Printed: 03/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146058	A. Building B. Wing	01/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Evanston	1300 Oak Avenue Evanston, IL 60201

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to follow its Residents Rights Policy by not ensuring the resident felt safe in the facility. This deficient practice affected one resident (R3) out of three residents reviewed for Resident Rights within a total sample of 3 residents.R3 is a [AGE] year-old male admitted to the facility on [DATE]. R3s medical diagnosis on the admission record are, but are not limited to, other cervical disc degeneration at C5-C6, mild intermittent asthma, type 2 diabetes mellitus, disorders of urethra, acute kidney failure, hypertension, hyperlipidemia, dementia with other behavioral disturbances, bipolar disorder with psychotic features, alcohol abuse, depression, and adult failure to thrive.On 12/31/2025 at 11:05AM, R3 was observed in his room, sitting upright in his room. R3 states R3 usually receives his scheduled morning medications around 8:00AM-9:00AM. R3 states on Christmas day 12/25/2025 he had his breakfast and had not received his scheduled morning medication. R3 stated the CNA was being rude to R3 because he voiced his concerns about there not being a second-floor nurse and not receiving his medications. R3 stated he didn't feel safe and felt abandon in the facility on Christmas Day. R3 stated he was worried because R3 did not have a nurse until way after breakfast and had not received his medication.On 12/30/2025 at 1:45 PM V1 (Director of Nursing/ DON) stated she will have an on-Customer Service.On 12/31/2025 at 9:47 V5 (Staffing Director/ Certified Nurses Assistant/ CNA) stated they have in service on customer service, respect the patient's rights.On 12/31/2025 at 11:04AM, V8 (Admissions Director) stated, we had an in-service regarding customer service. On 12/31/2025 at 12:15PM V7 (Administrator) stated she has disciplined a lot of staff regarding customer service and some staff have been dismissed.The Resident Rights Policy provided by the facility was reviewed and documents your rights to safety: you must not be abused, neglected

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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