

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S 000	Initial Comments Annual Licensure Certification Survey S9999 Final Observations Statemnt of Licensure Violations 1 of 1 300.1210b) 300.1210d)1)2)3) 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 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for	S 000 S9999		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/15/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to treat elevated blood sugars that were above the resident's baseline before it got to a critical level and the facility failed to put in any interventions for a resident experiencing vomiting and diarrhea to prevent dehydration. This affected two of three (R81, R84) reviewed for nursing quality of care. This failure resulted in R84 being sent to the hospital with a blood sugar level of 521 mg/dL and was diagnosed with uncontrolled diabetes and R81 being sent to the hospital to be treated for severe dehydration after being diagnosed with norovirus.</p> <p>Findings Include:</p> <p>R81 is an 87 year old with the following diagnosis: chronic obstructive pulmonary disease, nontraumatic intracerebral hemorrhage, chronic kidney disease, congestive heart failure, and peripheral vascular disease.</p> <p>R81 was at the hospital from 4/18/25 through the evening of 4/23/25.</p> <p>A Nursing note dated 4/18/25 at 2PM documents the nurse was notified by staff that R81 appeared to be choking. Upon entering the room, the nurse observed emesis and mucous on R81's shirt. The nurse assisted R81 with cleaning up and clearing throat of sputum. The oncoming nurse was made aware in report.</p> <p>A Nursing note dated 4/18/25 at 5:35PM</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>documents the nurse was made aware by the coming nurse that R81 had sputum in the mouth. The nurse still observed sputum coming from R81's mouth. An allergy spray was ordered for R81's nose for seasonal allergies. An order for an antidiarrheal medication was also placed.</p> <p>A Nursing note dated 4/18/25 at 8:57PM documents V37 (Family member) called the nurse to the room because R81 had a very large watery stool. Staff cleaned R81 and administered the antidiarrheal medication. Vital signs show a blood pressure of 107/51. V37 was adamant on sending R81 to the hospital after the staff explained interventions could be put in place at the facility. V37 still insisted on sending R81 to the hospital stating something is wrong.</p> <p>A Nursing note dated 4/19/25 documents R81 was admitted to the hospital with a diagnosis of colitis.</p> <p>The Hospital Records dated 4/18/25 document R81 arrived to the emergency department with a chief complaint of low blood pressure. The admitting diagnosis was colitis and altered mental status. R81 presented from the nursing home back from hospice with nausea, vomiting, and diarrhea. Blood pressure is in the high 90s to low 100s. R81 was somnolent and wakes to loud voice and shoulder taps. Per family, R81 has been complaining of abdominal pain and having diarrhea for the last four days. Stool studies are pending, but R81 was put on two oral antibiotics at this time. V37 reported the facility gave R81 an anti-diarrheal medication, but R81 started having profuse and voluminous amounts of diarrhea. Family also reports R81 having violent vomiting as well. R81 is ill appearing. Mucous membranes are dry. Lab levels revealed a BUN level of 37 in creatinine of 1.66. Both of these levels are high,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>indicating dehydration. Stool studies eventually came back positive for norovirus. R81 received supportive treatment with IV fluids and returned back to the facility.</p> <p>On 4/22/25 at 11:15AM, V37 (Family member) stated the staff do not respond to any changes in condition of residents. V37 stated R81 has had to be sent out to the hospital twice within the last two months where V37 had to ask staff to send R81 out of the hospital because there were changes V37 was concerned about that staff didn't think were serious.</p> <p>On 4/24/25 at 2:31PM, V28 (Nurse) stated V37 was at R81's bedside reporting to staff that R81 was having loose stools. V28 did not know the exact amount of times R81 had an episode of diarrhea but stated V28 was present in the room when R81 had two loose bowel movements. V28 described the bowel movement as liquid diarrhea. V28 reported telling V37 that interventions could be done in the hospital but V37 wanted R81 sent to the hospital because the blood pressure was low. V28 reported the blood pressure was 100s over 50s and confirmed this was a lower blood pressure for R81. V28 stated R81 was on hospice and only to receive comfort care. V28 reported the diarrhea was a new symptom since starting hospice. V28 stated V28 called and got an order for an anti-diarrhea medication and administered it to R81 but did not do any further testing due to R81 being on hospice. V28 was not aware about any vomiting R81 was having. V28 reported when a resident has a change in condition and assessment needs to be done and vital signs need to be taken. V28 reported if anything is abnormal than the physician must be made aware. V28 stated signs of dehydration would be sunken eyes, dry mouth, low blood pressure, and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>increase heart rate. V28 defined a change in condition as anything observed that is out of the regular for a resident. V28 reported based on what V37 said R81 had a change in condition, but no aggressive interventions were pursued due to being on hospice. V37 denied R81 showing any signs of dehydration before being sent to the hospital.</p> <p>On 4/24/25 at 2:55PM, V29 (CNA) stated throughout the shift, R81 threw up multiple times and had multiple episodes of diarrhea. V29 reported working with R81 on the 2 PM to 10 PM shift. V29 stated R81 had 2 to 3 episodes of diarrhea before dinner and two more episodes of diarrhea after dinner. V29 reported the quantity of diarrhea was large amounts that caused R81 to need an entire bed change because the diarrhea had leaked all over the bed. V29 was not able to state the amount of time R81 vomited. V29 reported the nurse was also in and out of the room and notified of every episode of diarrhea or vomiting. V29 stated R81 was sent out to the hospital per V37's request. V29 reported that R81 verbalized to V29 that R81 did not feel good and had been quieter. V29 stated R81 is normally very confused and will answer baseline questions, but was struggling to even do that before being sent out. V29 reported signs and symptoms of dehydration are dry mouth. V29 denied R81 having any intake from 2 PM until the time R81 went out around 8 PM. V29 denied being aware if R81 had any other intake earlier in the day. V29 reported R81 kept having spit up in R81's mouth so it was difficult to tell if R81's mouth was dry.</p> <p>On 4/25/25 at 9:36AM, V31 (Attending Physician) stated R81 has a poor baseline health. V31 reported all hospitalizations are driven by V37</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>even though R81 is on hospice. V31 reported R81 is to receive comfort measures only but V37 still wants R81 to be sent out. V31 defined a change of condition as any change from baseline with paying special attention in any changes to vital signs. V31 stated R81 is on a hospice for a general decline in health and poor quality of life. V31 denied the diarrhea having to do with why R81 was on hospice. V31 stated V31 would expect staff to evaluate a resident and take vital signs and then let the physician know so further testing could be ordered if needed. V31 stated with a diagnosis of norovirus there is no medication that can be given to treat the virus, but comfort measures would have been provided to treat the symptoms. V31 reported it is also not recommended to give any anti-diarrhea medication for this virus as it could make the diarrhea worse. V31 reported comfort measures include treating the nausea and vomiting with medication and hydrating the resident with IV fluids but if they can't stay hydrated with oral intake. V31 stated if comfort measure do not work to keep them stable then they need to be sent to the hospital.</p> <p>On 4/24/25 at 10:52AM, V2 stated anything opposite noted from the original admission assessment is considered a changing condition. V2 reported any change in assessment means a physician needs to be notified so they can be aware and provide additional orders to the nursing staff if needed. V2 stated V37 reported that R81 aspirated. V2 reported once V2 entered the room R81 was coughing and had sputum in the mouth. V2 stated R81 had loose but formed stool at first. V2 stated R81 had another episode of sputum in the mouth and V37 requested to send R81 to the hospital. V2 reported that V2 was only aware of the one episode of diarrhea and no</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>staff notified V2 of any additional episodes of vomiting or diarrhea. V2 stated R81 eats by mouth. V2 reported hospice residents are usually not sent out to the hospital once they're on hospice but V37 has requested to send R81 out to the hospital for an evaluation. V2 stated signs of dehydration would be increase heart rate, low blood pressure, not urinating as much, and dry mouth.</p> <p>Vital signs for 04/2025 document an average blood pressure for R81 of 130-150s/60-70s from 4/12/25-4/17/25. The blood pressure documented on 4/18/25 at 8:28AM was 102/60, at 1:31PM was 102/61, and at 8:11PM 107/51. Normal pressure is around 120/80. The blood pressures documented on 4/18/25 are low for R81.</p> <p>The SBAR Communication Form dated 4/18/25 documents R81 is having a change in condition of loose stools. No additional testing was completed. R81 was sent to the hospital per V37's request.</p> <p>The Transfer Form dated 4/18/25 documents the reason for transfer as diarrhea. R81 remains at baseline mental status of confused but able to follow simple directions.</p> <p>The Care Plan dated 9/4/23 documents R81 has renal insufficiency related to chronic kidney disease stage three. An intervention includes to monitor for sing or symptoms of hypovolemia and monitor vital signs. This care plan also documents R81 is at risk for dehydration or potential fluid deficit related to history of electrolyte correction and poor oral intake. An intervention includes to monitor for signs or dehydration.</p> <p>The policy titled, "Change in Resident Condition,"</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S9999	<p>Continued From page 7</p> <p>dated 01/2025 documents, "General: It is policy of the facility, except in a medical emergency, to alert the resident, resident's physician, and resident's responsible party of a change in condition. Policy: Nursing will notify the resident's physician or nurse practitioner when: ...b. There is significant change in the resident's physical, mental, or emotional status ...e. It is deemed necessary or appropriate in the best interest of the resident."</p> <p>R84 is an 89 year old with the following diagnosis: Alzheimer's disease, type 2 diabetes, and acidosis.</p> <p>R84 is not able to communicate due to mental status so no questions were able to be asked by the surveyor about this incident.</p> <p>A Nursing note dated 12/16/24 documents R84 was transferred out to the hospital.</p> <p>A Nursing note dated 12/17/24 documents the nurse called the hospital to inquire on the status of R84. R84 was admitted with uncontrolled diabetes and altered mental status.</p> <p>The Blood Sugar Summary for 12/2024 documents R82 has a blood sugar range of 143-246 mg/dL from 12/1/24 through 12/13/24. A normal blood sugar is 60-100 mg/dL. On 12/14/24 at 8:47AM, the blood sugar was 399 mg/dL. On 12/15/24 at 9:00AM, the blood sugar was 304 mg/dL. On 12/16/24 at 11:39AM, the blood sugar was 178 mg/dL. On 12/16/24 at 5:30PM, the blood sugar was 521 mg/dL.</p> <p>The Transfer Form dated 12/16/24 documents R84 was sent to hospital for abnormal vital signs with the most recent blood glucose being 521</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S9999	<p>Continued From page 8</p> <p>mg/dL.</p> <p>A Nurse Practitioner note dated 12/26/24 documents R84 readmitted to the facility on 12/21/24 after a hospitalization where R84 was diagnosed with lethargy and metabolic encephalopathy. Blood sugars are now controlled.</p> <p>On 4/24/25 at 3:30PM V30 (Nurse) stated V30 define a change in condition as anything that is out of the baseline for a resident's physical status or behaviors. V30 reported each resident has their own baseline and if anything is out of the ordinary, then an assessment must be completed to try to see what is going on. V30 reported there are parameters for certain laboratory levels, and vital signs so the physician can be made aware of what is going on with the resident. V30 reported even if the vital signs or laboratory levels are still within perimeter than the physician still needs to be notified if there is a change. V30 stated nurses need to use their judgment to decide when a resident is having a change of condition. V30 stated the physician needs to be made aware of a change in condition to see if any additional orders need to be put in place so whatever is going on can be managed in the facility. V30 reported that all changes in condition need to be documented and when the physician was notified. V30 stated if a change in condition is not addressed when it is first noted by the nurse, then a situation and the patient's health could decline.</p> <p>On 4/25/25 at 5:03PM, V38 (Former Nurse) stated V38 cared for R84 during the evening shift. V38 reported residents were receiving insulin need to have blood sugars checked before meals and bedtime. V38 could not remember the exact number of R84's blood sugar but knew it was</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S9999	<p>Continued From page 9</p> <p>over 500 and considered a critical level. V38 denied being aware that R84 was having a change in condition of elevated blood sugars in the 300s before the blood sugar hit 500. V38 stated once the blood sugars got to the level of 300 then a physician should have been notified because R84 normally did not have blood sugars in the 300s. V38 reported R84 was only ordered a long acting insulin at that time and not on a sliding scale insulin which could have provided additional insulin for R84. V38 reported R84 is not able to speak due to mental status so it was not possible to ask how R84 was feeling. V38 stated by notifying the physician when the blood sugars were in the 300s R84 could have possibly been treated at the facility and not had to go out to the hospital for uncontrolled diabetes.</p> <p>On 4/25/25 at 9:36AM, V31 (Attending Physician) stated a parameter on when to notify a physician should be put in place for a resident who is receiving blood sugar checks. V39 reported basic protocol usually does not have staff notify a physician of elevated blood sugar until the blood sugar is over 400. V31 stated if the blood sugar has become more elevated than usual than an order for extra insulin or labs could be put in place to assess any additional causes of why the blood sugar might be elevated. V31 reported a blood sugar of over 500 indicates a resident is in diabetic keto acidosis (DKA). V31 stated it is caused due to a lack of insulin in the blood and needs to be treated at a hospital once it gets to the level of DKA.</p> <p>On 4/25/25 at 10:52AM, V2 stated if a resident is having blood sugars that are elevated into the 300s that is not their normal then a physician should be notified to see if additional orders need to be put in place. V2 reported if the blood sugar</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S9999	<p>Continued From page 10</p> <p>is left untreated than the blood sugar will remain elevated or increase. V22 was unable to answer why a physician was not notified of our 84 elevated blood sugar in the 300s before it reached 500.</p> <p>The Physician Order Sheet documents an order for blood sugar checks before meals and at bedtime that was ordered on 10/25/24. There are no parameters for when staff should notify the physician or an elevated blood sugar. R84 was ordered the following medications for diabetes before going to the hospital: Gilmepride oral tablet 2mg daily, Jardiance oral tablet 25mg daily, Metformin oral tablet 1000mg, and Lantus Subcutaneous 100 unit/mL for 8units once a day. After the hospitalization in 12/2024, an order was placed for Humalog insulin 100 unit/mL on a sliding scale based on blood sugar checks.</p> <p>The Medication Administration Record dated 12/2024 documents R84 received the medication as ordered for diabetes mellitus.</p> <p>The Care Plan dated 10/25/24 documents R84 is at risk for hypo/hyperglycemia related to diabetes mellitus. R84 receives routine insulin and PO medication for glycemic control. R84 was recently hospitalized with diabetic ketoacidosis. Interventions include: accuchecks as ordered and monitor/document/report to the physician as needed for signs and symptoms of hyperglycemia.</p> <p>The policy titled, "Diabetes Management," dated 01/2025 documents, "General: To provide guidelines for the management of diabetic residents. Guideline: ...3. Diabetics who require blood glucose monitoring due to insulin use should have parameters for when the physician</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S9999	<p>Continued From page 11</p> <p>should be notified and how insulin should be adjusted."</p> <p>The policy titled, "Blood Glucose Monitoring," dated 3/2025 documents, "General: To provide guideline for managing blood glucose. Guideline:..Residents whose blood sugar is poorly controlled or those taking insulin may require more frequent monitoring.</p> <p>(B)</p> <p>Statement of Violation 2 of 2 (No Violation per IDR)</p> <p>300.1210b) 300.1210d)3</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 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.</p> <p>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:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S9999	<p>Continued From page 12</p> <p>further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observations, interviews, and record reviews, the facility failed to document accurate meal intakes, notify the physician of trending weight loss, and implement effective interventions. This affected two of three residents (R12 and R51) reviewed for nutrition in a sample of 37. This failure resulted in R12 having an unplanned significant weight loss of 18.78% in 6 months and R51 having an unplanned significant weight loss of 13.98% in 6 months.</p> <p>Findings include:</p> <p>On 4/24/25 at 1:00PM, R12 and R51 were observed in the dining room eating lunch. R12 consumed 25% of meal. R51 consumed 25% of meal.</p> <p>On 4/24/25 at 9:37 AM, V35 RD (registered dietitian) stated that R12 has been losing weight. V35 stated that recently R12's oral intake has decreased. V35 stated that R12 was started on weekly weights to monitor. V35 stated that last week R12 was started on a medication to stimulate R12's appetite and nutrition monitoring currently being followed weekly by the interdisciplinary team. V35 stated that yesterday V35 saw R51 and observed that R51 was not eating much. V35 stated that yesterday R51 was placed on weekly nutrition monitoring by the interdisciplinary team. V35 stated that staff should be monitoring and documenting the amount eaten at each meal.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S9999	<p>Continued From page 13</p> <p>On 4/24/25 at 1:00 PM, V22 CNA (certified nurse aide) stated that the CNAs are expected to chart amount eaten for each resident after each meal.</p> <p>On 4/24/25 at 1:05 PM, V23 CNA stated that the CNAs are expected to chart amount eaten for each resident after each meal. V23 stated that CNAs are responsible for picking up all meal trays. V23 stated that if resident doesn't eat or eats very little, she will let the nurse know so the nurse will follow up with resident. V23 stated that if she observes a resident not eating, she will assist with feeding resident, encourage resident to eat, and/or offer an alternative meal choice.</p> <p>On 4/24/25 at 3:15 PM, V34 RN (registered nurse) stated that the CNAs are responsible for documenting the amount eaten for each resident for each meal served. V34 stated that V34 will notify the resident's physician after two consecutive meals not eaten or very little eaten. V34 stated that V34 monitors residents' weights monthly and reviews for any weight changes.</p> <p>On 4/25/25 at 8:56 AM, V31 (attending physician) stated that the nurse can let him know if a resident is not eating. V31 stated that if he is working in his office and the nurse calls to inform him a resident lost 5 pounds, his response is what do you want me to do. V31 stated that at the time of his face-to-face visits he looks at the big picture, reviews laboratory testing and weights. V31 stated that he was aware of R51's weight loss. V31 stated that in July 2022, R51 weighed 68 pounds. V31 stated that at the time of his face-to-face visits he looks at the big picture and R51 has gained weight.</p> <p>On 4/25/25 at V2 DON (director of nursing) stated</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S9999	<p>Continued From page 14</p> <p>that she is unable to provide amount of each meal eaten for the past three months for R12 and R51.</p> <p>R12: R12's medical record notes the following weights: 10/3/24, R12 weighed 181 pounds. 12/4/24, R12 weighed 173 pounds There is no documented weight for January 2025. 2/5/25, R12 weighed 166.4 pounds. 3/5/25, R12 weighed 164.2 pounds. 4/8/25, R12 weighed 149.2 pounds. 4/24/25, R12 weighed 146.6 pounds.</p> <p>R12's POC (point of care) charting, dated 4/24/25, notes R12 consumed 76-100% of lunch meal.</p> <p>R12's amount eaten documentation for the past 30 days, 89 opportunities, 71 meal opportunities were documented.</p> <p>On 4/17/25, V35 noted weight warning: weight 147 pounds, body mass index 26. R12 with -7.5% change [11.7% , 19.4] and -10.0% change [17.9% , 32.0]. Significant weight loss x 3 and x 6 months noted; R12's weight overall going down and continues to trend down despite interventions with nutrition supplement and wound healing supplement.</p> <p>Mirtazapine started on 4/15 to stimulate appetite and prevent further weight loss.</p> <p>On 3/26/25, V35 RD (registered dietitian) noted weight warning: weight 154 pounds, body mass index 27.3. R12 with -5.0% change [6.2% , 10.2] and -10.0% change [14.9% , 27.0]. R12 is receiving nutrition supplement three times a day. Intake 0-75% varied oral intakes noted.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER ALIYA OF PALOS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464		
(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) COMPLETE DATE
S9999	<p>Continued From page 15</p> <p>R12 was last seen by V35 on 7/8/24.</p> <p>R51: R51's medical record notes the following weights: 10/3/24, R51 weighed 93 pounds. 11/4/24, R51 weighed 88 pounds. 12/4/24, R51 weighed 81 pounds. 1/2/25, R51 weighed 80 pounds. 4/16/25, R51 weighed 80 pounds.</p> <p>R51's amount eaten documentation for the past 30 days, 89 opportunities, 66 meal opportunities were documented.</p> <p>This facility's weight management policy, reviewed 02/2025, notes weekly weights will be done with a significant change of condition or food intake decline that has persisted for more than one week.</p> <p>(No Violation per IDR)</p>	S9999		