment. Progress note dated 03/11/26 07:37 document in part: Radiology review: abnormal results and/or requiring provider assessment History Present Illness: Patient presenting for a radiology review. Patient started complaining of right shoulder pain during yesterday evening shift. Radiology report shows a fracture of the right humoral neck, and greater tuberosity. RN reports tenderness to area and reduced ROM (range of motion) and rate upper extremity. Exam findings per nurse and video			S9999			04/30/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/10/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA ON 87TH				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET , CHICAGO, Illinois, 60652			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 4 observation: pain and guarded movements in right arm. Reduced ROM in right arm. Diagnosis, Assessment/Plan: Unspecified fracture of upper end of right humerus, initial encounter for closed fracture (Primary.) This is an acute new problem Condition is guarded Fracture of the right humoral, neck, and greater tuberosity Orders: Transfer to Emergency Department. Progress note dated 03/11/26 14:36 document in part: Nursing Note: Resident admitted to Hospital with dx (diagnosis). closed Humerus fx (fracture). Progress note dated 03/12/26 21:16 document in part: Nursing Note: resident received from Hospital via stretcher with dx. Right Humerus neck fracture. Patient with complaints of pain to right arm, Patient has sling present in hospital belongings. R4's initial reportable dated 03/11/26 document in part: date of incident 03/11/26. Time of incident 9am. R4 complain of pain in right arm. X-ray was done and noted with abnormalities. R4 was sent to the hospital for further evaluation. Resident is alert and verbally responsive with periods of forgetfulness. R4's final reportable dated 03/16/26 document in part: summary of investigation: Based on thorough investigation through staff interviews and medical record reviews. R4 was up in a wheelchair on 03/10/26 before lunch and was seated in the dining room. At approximately 2:00 pm V29 (Licensed Practical Nurse) stated that R4 requesting to go back to bed. Assigned CNA (Certified Nurse Assistant) was providing care to another resident. V29 sked another CNA to assist resident back to bed. V26 (Certified Nurse Assistant) stated that he brought R4 to room and proceeded to transfer R4 to bed with use of gait belt. Once in bed, Nurse came to assist V26 in repositioning R4. V26 then proceeded to leave room when R4 complained of pain to right wrist. Interviewed V26 and stated when he assisted R4 to stand with gait belt, R4 noted to grab the quarter rail. Xray showed slightly non-displaced fracture of the humerus. Final: Based on the known facts, interviews and medical records it was determined that during transfer, R4 grabbed the quarter rail. Xray showed slightly non-displaced fracture of the humerus. On 04/07/26 at 12:53 PM V10 (R4's Family Member) stated "on 03/10/26 R4 complained to the nurse that her arm was hurting severely. R4's arm was broken, and they wanted to send R4 to the hospital. No one knew what happened. They said R4 fell out the bed			S9999			04/30/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/10/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA ON 87TH				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET , CHICAGO, Illinois, 60652			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 5 but R4 was immobile. After I did some further investigations myself, I found out that it was poor transfer and they handled R4 incorrectly. They were doing the investigation but would never tell me who it was. R4 said no one dropped her and she did not fall out of the bed. R4 is very verbal and direct. I found out that R4 was mishandled when I met with, V35 (3rd floor Unit Manager) and V1 (Administrator)." On 04/07/26 at 11:55 AM V8 (Restorative Director) stated "R4 has had falls in the facility but none recently with injuries. R4's last fall according to risk management was 12/19/24. The injury of unknown origin, briefly R4 had a fracture but it was not due to a fall. R4 is max assistance and 2-person assistance for all transfers. R4 follows verbal commands, has a gastric tube, a history of Cardiovascular Accident, non-ambulatory and on oxygen. On 04/08/26 at 12:28 PM Per telephone interview V38 (Certified Nurse Assistant/Activity Aide) stated "On 03/09/26 R4 was not in any pain and did not say anything was wrong with her. R4 is transferred using the mechanical lift with 2 persons assistance. You can find the transfer status in Point Click Care, log in and go under Kardex or you can ask restorative." On 04/08/26 at 01:11 PM V13 (Licensed Practical Nurse) stated "I worked on 03/09/26 and R4 had no complaints of pain. R4 is a total assist and has a gastric tube. R4 is probably transferred using a mechanical lift but I am not 100% sure." On 04/08/26 at 11:54 AM Per telephone interview V39 (Certified Nurse Assistant) stated "R4 is transferred using the mechanical lift with 2 or more assists. I was there that morning on 03/10/26 and R4 did not complain of pain. We got R4 up in the wheelchair using the mechanical lift. R4 is verbal, will make her needs known and will let you know if she is in any pain." On 04/07/26 at 03:38 PM V26 (Certified Nurse Assistant) stated "I have worked here for 1 month. I don't have a permanent floor, but I mainly work on the third and sometimes on the second floor. I know R4 but I was not assigned to her. I put R4 in bed using my gait belt. It was about 1:45 PM and R4 was in the hallway. It was one of the female nurses that ask me to put R4 in bed because R4 had been up all day and was tired. R4 was in a wheelchair, and I took her into the room, put my gait belt around her and proceeded to stand and pivot. R4 grabbed on the bedrail, let it go then grabbed me and I sat R4 on the bed. When I was about to exit the room, R4			S9999			04/30/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/10/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA ON 87TH				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET , CHICAGO, Illinois, 60652			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 6 said my arm hurt. I went and notified the female nurse. The nurse said okay, I will go and assess her. The nurse did not tell me how the resident was supposed to be transferred. That was my first or second day on the floor. I was not aware that R4 was a 2 person assist with a mechanical lift. I was aware R4 was injured when they started investigating." On 04/07/26 at 03:19 PM V25 (Registered Nurse) stated "I am one of the nurses that take care of R4. R4 has a gastric tube, wheelchair bound, needs staff assistance for transfers, alert and oriented x2. I am not sure how R4 is transferred but I know R4 needs staff assistance for transfers. On 03/10/26 when I came on the shift doing rounds and passing medications R4 complained of pain to her arm, and I gave her pain medication. I believe it was the right arm. R4 was in bed when I initially saw her. Subsequently, when I was passing medication that night R4 complained of more pain. The doctor ordered an Xray, so I called for a Stat Xray and endorsed it to the oncoming nurse." On 04/08/26 at 04:17 PM Per telephone interview V49 (Registered Nurse) stated "I received during report R4 complained of right arm pain. The previous nurse ordered an Xray and asked me to look for the results. I received the report and received an order to send R4 to the hospital for evaluation. R4 never complained of pain to her arm before that day. I received the in-service about transfers in February. Sometimes there are things that I miss out on because I am part time. When we attend an in-service, we have to sign a sheet to verify we attended and do a return demonstration." On 04/08/26 at 12:06 PM Per telephone interview V42 (Certified Nurse Assistant) stated "R4 is a 2-person assist with a mechanical lift and would be considered a total. R4 did not complain of pain prior to her injury to her right arm." On 04/08/26 at 10:50 AM Per telephone interview V18 (Former Director of Nursing) stated "V25 (Registered Nurse) called me and said R4 was having pain. V25 gave R4 pain medication and R4 was still complaining. V25 called telehealth and they ordered a different pain medication and to get an Xray. The Xray came back with the impression of a fracture. The nurse called the doctor and was given an order to send R4 out for evaluation. During the investigation V29 (Licensed Practical Nurse) asked V26 (Certified Nurse Assistant) to put R4 in bed. V26 used the gait belt when transferring R4 to bed, R4 grabbed the side rail, V26 sat R4 on the bed then			S9999			04/30/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/10/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA ON 87TH				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET , CHICAGO, Illinois, 60652			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 7 got R4 the rest of the way in bed. After V26 placed the rest of R4's body in bed R4 complained of pain to the arm. I don't remember which arm. V26 made R4 comfortable and said that he went and told the nurse. When I was doing the investigation V29 (Licensed Practical Nurse) said she did not know anything about R4's pain. The only person that called me about R4's pain was V25 (Registered Nurse). V26 said he told the nurse but didn't remember her name. R4 was supposed to be transferred using the mechanical lift with 2-person assistance and R4 was not properly transferred from the wheelchair to the bed. When not using the right device to transfer a resident there is a potential for injury." On 04/08/26 at 09:40 AM V29 (Licensed Practical Nurse) stated "I was told the next day about R4 going out for her right arm due to the Xray that she had for a fracture to the right upper humerus. When R4 came back from the hospital R4 had a sling to be applied when out of bed and an ice pack was applied to the shoulder. R4 is alert and oriented x1 to name." On 04/08/26 at 10:37 AM V35 (3rd floor Unit Manager) stated "R4 was complaining of pain and discomfort to her arm. The nurse got an Xray, received the results and R4 went to the hospital. R4 returned to the facility with a sling and ice. R4 is a mechanical lift with 2 people assist. The protocol for knowing how to properly transfer the residents is by looking at the Kardex under task or the staff should ask the nurse how to transfer the resident. If the resident is improperly transferred it can potentially cause an injury." On 04/08/26 at 04:05 PM Per telephone interview V47 (Nurse Practitioner/Physical Therapy) stated "I know R4, she was referred to therapy. In my professional opinion if a resident is transferred using improper transfer techniques, there is a potential for injury. If the proper transfer techniques were used the injury could have been avoided." On 04/08/26 at 12:23 PM V1 (Administrator) stated "we identified there was an issue with the resident transfer. We did the reeducation of the staff, the monitoring of the residents and we did an in-service. The PNC (Past Noncompliance) we identified with the staff, and we did a QA (Quality Assurance) form to make sure it does not happen again. The staff go to the Kardex to see what type of care needs to be provided for the residents. The failure that was recognized, the transfers of using a mechanical lift. During the investigation the root			S9999			04/30/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/10/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA ON 87TH				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET , CHICAGO, Illinois, 60652			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 8 cause of the resident we noted transfer technique was the failure and the completion date was 03/13/26. The incident happened on 03/10/26 and we did competencies for the sit to stand and mechanical lift. Restorative did the in-services. When we were doing the investigation we noted R4's transfer was improper." On 04/08/26 at 01:20 PM V8 (Restorative Director) stated "I did not see R4's report. I had to do the in-service about how to properly transfer, stand pivot, gait belt use and mechanical lift. We do a return demonstration." On 04/08/26 at 01:34 PM V1 (Administrator) stated "all of the certified nurse assistants and nurses were in-serviced on proper transfers." On 04/08/26 at 02:11 PM V1 (Administrator) stated "all staff should have been in-serviced." R4's Initial document request was emailed to V1 (Administrator) on 04/07/26 at 12:20 PM. The second request for R4's documents was emailed to V1 on 04/07/26 at 02:36 PM requesting R4's progress notes dated 03/10/26-03/12/26 and entire incident reportable dated 03/10/26 with interviews. On 04/08/26 at 02:54 PM surveyor asked V1 (Administrator) why she just presented the past noncompliance. V1 responded, "yesterday was the first day of the survey and all the questioning that we were getting interviewed on that. We did recognize the issue and started working on it. On the first day of the survey, we are trying to figure out the complaint. Does it make a difference, we did our in-services and our QA (Quality Assurance) forms that are still ongoing. The completion date is 03/13/26 ongoing with in-services and QA." Surveyor asked V1 how the transfer status policy includes the certified nurse assistants. V1 responded, "this is more or less the transfer of the residents. It is common sense despite, if the transfer status policy does not state it there. On orientation and orientation on the floor my staff are educated on where to find the transfer status." On 04/08/26 at 01:50 PM V14 (Licensed Practical Nurse) stated "I received the in-service about how to transfer residents at the beginning of the year. We have to sign a sheet that I attended the in-service. On 03/12/26 and 03/13/26 I was here but I do not see my name on the in-service sheet." On 04/08/26 at 01:44 PM V17 (Certified Nurse Assistant) stated "I can't recall when I received the			S9999			04/30/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/10/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA ON 87TH				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET , CHICAGO, Illinois, 60652			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 9 transfers in-service, but I signed a sheet." Surveyor showed V17 the transfer in-service sign in sheets and V17 responded, "I don't see my name." On 04/08/26 at 01:47 PM V53 (Certified Nurse Assistant) stated "I received the in-service about transfers a while back last year. I think I got it in January or February. There were four different ones, and we had to sign a sheet. I did not see my signature on the in-service sheets dated 03/12/26 and 03/13/26." On 04/08/26 at 02:32 PM V54 (Certified Nurse Assistant) stated "I received one in-service today and received one prior to that about last month at the beginning of March. On the signed in-service sheets there is no signature on 3/12/26 and 3/13/26. I'm a part time employee too and my signature is not on any of the in-service sheets." Past noncompliance documentation document in part: Plan of Correction document in part: Deficiency: 1. a. On 03/10/26 at approximately 02:30 PM V26 (Certified Nurse Assistant), was transferring R4 from wheelchair to bed and R4 suddenly grabbed on the rail tightly causing her arm to be overextended. During interview R4 stated that she was holding tight on rail since she felt her leg got weak and overextended her arm probably pain. b. R4 complained of right arm pain on 03/10/26 at 10 pm. Nurse practitioner was notified with order of x-ray. Xray was done which showed displaced fracture of right humerus. Medical doctor was notified with order to send R4 to hospital for evaluation. c. R4 was supposed to be transferred using mechanical lift and V26 transferred using 1 person transfer technique. d. R4 returned on 03/11/26. R1 may use sling/immobilizer for comfort. 3. The measures the facility will take or system the facility will alter to ensure that the problem will be corrected and will not recur: c. An observation audit was completed on all staff to ensure safe transfers. (See attachment C). Completion date: 03/13/26. Per the past noncompliance plan of correction 3. c. An observation audit was completed on all staff to ensure safe transfers. (attachment C). Completion date: 03/13/26. The facility provided the QA (Quality Assurance Audit) for observations being conducted after the completion date of 03/13/26. QA (Quality Assurance tool) Tool presented to the surveyor document in part: The Restorative Nurse and/or designee will conduct a random audit 3x/week for 4 weeks to ensure staff are conducting a safe transfer. (QA Tools dated 03/11/26, 03/12/26,			S9999			04/30/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/10/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA ON 87TH				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET , CHICAGO, Illinois, 60652			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 10 03/13/26, 03/15/26, 03/16/26, 03/17/26, 03/25/26, 03/26/26, 03/27/26, 04/01/26, 04/02/26 and 04/03/26 which does not indicate the name of the staff member performing the transfer, has random initials as the resident identifier and a column indicating staff performed transfer document, yes). In-Service Topic: Transfer: Hoyer Lifts, Sit to Stand, Gait Belt, Stand by Supervision. To CNAs (Certified Nurse Assistants), Nurses. Date of n-Service: 03/12/26 and 03/13/26. Document in part: All Surface-to-Surface transfer must comply with what is assigned to the resident Kardex. All resident that requires Hoyer Lifts, Sit to Stand mechanical lifts must be with 2 persons assist No exception!!!! At anytime a resident is transferred improperly will be unacceptable and disciplinary action will follow!!!! Resident stand pivot gait belt use gait belt not resident clothing!!! The in-service has a total of 56 nursing staff signatures. On 04/08/26 the Nursing staff roster was presented by the facility consisting of 152 nursing staff members. Policy: Titled "Transfer Status" reviewed 05/25 document in part: General: Resident/patient transfer status will be determined through a screening process provided by the restorative nurse or admitting nurse upon admission/readmission, significant change, and quarterly. Titled "Mechanical Lift" reviewed 05/25 document in part: General: To assist the lift and transfer of a resident from one surface to another using the mechanical lift when appropriate. Procedure: 1. Identify resident and explain procedure. 6. One caregiver is to focus on the resident's head and body positioning while the other is operating the lift. Titled "Restorative Nursing Program" reviewed 03/26 document in part: General: To promote each resident's ability to maintain or regain the highest degree of independence as safely as possible. 1. Each resident will be screened for restorative programs by the Restorative Nurse upon admission, quarterly and with any significant change in function. 5. Each resident involved in a restorative program will have an individualized program with individualized goals, and measurable objectives documented in the care plan. 6. Documentation of the interventions and resident's response will be			S9999			04/30/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/10/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA ON 87TH				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET , CHICAGO, Illinois, 60652			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
S9999	Continued from page 11 completed with each implementation. "B" 2 of 2 300.690a) 300.690b) 300.690c) Section 300.690 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. These regulations were not met as evidence by: Based on interviews and record reviews, the facility failed to provide a safe environment for one [R3] of five [R7, R9, R10, R11] residents reviewed for falls. This failure resulted in R3 falling from the bed, sustaining an open area to back of head, bleeding, sent to emergency department via 911 and was admitted to the hospital diagnosed with a blunt head	S9999				04/30/2026	

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/10/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA ON 87TH				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET , CHICAGO, Illinois, 60652			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 12 trauma. Findings include: R3's clinical record indicates in part: R3 was admitted on 1/9/26 and discharged to the hospital on 1/29/26 and did not return. R3's medical diagnosis of encephalopathy, unsteadiness on feet, dysarthria asthma, glaucoma, urinary tract infection, acidosis, anxiety, age related cataract, psoriasis, bilateral osteoarthritis, spinal stenosis, and acute cystitis. R3's minimum data set [MDS] dated 1/11/26, section [GG] indicates the following in part: R3 has impaired upper extremity range of motion. R3 requires full/extensive assistance from staff for ADL care, toileting, bed mobility, dressing and eating. MDS section [C] indicates R3 is severely cognitive impaired. R3's Admission Fall Risk Assessment dated 1/9/29 document in part: R3 is a high fall risk due to decrease in mobility and R3 was noted confused. R3's Care plan indicates in part: R3 requires assistance with daily care needs related to generalized weakness. Staff will anticipate and meet all of R3's needs on a daily basis through next review such as clean, dry, grooming, turning and repositioning R3. R3's Progress Notes in part: 1/29/2026 7:00 PM Medical Practitioner Note [V20] Post fall assessment, ER transfer R3 was seen as a nursing request for a post fall assessment. Per the nurse, she had the patient falling out of bed with CNA in attendance. Upon assessment, the patient was noted with frank bleeding from the back of her head. The patient is alert and oriented x 1. 1/29/2026 10:19 PM V33 [Licensed Practical Nurse] Nursing observations, evaluations, and recommendations are: The resident [R3] rolled out of the bed during care and sustained an open area at the back of her head. Primary Care Provider Feedback: Primary Care Provider responded with the following feedback: Transfer the resident [R3] to the nearest hospital via			S9999			04/30/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/10/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA ON 87TH				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET , CHICAGO, Illinois, 60652			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 13 911. 1/30/2026 5:13 AM, Nursing Note: Hospital called in concern of resident. Spoke with E.R. representative who informed the writer that R3 is still awaiting a bed and will be admitted with Blood head trauma and fall from bed. On 4/6/26 at 4:00 PM, V5 [R3's Family Member] stated, "On 1/29/26 at 9:36PM, I received a phone call from the facility's nurse. The nurse told me while R3 was being changed, R3 was turned and kept rolling off the bed and R3 was bleeding from the back of her head. Nurse said R3 was sent to the hospital emergency room for further assessment. Later, I received a phone call from the hospital emergency department, and I was told R3 was being admitted from the nursing home." On 4/10/26 at 9:55 AM, V32 [Certified Nurse Assistant] stated, "I have been a certified nurse assistant for eighteen years. I have been working at this facility for over a year. I have been assigned to R3 often. R3 is confused and needs total assistance. R3 was resting on air mattress due to her wound. R3 did not have side rails. R3 was a one person assist. I was providing incontinent care on R3. I rolled R3 to her other side to clean her up, when she kept rolling off the mattress on other side of the bed fell onto the floor. I ran around the bed, and R3 was alert, bleeding from the back of her head. I called the nurse. The nurse applied pressure to the bleeding and called 911. The bed was steady and there was no problem with the mattress. I rolled R3 to her other side, away from me, but she kept rolling so fast and fell off the bed before I could reach her. I knew I should have rolled R3 towards me, but it would have been hard to clean up all the feces. I should have got another staff member to assist me. A resident has never rolled off the bed with me during incontinent care." On 4/8/26 at 10:18 AM, V33 [Licensed Practical Nurse] stated, "I was in the room caring for R3's roommate when I heard R3 hit the floor. I turned around and saw V32, ran to the other side of the bed and I saw R3 on the floor. V32 said she turned R3 to clean her, and she kept rolling off the bed. R3 was bleeding from the back of her head, I applied pressure and called 911. I could not see exactly the wound or opening because R3 had braids. R3 was admitted to the hospital due to her fall."			S9999			04/30/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/10/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA ON 87TH				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET , CHICAGO, Illinois, 60652			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
S9999	Continued from page 14 On 4/7/26 at 2:20PM, V9 [Restorative Nurse] stated, "R3 requires max assistance with ADL care and bed mobility. R3 was here for about three weeks and had a decline in her mobility. R3 lost her upper body strength. R3 fell on 1/29/26, during second shift. V32 [Certified Nurse Assistant] was providing incontinent care, when V32 turned R3 to the other side away from her [V32] when R3 kept rolling and fell off the air mattress. V32 received education on turning and repositioning during incontinent care." Reviewed the facility's IDPH fall with injury reports. There was not a report related to R3's fall dated 1/29/26. On 4/7/26 at 3:00 PM, V1 [Administrator] stated, "I was not the administrator in January 2026. However, the facility policy and regulations read we only have to report an incident if the resident requires sutures or staples. No, there was no IDPH report completed related to R3's fall dated 1/29/26." On 4/7/26 and 4/8/26, surveyor phoned V19 [Former Administrator] three times, left message. No return call was received. On 4/8/26 at 2:00PM, V1 [Administrator] stated, "V19 is on vacation on a cruise boat, he is unavailable for interview." Policy in part: Reporting Of Unusual Occurrences: If the incident report is serious by which there is serious harm or injury related to a fall it will be reported to IDPH within 24 hours and a final summary within seven days. "C"	S9999				04/30/2026	