

Illinois State Department of 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 02/10/2026	
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 ANNUAL CERTIFICATION AND COMPLAINT SURVEY: 2716884/2680539 - 300.1810		S0000			02/25/2026	
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)4)A)5) 300.1810 l) 1 of 2 300.610a) 300.1210b) 300.1210d)4)A)5) Section 300.610 Resident Care PoliciesThe 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 b) 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		S9999			02/28/2026	

Office of Primary Care and Health Systems Management

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

Illinois State Department of 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 02/10/2026	
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 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. 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: 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These regulations were not met as evidence by: Based on observation, interview, and record review, the facility failed to follow its skin care prevention policies and procedures and failed to implement the resident's comprehensive care plan to prevent skin breakdown and wound development. This failure affected one (R1) of two residents reviewed for wound management and prevention, in a total sample of 35 residents. As a result of the facility's failure to provide timely and appropriate preventive skin care and incontinence management, R1 experienced a decline in skin integrity, evidenced by the development of a new Stage 2 pressure ulcer/injury and moisture-associated skin damage (MASD). Findings include: On 2/4/26 at 11:09 a.m., R149 stated her roommate (R1) has not been changed since 4:00 a.m. R149 said, "[R1's] been lying on that soiled diaper for hours. I've been awake since four in the morning and that was the last time the CNA [Certified Nursing Assistant] came in here to change her [R1]. They should know that she [R1]			S9999			

Illinois State Department of 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 02/10/2026	
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 needs to be changed frequently because she has that tube feeding going and she [R1] soils herself a lot." On 2/4/26 at 11:16 a.m., R1's lying in bed alert and able to verbalize needs. R1 stated she's wet and needs to be changed. R1 said she does not remember when the last time her diaper was changed, but she feels like it's been a while. R1 said that she has a wound on her back and the wound dressing was changed yesterday morning. On 2/4/26 at 11:35 a.m., surveyor notified V6 (Certified Nursing Assistant) that R1 needs incontinence care. V6 said she will notify the CNA assigned to R1. On 2/4/26 at 11:40 a.m., V7 (Certified Nursing Assistant/CNA) stated [V7] is the CNA assigned to R1. V7 said she started at 6:00 a.m. and had not yet had the opportunity to check on R1. On 2/4/26 between 11:43 a.m. and 11:56 a.m., surveyor observed V7 (CNA) providing morning care to R1. During the observation, R1's incontinence brief and pad were noted to be saturated with urine and feces. R1's perineal area (inner thighs and groin) and perianal (buttocks) were heavily soiled with urine and feces. R1's sacral wound dressing was also soiled and not intact. Surveyor and V7 observed skin breakdown in R1's perianal area, with a scant amount of bleeding noted. Surveyor and V7 also observed an open wound on R1's left inner thigh located at the area corresponding to the edge of R1's incontinence brief. The wound was noted along the line of contact where R1's incontinence brief rests against R1's skin measuring approximately four centimeters (cm) in length and approximately less than 1 cm in width. V7 stated that the wound on R1's left inner thigh is new. V7 stated, "That's from her [R1] diaper. It may be too tight on her [R1]." V7 also stated that the skin breakdown to R1's perianal area is new. On 2/4/26 at 12:11 p.m., V9 (Wound Care Coordinator/Licensed Practical Nurse) stated that R1's sacral wound dressing was last changed on 2/3/26, in the morning. V9 stated that V25 (Wound Physician) rounded on R1 with the wound care team on 2/3/26, and at that time no skin breakdown or open areas were noted on R1's left thigh or perineal area beside R1's current sacral pressure ulcer. V9 stated that R1's wound dressing should be changed as needed when soiled. On 2/4/26 at 12:15 p.m., V10 (Wound Care Nurse/Licensed Practical Nurse) stated that the last time she assessed		S9999				

Illinois State Department of 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 02/10/2026	
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 R1 was on 2/1/26, and at that time no skin breakdown was noted other than R1's sacral ulcer. On 2/4/26 between 12:19 p.m. and 12:51 p.m., surveyor observed a wound care treatment/assessment conducted by V9 and V10 for R1. During the observation, R1's incontinence brief was noted to be soiled with feces, and no wound dressing was in place on R1's sacral wound. V9 measured R1's sacral wound as follows: 5.5 centimeters (cm) in length, 6.2 cm in width, 0.3 cm in depth, with 1.5 cm of tunneling. V9 and V10 assessed R1's perianal area and stated that R1 had developed new moisture-associated skin damage (MASD). V9 stated that MASD can develop rapidly when the skin is exposed to moisture. V9 and V10 also assessed R1's left thigh and stated that R1 had acquired a new pressure wound. V9 stated it caused by R1's shearing and friction from R1's incontinence brief and if the brief remained in place for several hours, it could result in the development of pressure wound. V9 measured the left thigh wound as 4.5 cm in length, 0.3 cm in width, and 0.0 cm in depth. V9 identified it as partial-thickness Stage 2 pressure ulcer. On 2/4/26 at 3:43 p.m., surveyor conducted a telephone interview with V26 (Certified Nursing Assistant). V26 stated that she was the CNA assigned to R1 during the night shift on 2/3/26, and that she left the facility on 2/4/26, at 6:00 a.m. V26 stated that R1 had frequent bowel movements related to tube feeding and requires frequent incontinence care. V26 stated that R1 typically has bowel movements every one to two hours and requires frequent diaper changes. V26 stated that she last changed R1's incontinence brief at approximately 4:30 a.m., prior to leaving the facility, and that this was her last round with R1. V26 stated R149 saw V26 changed R1 because R149 was awake at that time and that whenever V26 changes R1, V26 would let R149 know. V26 stated that during her last round, [V26] did not observe excoriation to R1's perineal area and did not observe any additional wounds other than the existing sacral ulcer. V26 stated that R1 is a resident who requires incontinence care as frequently as every one to two hours, and that if care is not provided within this timeframe, skin breakdown may occur. On 2/5/26 at 9:00 a.m., V9 stated that upon admission, residents are assessed for risk of skin breakdown using the Braden Scale, which considers mobility, cognition, diet, immobility, and level of staff assistance. V9 stated that all residents at the facility are considered at risk for skin breakdown. V9 stated that a skin care plan is initiated upon admission. Preventive interventions include heel offloading, routine skin		S9999				

Illinois State Department of 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 02/10/2026	
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 checks during care, repositioning, and application of skin barrier ointment with every incontinent episode. V9 stated these are standard interventions for residents at risk. V9 stated that incontinent residents are expected to receive incontinence care at least every two hours and be kept clean and dry, and that failure to provide care within this timeframe increases the risk of skin breakdown. V9 stated that low air loss (LAL) mattresses are used as a preventive measure and to promote wound healing, and that the wound care team updates skin care plans as needed. V9 stated that V25 rounds weekly and sees residents with Stage 2 pressure ulcers and higher, and may also see residents with complex wounds. V9 stated that R1 was admitted with a Stage 4 sacral pressure ulcer dated 8/16/25. Initial measurements were 11.0 cm length x 12.5 cm width x 0.0 cm depth, with 95% slough and 5% granulation tissue. Initial treatment included Medihoney three times per week and as needed. V9 stated that recent measurements dated 2/4/26, were 5.0 cm length x 3.5 cm width x 0.3 cm depth, and the wound remained Stage 4, with current treatment of Medihoney and alginate three times per week and as needed. V9 stated that during ADL (Activities of Daily Living) care, CNAs are expected to perform skin checks, and if abnormalities are observed, to report findings to the nurse or wound care team. V9 stated that skin assessments for R1 are performed every other day during wound treatment. V9 stated that on 2/3/26, during morning wound rounds at approximately 7:30 a.m., [V9] observed R1 with [V25] and noted only the sacral ulcer. V9 stated that at that time there was no excoriation of the buttocks and no open areas to the groin/thighs or perineal area. V9 stated that if any skin issues had been observed, they would have been addressed immediately. V9 stated that R1 experiences loose bowel movements and requires prompt incontinence care. V9 stated that R1 acquired new moisture-associated skin damage (MASD) to the perianal area and a Stage 2 pressure ulcer to the left inner thigh on 2/4/26. V9 stated that R1's left inner thigh wound was classified as pressure ulcer because it was believed to have resulted from shearing and friction caused by R1's incontinence brief. V9 stated that treatment for the MASD includes Triad cream daily and as needed, and treatment for the left inner thigh includes foam dressing three times per week and as needed. V9 stated that R1 requires frequent checks for stool and urine, and that incontinence care should not exceed two hours to prevent skin breakdown. On 2/5/26 at 12:47 p.m., V3 (Director of Nursing) stated that staff are expected to provide incontinence care as soon as possible when a resident is incontinent. V3 stated that staff conduct routine		S9999				

Illinois State Department of 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 02/10/2026	
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 rounds, alternating with nursing staff, to assess resident safety and needs. V3 stated that during rounds, staff are expected to ensure the resident is safe, safety precautions are in place, the call light is within reach, and resident needs are addressed. V3 stated that staff are expected to check residents for incontinence at least every two hours, and that residents who are incontinent require checks at least every hour. V3 stated that incontinence care should be provided promptly when needed. V3 stated R1 requires reminders and relies on staff to meet her needs. V3 stated that R1 requires assistance with all activities of daily living (ADLs) and can sit up in a chair but requires staff assistance for repositioning. V3 stated that R1 is incontinent of both bowel and bladder and requires staff assistance for incontinence care. V3 stated that R1 has a gastrostomy tube (G-tube) and that some residents with a G-tube may experience loose stools, requiring frequent monitoring. V3 stated that staff should check R1 at least every hour. V3 stated that R1 has fragile skin and is at risk for skin breakdown, and that delays in care could impact wound healing and development of new skin breakdown. On 2/6/26 at 9:49 a.m., V19 (Registered Dietitian) stated that R1 is NPO (Nothing by Mouth) and receives tube feeding with a high-fiber formula and may experience frequent loose stools due to R1 may not be absorbing the formula well due to her current medical conditions. On 2/6/26 at 3:01 p.m., surveyor conducted a telephone interview with V25 (Wound Physician). V25 stated he began providing wound care services at the facility in October 2025 and visits the facility once weekly. V25 stated that upon residents' admission from the hospital, the facility typically implements preventive measures, including dietitian involvement, protein supplementation, heel protection, low air loss (LAL) mattresses, and proactive skin-breakdown prevention. V25 stated that if a resident is incontinent of urine or stool and remains soiled or wet for several hours, skin breakdown can occur, even in the absence of a pre-existing wound. V25 stated that prolonged moisture exposure can also delay wound healing when an existing wound is present. V25 stated that he last evaluated R1 on Tuesday, 2/3/26, during wound rounds with the wound care team. V25 stated that at that time, R1 had a sacral pressure ulcer and was being treated with a wound vacuum-assisted closure (VAC), which was discontinued to support wound healing. V25 stated that during the 2/3/26, assessment, [V25] did not observe any additional skin breakdown other than the sacral ulcer. V25 stated that he documents any skin issues		S9999				

Illinois State Department of 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 02/10/2026	
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 observed during assessments. V25 stated that he later spoke with the wound care team and was informed that new wounds had developed following his last assessment. V25 stated that R1 has multiple risk factors for skin breakdown, including bowel and bladder incontinence. V25 stated that R1's nutritional status was also a concern, noting [R1's] albumin level was low, and that the dietitian and wound care team were working to improve her protein intake. V25 stated that R1 is currently receiving tube feeding. V25 stated that if R1 were left soiled or wet for several hours, she could develop new skin breakdown and wounds as a result. R1's clinical records show an original admission date of 7/25/26 with listed diagnoses but not limited to cerebral infarction, gastrostomy status, flaccid hemiplegia affecting left nondominant side, and adult failure to thrive. R1's Minimum Data Set (MDS) assessment dated 1/30/26 revealed R1 has severely impaired cognition with BIMS (Brief Interview for Mental Status) of 7. It also reveals that R1 is always incontinent of bowel and bladder, is dependent on staff's assistance for perineal hygiene, bathing, and mobility, and is at risk of developing pressure ulcers/injuries. R1's comprehensive care plan documents in part: [R1] is at risk for and has an alteration in skin integrity related to self-care deficits, impaired mobility and comorbidities with one of the interventions that reads: Provide peri-area after each incontinent episode and apply barrier cream (date initiated 7/28/25). R1's care plan also documents in part: R1 is incontinent of bowel and bladder and one of the interventions reads: Provide incontinence care at routinely timely intervals. Keep skin clean, dry and moisturized (date initiated 7/28/25). R1's Wound Assessment Details Reports printed on 2/5/26 indicate R1 has stage 4 sacral pressure ulcer date identified on 8/16/25, a facility-acquired stage 2 pressure ulcer on left inner thigh identified on 2/4/26 (measured as 4.50 cm length, 0.30 cm width, unknown depth), and facility-acquired MASD to perianal identified on 2/4/26. V25's visit report for R1 dated 2/3/26 documents existing stage 4 pressure ulcer with recommendation to keep area clean and dry and avoid direct pressure to the wound site. R149's clinical records show an original admission date of 6/20/23. R149's MDS dated 12/22/25 shows R149 is cognitively intact with BIMS of 15 and requires supervision with ADLs. On 2/10/26 at 11:06 a.m., V40 (Interim Administrator) emailed surveyor a "Skin Condition" document dated		S9999				

Illinois State Department of 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 02/10/2026	
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 2/4/26. The documentation, prepared by V41 (Regional Nurse Consultant), reads in part: "On Wednesday February 4, 2025, during incontinence care, resident was noted with a skin alteration to the left inner thigh. At the time, this area was believed to be a stage 2 pressure ulcer. During the investigation it was noted to be an abrasion as per our in-house wound MD [Medical Doctor]. The abrasion has now healed." Additional documentation emailed to surveyor by V40 on 2/10/26, included V25's (Wound Physician) progress notes dated 2/10/26, which documented in part: 2/10/26 – "Patient noted to have a wound to the left medial thigh, appears to be superficial abrasion that has epithelialized over and has now healed, no complex wound intervention indicated at this time." The facility's "SKIN CARE PREVENTION" policy and procedures dated 6/25 documents in part: All residents will receive appropriate care to decrease the risk of skin breakdown. Clean skin at time of soiling and at routine intervals. The facility's "INCONTINENCE CARE" policy and procedures dated 5/25 documents in part: Incontinence care is provided to keep residents as dry, comfortable and odor free as possible. It also helps in preventing skin breakdown. The facility's "Certified Nurse Aide" job description (undated) documents in part: Keep incontinent residents clean, dry and odor free; check every two hours to maintain. Review care plans daily to ensure provision of appropriate care. The Centers for Medicare & Medicaid Services (CMS) State Operations Manual (SOM), Appendix PP, F686 (Rev. 229; Issued April 25, 2025; Effective April 25, 2025; Implementation April 28, 2025) defines a Pressure Ulcer/Injury (PU/PI) as localized damage to the skin and/or underlying soft tissue, typically over a bony prominence or related to a medical or other device. The guidance states that a pressure injury may present as intact skin or an open ulcer, and that the appearance varies depending on the stage. The SOM further states that a pressure injury occurs as a result of intense and/or prolonged pressure, or pressure in combination with shear. The guidance notes that soft tissue damage related to pressure and shear may be influenced by moisture, nutrition, perfusion, co-morbidities, and the condition of the soft tissue. "B" 2 of 2			S9999			

Illinois State Department of 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 02/10/2026	
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 8 300.1810I) Section 300.1810 Resident Record Requirements I) All Cook County facilities with Colbert Class Members shall submit to the Colbert Lead Defendant Agency, or successor Colbert Lead Defendant Agency, on a monthly basis, an accurate census of all Medicaid-eligible residents, the previous month's voluntary and involuntary discharges conducted under Section 300.3300, including any voluntary and involuntary discharges scheduled to be conducted within 48 hours after the end of the reporting month. This monthly census must be submitted on the form prescribed by the Colbert Lead Defendant Agency using secure (encrypted) email, no later than the fifth business day of each month. This regulation was NOT MET as evidenced by: Based on interview and record review the facility failed to submit request reports by the allotted time frame of 15 days to Maximus Assessment Pro and failed to meet the regulation period set forth by the Office of HealthCare Regulation. This failure applied to 2 (R21, R47) of 3 residents reviewed for assessment review. Findings include: On 2/4/26 at 10:05 AM, V5 (Admissions Director) stated she is responsible in updating residents' information and providing reports in Assessment Pro Maximus. V5 said facility receives email from IDPH [Illinois Department of Public Health] and Maximus requesting updates and information. V5 said that Social Service department is responsible in providing those requested resident information and the whole team receives these notifications. On 2/4/26 at 2:25 PM, V16 (Social Service Director) accessed the Assessment Pro portal and showed surveyor that there were two outstanding document requests for R21 (due 12/18/25) and R47 (due 1/28/26). V16 stated she was receiving email notifications that there were assessment reviews that were overdue but did not know the right process on how to correctly submit the requests. V16 stated that she just learned today how to correctly process the requests and have completed the ones that were overdue. Facility provided emails from September 2025 to February 2026 of reviews and reports requested from the		S9999				

Illinois State Department of 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 02/10/2026	
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 facility to complete in Maximus Assessment Pro. Illinois Department of Public Health received notification on 1/14/26 which documented in part, the facility failed to provide the reports requested by the allotted time frame of 15 days to Assessment Pro Maximus and they are way past the follow up regulation period for OHCR and have not responded to the warning letters sent. "C"			S9999			