STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0692 Level of Harm - Actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, interview, and record review, the facility failed to notify the physician and registered dietitian of a resident's poor appetite and decreased oral intake, which resulted in significant weight loss, and failed to implement timely interventions to prevent further decline. This affected one of three residents (R9) reviewed for nutritional status in a sample of 44 residents. This failure resulted in R9 experiencing a significant unplanned weight loss of 13.3% over a three-month period.Findings include: On 2/17/26 at 12:47 PM, R9 received lunch meal tray. R9's head of bed was at 45 degrees. At 1:10 PM, R9 was observed eating one piece of canned fruit. R9 was observed coughing while eating. By 1:25 PM, R9 had consumed two pieces of canned fruit and drank 100 ml (milliliters) juice. V20 CNA (certified nurse aide) removed R9's tray from room.On 2/18/26 at 1:12 PM, R9's lunch tray was set up and head of bed 45 degrees. By 1:36 PM, R9 had not eaten anything. By 2:15 PM, R9 ate one bite of cornbread. R9 was observed coughing while eating. V20 CNA removed R9's tray from room. On 2/18/26 at 12:20 PM, V21 CNA stated that she lets the nurse know if resident does not eat or eats very little.On 2/18/26 at 3:50 PM, V28 (attending physician) stated that he was not made aware of R9's poor appetite or R9's weight loss. V28 stated that he just spoke with R9's nurse who informed him that R9 was fine, no concerns with eating. V28 stated that he expects the nurse to notify him when a resident has a weight change of +/- 5 pounds in a month. V28 stated that he expects the nurse to notify him if resident eats very little or refuses a meal. On 2/19/26 at 10:25 AM, R9's meal intake for the past 30 days was reviewed with V7 RD (registered dietitian). V7 stated that she was not made aware of the frequency that R9 was consuming 0-50% and refusing meals. V7 stated that she would have made recommendations for supplements if staff had notified her.R9's medical record notes the following weights:On 2/19/26, R9 weighed 130.5 pounds.On 2/6/26, R9 weighed 132 pounds.On 1/6/26, R9 weighed 130 pounds.On 12/3/25, R9 weighed 150 pounds.There is no weight documented for November 2025.On 10/7/25, R9 weighed 151.5 pounds.On 8/4/25 R9 weighed 153.5 pounds.On 2/19/26, This surveyor observed V26 (restorative aide) and V27 (restorative aide) weigh R9 using a mechanical lift device. R9 weighed 130.5 pounds. R9 had a 14.98% weight loss in six months and 13% weight loss since 12/3/25.On 2/20/26 at 1:45 PM, V25 ST (speech therapist) stated that she just completed an evaluation on R9. V25 stated that R9 did not exhibit any coughing while eating. When questioned if the coughing this surveyor observed while R9 was eating could be related to R9 lying in bed with head of bed raised only 45 degrees, V25 responded that there is a direct relationship of coughing when head of bed is not at 90 degrees. V25 stated that V25 is always informing the staff to make sure residents are sitting upright during the meal and for 30 minutes after. V25 stated that swallow strategies she recommends for R9 include 1:1 feeding assistance, alternating liquids and solids, upright posture during meals and for 30 minutes after meal, soft and bite sized food.On 2/20/26 at 3:35 PM, V31 (regional nurse consultant) stated that R9 had a lot of edema (swelling) documented in R9's medical record in December and January to account for R9's significant weight loss.R9's medical record, dated 12/2/25-1/6/26 notes the following documentation regarding R9's edema:On 12/2, the nurse practitioner noted R9's extremities normal, no edema.On 12/3, pulmonary nurse practitioner noted R9's lungs clear to auscultation; trace edema resolving.On 12/4, the nurse practitioner noted no edema.On 12/9, the nurse practitioner noted R9's (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0692 Level of Harm - Actual harm Residents Affected - Few	extremities normal, no edema.On 12/12, the nurse practitioner noted R9's extremities normal, no edema.On 12/23, nephrology nurse practitioner noted R9 euvolemic (normal healthy volume of blood and body fluids).On 12/30, the nurse practitioner noted R9's extremities normal, no edema.On 1/6/26, nephrology nurse practitioner noted R9 euvolemic. No edema noted.On 2/20/26 at 3:51 PM, V31 stated that R9's weight loss was due to R9 having Covid-19 in December.R9's medical record, dated 12/3/25 notes R9 tested positive for Covid-19. On 12/4, the nurse practitioner noted R9 being seen for follow-up on Covid-19. R9 had a routine Covid-19 test, which was positive. R9 is asymptomatic. R9's POC (point of care) charting, dated 12/1-12/31, notes documentation of R9's meal consumption for 88 out of 93 meal opportunities. R9 consumed 0-25% of meal served 13 times; 26-50% of meal served 23 times; and refused the meal 6 times. R9 was unavailable for one meal.R9's POC (point of care) charting, dated 1/1-1/30, notes documentation of R9's meal consumption for 92 out of 93 meal opportunities. R9 consumed 0-25% of meal served 21 times; 26-50% of meal served 22 times; and refused the meal 4 times.R9's POC (point of care) charting, dated 2/1-2/19, notes documentation of R9's meal consumption for 56 out of 57 meal opportunities. R9 consumed 0-25% of meal served 13 times; 26-50% of meal served 18 times; and refused the meal 5 times.There is no documentation found in R9's medical record noting V28 was notified each time R9 consumed 0-25% or refused the meal.There is no documentation found in R9's medical record that R9's weight loss is medically unavoidable.The facility's weight change policy, dated 05/2025, notes this facility will monitor the nutritional status of all residents, including all significant or trending patterns of weight change. It also notes in part review weights for significant weight change. Notify dietitian, physician, and resident representative. Dietitian will review and provide recommendations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0693 Level of Harm - Actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observation, interview, and record review, the facility failed to ensure that residents who were at risk for malnutrition and dependent on enteral feedings received nutrition as ordered to maintain adequate nutritional status and prevent weight loss. The facility also failed to ensure staff demonstrated competency in the administration and management of enteral nutrition and care. This affected 2 of 3 residents (R82 and R89) reviewed for enteral nutrition in a sample of 44 residents. As a result, R82 experienced a significant weight loss of 14.1% between July 2025 and February 2026, and R89 experienced a weight loss of 4.4% within eight weeks of admission. Findings include: On 2/17/26, intermittent observations were made from 12:20 PM until 4:00 PM, R82 was observed self-propelling wheelchair in halls and attending activities; R82 was not connected to enteral feeding pump.On 2/18/26 at 3:36 PM, R82's enteral feeding container shows R82 received 600ml since it was started on 2/17/26 at 10:09 PM. Continuous observations were made on R82's nursing unit from 11:55 AM until 4:00 PM; R82 was not observed receiving enteral feeding during this time.On 2/17/26 at 10:15 AM, R89 was observed lying in bed. R89's enteral feeding pump was turned off. Intermittent observations were made from 12:20 PM until 4:00 PM, R89 was in wheelchair at nurses' station not receiving enteral feeding.On 2/18/26 at 9:30 AM, R89 was observed in wheelchair at nurses' station, not receiving enteral feeding. At 2:00 PM, R89 was observed in room with family; R89 was not receiving enteral feeding.On 2/18/26 at 3:44 PM, R89 was observed sitting in wheelchair in room, not receiving enteral feeding. Enteral feeding container shows R89 received 150ml since it was started at 5:45 AM at 80 ml/hour. On 2/19/26 at 3:30 PM, V29 (activity director) stated that R82 is in wheelchair participating in activities or self-propelling in halls all day every day.On 2/19/26 at 10:32 AM, V24 (nurse) stated that R89's enteral feeding was started at 5:50 AM. When questioned how it is communicated to oncoming nurses the amount of feeding delivered and/or amount left, V24 did not respond. When questioned how does V24 know when the resident has received the total amount of feeding per 24 hours, V24 responded the pump will shut off. When questioned how to check pump settings and amount fed, V24 did not respond and left R89's room.On 2/19/26 at 10:35 AM, V7 RD (registered dietitian) stated that enteral feedings are ordered to deliver feeding over 20 hours daily to ensure the resident is receiving adequate nutrition. V7 stated that the total volume of feeding is based on the resident's caloric needs. V7 stated that residents should not lose weight if receiving nutrition as prescribed. V7 stated that she reviews the total volume fed on the feeding pump. V7 stated that she has increased R89's feeding by 5ml/hour each month since December because he was not receiving the prescribed daily total volume. V7 stated that she did this hoping R89 would receive the nutrition he needs. V7 stated that R89 should receive 1680 ml (milliliters) total feeding and 1050 total water per 24 hours. V7 reviewed on R89's enteral feeding pump the amount of feeding R89 received in the past 24 hours and 48 hours. V7 stated that the pump shows R89 received 1080 ml of feeding and 715 ml of water flush in 24 hours and 2264 ml feeding and 1240 ml water flush in the past 48 hours. V7 stated that R89 is not receiving adequate nutrition. V7 stated that these residents are discussed at the NARS (nutrition at risk) meetings and she voices her concerns.On 2/19/26 at 10:50 AM, V7 RD stated that R82 should be receiving 1500 ml total feeding and 1800 ml water flush per 24 hours. V7 stated that R82's feeding pump shows R82 received 1021 ml of feeding and zero water flush in 24 hours and 1852 ml feeding and zero water flush in the past 48 hours. V7 stated that R82 is not receiving adequate nutrition.On 2/19/26 at 11:15 AM, V2 DON (director of nursing) stated that the nurses received an in-service on the enteral feeding pump one year ago. V2 stated that the nurses were not competencied on the feeding pump. V2 stated that the nurse is expected to ask V2 or the nurse manager for assistance if the nurse does not know how to use the enteral feeding pump or has any questions. V2 stated that nurses that started working at this facility after 1/27/25, received 1:1 training on the enteral feeding pump during orientation.The facility provided a list noting there are 47 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0693 Level of Harm - Actual harm Residents Affected - Few	current licensed nurses working at this facility. Of these 47 nurses, 21 started after 1/27/25.On 2/20/26 V2 DON presented the facility's enteral feeding pump in-service documentation dated 1/27/2025. Six of the 47 licensed nurses were in-serviced. The facility was unable to provide documentation that the 21 nurses that started after 1/27/25 received training during orientation. The facility was unable to provide any documentation that the 41 nurses that did not attend the in-service on 1/27/25 received any education on the feeding pump. The facility was unable to provide any documentation that all nurses are competent in using the feeding pump.R82's weight documentation:On 7/2/25, R82 weighed 195.5 pounds.On 10/7/25, R82 weighed 168 pounds.On 1/6/26, R82 weighed 171.5 pounds.On 2/19/26, R82 weighed 167.8 pounds.R89's weight documentation:On 12/26/25, R89's admission weight was 147.5 pounds.On 1/23/26, R89 weighed 145.6 pounds.On 2/19/26, R89 weighed 141 pounds.The facility's tube feeding policy, dated 01/2024, notes in part, the health care provider should be notified if tube feeding amount not infused as ordered. Feeding pump: pump should be cleared at the end of each shift. Document tube feeding delivered. Alert health care provider of any issues or concerns.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. Based on observations, interviews, and record reviews, this facility failed to follow its call light response policy and ensure the call light cord was within reach for 4 residents (R60, R91, R114, and R126) out of 4 residents reviewed for call light accessibility in a sample of 44. Findings include:On 2/17/26 at 10:05 AM, R60 was observed sitting in a wheelchair across from bed. R60's call light cord was observed on the floor under R60's bed, not within reach.On 2/17/26 at 12:20 PM, R126 was observed lying in bed. R126's call light cord was observed on floor under bed, not within reach.On 2/18/26 at 11:00 AM, R91 was observed sitting in a reclining chair next to the foot of her bed. R91's call light cord was observed on R91's nightstand at the head of the bed, not within reach.On 2/18/26 at 11:50 AM, R114 was observed lying in bed. R114's call light cord was observed dangling behind R114's nightstand, not within reach.On 2/17/26 at 10:06 AM, V24 (nurse) stated that the resident's call light cord should definitely be within the resident's reach.The facility's call light response policy, dated 5/1/25, notes ensure the call light is always within the resident's reach. When the resident is in bed, provide the call light within easy reach of the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents received timely incontinence care, hygiene, and skin care services at least every two hours to maintain cleanliness, prevent skin breakdown, and promote comfort. This affected five of six residents (R126, R9, R89, R44, and R11) reviewed for activities of daily living (ADL) care, incontinence care, and hygiene/skin care in a sample of 44 residents. On 2/17/26 at 12:45 PM, V20 CNA (certified nurse aide) stated that R126 was last changed at 6:30 AM when V20 started her shift today. On 2/20/26 at 11:15 AM, V2 DON (director of nursing) stated that staff are expected to provide incontinence care to their assigned residents every two hours and as needed. R126: On 2/17/26 at 12:20 PM, R126 stated that R126 needs brief changed. R126 stated that he is able to activate the call light for assistance but does not know where his call light cord is. R126's call light cord observed under R126's bed. On 2/17/26 at 12:26 PM, V24 (nurse) came into R126's room and placed his call light cord within his reach. R126 stated that he needed his brief changed. V24 stated that she would let R126's CNA (certified nurse aide) know and V24 left R126's room. On 2/17/26 at 12:37 PM, V20 CNA entered R126's room to provide incontinence care. R126's brief was saturated with urine. R126's bed linen was wet with a brown discoloration outlining the wet area. R126's MDS (minimum data set), dated 1/2/2026, notes R126's BIMS (brief interview of mental status) score is 15 out of 15. R126 is cognitively intact. R126 is dependent on staff for incontinence care. R126's ADL care plan, initiated 7/29/23, notes R126 requires assist with daily care needs related to stroke. It notes to keep R126 clean and dry as an intervention. R126's care plan for bowel and bladder incontinence, initiated 2/8/24, notes provide incontinence care at routine timely intervals. R9: On 2/18/26 at 11:55 AM, R9 was observed lying in bed. This surveyor noted a strong foul odor when standing next to R9's bed. On 2/18/26 at 12:20 PM, V21 CNA (certified nurse aide) was observed entering R9's room and moved R9's bedside table closer to R9 then left R9's room. On 2/18/26 at 12:47 PM, R9's lunch meal tray was delivered and R9's head of bed was raised to 45 degrees. On 2/18/26 at 1:35 PM, V21 CNA was observed encouraging R9 to eat meal. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/18/26 at 1:50 PM, V21 was observed with her coat on and stated that she was leaving. On 2/18/26 at 2:15 PM, V20 CNA was observed picking up R9's meal tray. On 2/18/26 at 3:15 PM, V37 CNA entered R9's room to provide incontinence care. R9's brief was saturated. R9's incontinence care plan, initiated 5/23/22, notes R9 has bowel and bladder incontinence related to impaired mobility and cognition. Interventions in part note apply skin moisturizers/barrier creams as needed and provide incontinence care as needed. R89: On 2/19/26 at 9:30 AM, R89's was observed lying in bed. When R89 was turned onto his left side for wound care treatment, R89's brief was observed to be saturated with urine. R89's MDS, dated [DATE], notes R89's BIMS score is 10 out of 15. R89 has moderate cognitive impairment. R89 is dependent on staff for incontinence care. The facility's incontinence care policy, dated 05/2025, notes in part incontinence care is provided to keep residents as dry, comfortable and odor free as possible. R44: R44 MDS (minimum data set) for functional abilities dated 1/23/2026 shows R44 requires supervision or touching for toileting and personal hygiene. On 2/17/26 at 11:41am R44 was observed resting in bed, there was an odorous smell of urine. R44 said she was wet, and the aide had not come in to change her. R44 said she needed to be changed. R44 agreeable that surveyor can make observation of her care. Nurse and V18(CNA) were made aware of R44 concerns. 2/17/26 11:46am V18 (CNA) said the last time she checked R44 was at 7:30am. V18 she did not check on R44 because she was busy getting other residents up for the morning. R44 observed with no brief on, the bed sheet and white folded blanket were soiled. V18 said maybe R44 took off her brief because it was soiled. V18 said she should be completing care rounds every two hours to provide incontinent care for R44. R44's care plan with initiated date 3/12/2018 shows R44 has ADL (activity of daily living) self-care deficit r/t (related to) decreased functional mobility and strength, decline in cognition and DX (diagnosis) dementia and CHF (congestive heart failure) and bipolar disorder. Interventions are to assist with daily hygiene, grooming, dressing, oral care and eating as needed. R11: R11 MDS dated [DATE] shows R11 is dependent of staff for functional activities of shower/bathing, and personal hygiene. 2/19/26 at 12:15pm R11 observed resting in bed, R11 awake able to mouth words. R11 bilateral feet (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	were observed with severe flaky skin, some of the flaky skin was the size of a dime, R11's socks had an abundance of dry skin flakes inside the socks, able to be poured out. Observed by V30 (LPN). R11 said she wanted her feet washed, and moisturized. V30 (LPN) said the aides should be washing R11's feet and applying lotion to her feet on her shower days and as needed. 2/20/26 at 9:37am V6 (Wound care Nurse) said R11 receives skin checks daily, V6 said R11's feet did not become severely dry like that since the last skin check. V6 said she has to address foot care with the staff. R11's care plan has ADL (activity of daily living) Self-care deficit related to decreased functional mobility and strength, decline in cognitive and Dx (diagnosis) cerebral infraction with hemiparesis and dysphagia, chronic diastolic, heart failure and dementia. Interventions are to assist to bathe/shower as needed, assist with daily hygiene, grooming, dressing, oral care and eating as needed. 2/20/26 at 11:42am V2 (Director of Nursing) said the aides should be completing rounds on residents every two hours or as needed, to provide care. V2 said her expectation is that on shower days and or as needed the resident's feet should be washed and moisturized. Facility policy for foot care dated 1/2023 shows foot care is given to promote cleanliness, prevent infection, control odor, provide comfort, monitor for skin breakdown and promote healing. Foot care is provided routinely with the bath and PRN (as needed) it may also be done more frequently with a physician or nurse practitioner order. During the bath examine the feet for any open areas, redness bruises odor or color change. Dry feet carefully with a towel, making sure to dry between toes. If necessary, moisturize feet. Facility policy for bathing dated 1/1/2023 shows all residents are offered a bath and shower at least once per week. More frequent bathing or showering is given as needed or requested. Bed/ bath- wash thighs, legs, and feet. Report any skin issues to the Charge nurse or skin coordinator. Skin care prevention dated 1/2023 shows in-part treat dry skin with moisturizer as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure medications were labeled and stored in accordance with facility policy and accepted standards of practice. Specifically, opened and used medications located on the medication cart were not dated upon opening. This affected four of four residents (R 39, R140, R82, and R58) reviewed for medication storage. Finding Includes:On [DATE] at 3:59pm, during a medication cart audit with V14 (nurse), R39 was observed with an Latanoprost eye drops opened and not dated. V14 said, R39's eye drops are open, used and not dated. V14 said, R39's eye drops should have been dated upon opening. Dating the medication is to ensure its not administered past the expiration date.R39 was diagnosed with Glaucoma. R39's physician order sheet documents Xalatan Ophthalmic Solution. Instill one drop in both eyes in the evening for glaucoma. Pharmacy recommended expiration dates documents: Xalatan-expiration six (6) weeks.On [DATE] at 4:04pm, during a medication cart audit with V15 (nurse), R140 was observed with prednisolone eye drops opened and not dated. V15 said, R140's eye drops were opened, used and not dated. V15 said, prednisolone eye drops are good for twenty-eight days after opening. V15 said, R140's eye drop should have been dated after opened to ensure we don't administer expired medication.R140's physician order sheet documents: Prednisolone acetate ophthalmic solution. Instill one drop in left eye four times a day.On [DATE] at 4:31pm, during a medication cart audit with V12 (nurse), R82 and R58 were both observed with insulin lispro opened and not dated. V12 said, R82's and R58's insulin is open and used. Insulin should have a written date on the bottle when it's opened to include the expiration date. The date is to ensure expired medication is not administrated. V12 said, insulin is good for twenty-eight or thirty days depending on the type of insulin.R82 was diagnosed with type two Diabetes Mellitus. R82 's physician order sheet documents: Insulin Lispro Solution. R58 was diagnosed with type two Diabetes Mellitus with Hyperglycemia. R58's physician order sheet documents: Insulin Glargine Subcutaneous Solution (Insulin Glargine). Pharmacy recommended expiration dates documents: Insulin products vial/pen expiration-twenty-eight (28) days.Medication Storage in the Facility dated 5/2025 Policy documents: Medications and biologicals are stored safely, securely and properly following the manufacture or supplier recommendation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to obtain consent for psychotropic medications prior to administration for two of two residents (R3 and R113) reviewed for resident's rights in a total sample of 44 residents.Findings include:R3 was admitted to the facility on [DATE] with a diagnosis of schizophrenia, seizures, and traumatic subdural hemorrhage.R3's physician order sheet documents: Seroquel 50mg two tablets at bedtime order and start date 1/21/26, duloxetine 30mg one tablet daily with order date of 1/19/26 and start date of 1/20/26 and mirtazapine 30mg one tablet at bedtime with order date of 1/19/26 and start date of 1/20/26.R3's consent for psychotropic medication dated 1/21/26 documents under medications Seroquel, duloxetine and mirtazapine, under family it documents verbal consent received on 2/1/26 at 5:30PM by V38 (family member). Under facility representative V2 signature dated 2/4/26. The signing date of the assessment documents 2/19/26. V38 interview attempted but unsuccessful during the survey.R3's pharmacy medication review on admission dated 1/22/26 documents: There is no informed consent for the following psychotropic medications: duloxetine, mirtazapine and Seroquel.On 2/20/26 at 11:14AM, V2(Director of nursing) said consents are obtained upon admission, with new order or if medication is increased. The consent can be found in progress notes under miscellaneous or an assessment for consent will be completed. Consent should be obtained prior to starting the medications. V2 confirmed that R3's consent was not done prior to starting the medications and should have been before R3 was administered medications.R113 was admitted to the facility on [DATE] with a diagnosis of bipolar disorder and depression.R113 order details dated 1/12/26 documents: Depakote 250mg one tablet twice a day for bipolar disorder.R113 sertraline order history documents: sertraline 50mg with start date of 8/19/23 and end date of 3/20/24; sertraline 100mg start date 3/21/24 with end date of 9/9/24; sertraline 150mg start date of 9/10/24 with end date11/4/25; sertraline 200mg with start date 12/25/24 and end date of 4/2/25; sertraline 100 mg with a start date of 4/3/25 and no stop date.On 2/20/26 at 11:14AM, V2(Director of nursing) said consents are obtained upon admission, with new order or if medication is increased. The consent can be found in progress notes under miscellaneous or an assessment for consent will be completed. Consent should be obtained prior to starting the medications. On 2/20/26 at 1:46PM, V2 confirmed there was no consents for R113 Depakote or sertraline increase in the medical record.Facility policy Psychotropic Medication Program reviewed 1/2026 documents: the purpose is to promote the safe and effective use of psychotropic mediations. To ensure the lowest dose of mediation is used for the shortest timeframe. To guarantee a resident's quality of life is enhanced by the medication usage. The second purpose of this process is to ensure the resident is evaluated and the indication for the medications is documents within the medication record including but not limited to the nursing staff, social services, activities and the physician. Also, resident and resident representative are aware of the potential side effects and the facility obtains an informed consent for the use of psychotropic medication. If a new order for psychotropic medication is obtained the resident, resident representative or power of attorney (POA) must be informed of the risks and benefits of the medication. The family must obtain informed consent. If the family or representative is not able to sign the consent at time of the order, verbal consent will be obtained by the nurse and documented on a psychotropic consent form until written consent can be obtained. This form will be part of the medical record. Once consent is obtained, the order will be entered into the medical record and the diagnosis will be added to the diagnosis list.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow their Psychotropic Medication Program by not conducting psychotropic medication assessments as indicated, not conducting Abnormal involuntary movement scale assessments as indicated and failing to develop individualized nonpharmacological interventions for two of five residents (R104 and R113) reviewed for unnecessary medications in a total sample of 44.Findings include:R104 was admitted to the facility on [DATE] with a diagnosis of Alzheimer's disease, psychosis, vascular disease and anxiety.R104' s psychiatrist note dated 2/10/26 documents; R104 currently treated with mirtazapine 15 mg at bedtime, sertraline 12.5 mg daily and Seroquel 25 mg twice a day.R104's care plan dated 3/10/24 revised 6/8/24 documents: R104 requires the use of psychotropic medication for diagnosis of psychosis and antidepressant medication for poor appetite. Interventions include administrator medication as ordered dated 3/10/24; antidepressant side effects: constipation, dry mouth, difficult urination, blurred vision, sedation, excitation, insomnia, confusion, hypotension, tachycardia. Notify MD of abnormal findings dated 3/10/24; antipsychotic side effects: constipation, dry mouth, difficult urination, blurred vision, sedation, excitation, confusion, tremors, rigidity, restlessness, muscle spasms, involuntary facial movements, shuffling gait, drooling, hypotension, hypotension, tachycardia Notify MD of abnormal findings dated 6/8/24; monitor for safety risk and potential fall risk dated 3/10/24; notify physician of recent status change dated 3/10/24;physician evaluation to set time period for reduction dated 6/8/24; psych evaluation as needed dated 6/8/24; refer resident to social services for additional support when needed dated 6/8/24.R104 medical record did not document any AIMS assessments or psychotropic medication assessments.On 2/20/26 at 1:46PM, V2 (director of nursing) confirmed that there was no AIMS assessments or psychotropic medication assessments for R104. On 2/20/26 at 2:52PM, V2 (director of nursing) said there were no other plan of care for 104 to document any individualized nonpharmacological interventions. V2 was unable to present any of requested missing assessments or documents during the survey.R113 was admitted to the facility on [DATE] with a diagnosis of bipolar disorder and depression.R113 order details dated 1/12/26 documents: Depakote 250mg one tablet twice a day for bipolar disorder.R113 medical record documents sertraline 100 mg daily with a start date of 4/3/25.R113's Abnormal involuntary movement scale (AIMS) dated 8/24/25 documents low risk. R113 had AIMS assessment dated [DATE] and 7/14/24 with no other AIMS assessments documented.R113's plan of care documents: R113 requires the use of psychotropic medications sertraline to assist with managing mood and behavior related to antidepressant dated 5/5/25. Interventions include administer medication as ordered dated 5/5/25; assess any behaviors/mood changes dated 5/5/25; notify the physician of resident status change dated 5/5/25.R113's psychotropic medication assessment form dated 9/15/25 documents initial assessment that is not completed or signed by staff for completion. Documents under status in progress. There was no other psychotropic medication assessments listed or documented in the medical record.On 2/20/26 at 1:46PM, V2 (director of nursing) confirmed that there was no other AIMS assessments or psychotropic medication assessments for R113. On 2/20/26 at 2:52PM, V2 (director of nursing) said there were no other plan of care for R113 to document any individualized nonpharmacological interventions. V2 was unable to present any of requested missing assessments or documents during the survey.Facility policy Psychotropic Medication Program reviewed 1/2026 documents: the purpose is to promote the safe and effective use of psychotropic mediations. To ensure the lowest dose of mediation is used for the shortest timeframe. To guarantee a resident's quality of life is enhanced by the mediation usage. The second purpose of this process is to ensure the resident is evaluated and the indication for the medications is documents within the mediation record including but not limited to the nursing staff, social services, activities and the physician. Also, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident and resident representative are aware of the potential side effects and the facility obtains an informed consent for the use of psychotropic medication. The third purpose of this guideline is once a resident is placed on a psychotropic medication the facility monitors the resident for side effects and adverse reactions, addresses the use of the medications in a comprehensive plan of care, and assesses the residents for gradual dose reduction. Upon admission and quarterly each resident will have a psychotropic medication reviewed utilizing the psychotropic medication assessment for initiated by the program designee. This form will identity the time period the resident has been taking the medication, the diagnosis for the mediation, behavior associated with the need for the medication and non-pharmacological interventions. Nonpharmacological interventions are defined as interventions to assist with deescalating behaviors without the use of medications. These interventions will be personalized for the resident and will be obtained through resident/family interview, social service and activity assessments and staff interaction with resident. A baseline Abnormal involuntary movement scale (AIMS) test will be done by the psychotropic nurse or designee prior to starting any new anti-psychotic medication and at least every 6 months thereafter. Care planning: once the resident is placed on a psychotropic medication, the team will review and revise the plan of care. The care plan will be developed with input from the resident's family or resident's representative and include participation from the interdisciplinary team. The care plan will be initiated upon start of the psychotropic medication and be reviewed at least quarterly. The care plan will include current psychotropic medication regime, diagnosis for medication use, targeted symptoms/behaviors, individualized nonpharmacological interventions along with additional monitoring interventions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that wound care treatments and pressure ulcer prevention interventions, including repositioning and turning, were implemented as ordered. This affected one of eight residents (R11) reviewed for pressure ulcers in a sample of 44 residents R11's face sheet shows diagnosis of hemiplegia, hemiparesis following cerebral infraction affecting left non dominate side, type two diabetes. R11's wound assessment dated [DATE] shows coccyx wound, type; pressure, source; facility acquired, clinical stage;3, date identified 2/28/2023, care goal; decrease ulcer area, approach; off-loading, optimizing moist wound healing. On 2/19/26 at 9:51am during continuous observations from 9:51am to 12:00pm R11 was observed resting on her back in supine position at 45 degrees (position confirmed by V30-LPN). The facility staff did not turn and reposition R11 during this continuous observation. Staff were observed standing at R11's room doorway at 10:30am, 11:00am, 11:41am. One staff member dressed in purple entered the room and immediately came out. At 12:00pm request was made to observe R11's skin, V30 assisted. R11's feet (bilateral) were observed with severe dry skin, flaking and falling off, able to be poured out the sock. R11 was agreeable for observation of wound treatment dressing to sacrum, R11 did not have a wound treatment dressing applied. V30 said R11's sacral wound should be covered, V30 said she was not made aware that the wound treatment dressing was not on.2/19/26 12:16pm V36 (CNA) was identified as R11's nursing aide. V36 said the last time she changed R11 was at 9:30am, and that was the last time she turned R11 also. V36 said the wound treatment dressing was not in place at the time of care. V36 said she did not inform the wound care Nurse, nor did she inform V30 (LPN). V36 said she did not inform anyone that R11's sacral wound dressing was not on. V36 said she received training on notifying the nurse immediately when the wound treatment dressing is not on and she should have notified the Nurse and or the wound care Nurse. V36 said she doesn't know why it's important for R11's wound treatment to be on and in place. V36 said R11 should be turned every two hours to prevent pressure sores from developing, it helps with circulation.2/20/26 at 9:37am V6 (wound care Nurse) said she was not made aware on 2/19/26 at 9:30am that R11's wound treatment was not on and or in place. V6 said her expectation is that V36 inform her or the floor Nurse. V6 said the floor Nurse could have put a wound treatment dressing in place until she (V6) was available to apply the treatment as ordered. V6 said R11 has a facility acquired wound and her goal is to heal R11's wound. V6 said not repositioning R11 and not having the wound treatment in place can contribute to R11's wound not healing. V6 said turning promotes blood circulation. V6 said R11 has calcium alginate in place to breakdown the bioburden, calcium alginate is a form of debriding. V6 said R11 wound treatment was changed today. V6 said R11's Braden score is 12, and R11 is at risk for skin breakdown.2/20/26 at 11:46am V2 (Director of Nursing) said her expectation is that staff complete rounds, providing incontinent care, turn/reposition every two hours or as needed, the staff should be providing whatever care that the residents may need. R11's physician order sheet dated 12/23/25, shows orders for coccyx: cleanse with saline; pat dry; apply betadine to peri wound; apply iodosorb gel and calcium alginate to wound bed; cover with dry dressing daily and PRN (as needed). R11's care plan shows R11 has a pressure ulcer coccyx area, administer treatment per physician orders, low air loss mattress in place to help promote wound healing and reduce risk of wound deterioration, use pillows and/or positioning devices as needed, administer analgesia per physician orders. R11 is at risk for alteration in skin integrity related to: impaired mobility, b/b incontinence, weight loss, presence of G tube and h/o pressure ulcer, dx of DM (diabetes). R11 has self-care deficits related to decreased functional mobility and strength, decline in cognition and DX (diagnosis) cerebral infraction with left hemiparesis and dysphagia, chronic diastolic heart failure and dementia, bed mobility with assist x2. Facility policy titled skin care prevention, dated 1/2023 shows all residents will receive appropriate care to decrease the risk of skin breakdown. The nursing department will review all new (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	admissions readmissions to put a plan in place for prevention based on the resident's activity level, comorbidities, mental status, risk assessment and other pertinent information. All resident that are unable to reposition themselves will be repositioned as needed based on a person-centered care approach (minimum of every two hours).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on observation, interview, and record review, the facility failed to ensure licensed nurses demonstrated the competencies and skills necessary to safely manage and monitor residents receiving enteral nutrition via feeding pump, in accordance with professional standards of practice, placing residents at risk for complications related to improper administration and monitoring of enteral feedings. This affected three of three residents (R4, R82, R89) who were receiving enteral nutrition in a sample of 44 residents.Findings include:On 2/17/26 at 10:30 AM, R82 was observed in room. Intermittent observations were made from 12:30 PM until 4:00 PM, R82 was observed self-propelling wheelchair in halls and attending activities; R82 was not connected to enteral feeding pump.On 2/17/26 at 10:15 AM, R89 was observed lying in bed. R89's enteral feeding pump was turned off. Intermittent observations were made from 12:30 PM until 4:00 PM, R89 was in wheelchair at nurses' station not receiving enteral feeding.On 2/19/26 at 3:30 PM, V29 (activity director) stated that R82 is in wheelchair participating in activities or self-propelling in halls all day every day.On 2/19/26 at 10:32 AM, V24 (nurse) stated that R89's enteral feeding was started at 5:50 AM. When questioned how it is communicated to oncoming nurses the amount of feeding delivered and/or amount left, V24 did not respond. When questioned if V24 clears the feeding pump of volume infused at the end of V24's shift, V24 responded the night shift nurse clears the pump. When questioned how does V24 know when the resident has received the total amount of feeding per 24 hours, V24 responded the pump will shut off. When questioned how to check pump settings and amount fed, V24 did not respond and left R89's room.On 2/19/26 at 10:35 AM, V7 RD (registered dietitian) stated that enteral feedings are ordered to deliver feeding over 20 hours daily to ensure the resident is receiving adequate nutrition. V7 stated that R89 should receive 1680 ml (milliliters) total feeding and 1050 total water per 24 hours. V7 reviewed on R89's enteral feeding pump the amount of feeding R89 received in the past 24 hours and 48 hours. V7 stated that the pump shows R89 received 1080 ml of feeding and 715 ml of water flush in 24 hours and 2264 ml feeding and 1240 ml water flush in the past 48 hours. V7 stated that R89 is not receiving adequate nutrition.On 2/19/26 at 10:50 AM, V7 RD stated that R82 should be receiving 1500 ml total feeding and 1800 ml water flush per 24 hours. V7 stated that R82's feeding pump shows R82 received 1021 ml of feeding and zero water flush in 24 hours and 1852 ml feeding and zero water flush in the past 48 hours. V7 stated that R82 is not receiving adequate nutrition.On 2/19/26 at 11:00 AM, V7 RD stated that R4 should be receiving 1500 ml total feeding in the past 24 hours. V7 stated that R4's pump shows she has received 1561 ml so far and the pump is still running.On 2/19/26 at 11:15 AM, V2 DON (director of nursing) stated that the nurses received an in-service on the enteral feeding pump one year ago. V2 stated that the nurses were not competencied on the feeding pump. V2 stated that if the nurse is expected to ask V2 or the nurse manager for assistance if the nurse does not know how to use the enteral feeding pump or has any questions. V2 stated that nurses that started working at this facility after 1/27/25, received 1:1 training on the enteral feeding pump during orientation.The facility provided a list noting there are 47 current licensed nurses working at this facility. Of these 47 nurses, 21 started after 1/27/25.On 2/20/26 V2 DON presented the facility's enteral feeding pump in-service documentation dated 1/27/2025. Six of the 47 licensed nurses were in-serviced. The facility was unable to provide documentation that the 21 nurses that started after 1/27/25 received training during orientation. The facility was unable to provide any documentation that the 41 nurses that did not attend the in-service on 1/27/25 received any education on the feeding pump. The facility was unable to provide any documentation that all nurses are competent in using the feeding pump.The facility's tube feeding policy, dated 01/2024, notes in part, the health care provider should be notified if tube feeding amount not infused as ordered. Feeding pump: pump should be cleared at the end of each shift. Document tube feeding delivered. Alert health care provider of any issues or concerns.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145684	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Homewood	940 Maple Avenue Homewood, IL 60430

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, interviews, and record reviews, the facility failed to follow its infection prevention and control policy and don appropriate PPE (personal protective equipment) prior to entering resident rooms with enhanced barrier precautions and providing direct resident care. The facility also failed to place a resident with a gastrostomy tube in enhanced barrier precautions. These failures affected three residents (R78, R82, and R89) out of 6 residents reviewed for infection control in a sample of 44.Findings include:On 2/17/26 at 11:35 AM, V22 CNA was observed bringing clean linen into R78's room; V22 had gloves on. V22 did not don a gown prior to entering R78's room to provide direct resident care. There was signage noted on R78's door for EBP and a bin with PPE located next to R78's door. At 11:51 AM, V22 exited R78's room carrying soiled linens.On 2/17/26 at 12:20 PM, this surveyor observed an enteral feeding pump at R89's bedside. There was no signage for enhanced barrier precautions (EBP) noted on or near R89's door. There was no bin with PPE outside of R89's room.On 2/19/26 at 11:50 AM, V26 (restorative aide) and V27 (restorative aide) were observed using a mechanical lift device to obtain R82's weight. V26 and V27 did not don appropriate PPE prior to entering R82's EBP room.On 2/19/26 at 1:40 PM, V3 (infection prevention nurse) stated that residents with colonized multidrug resistant organisms are placed in EBP. V3 stated that residents with indwelling catheters, wounds, intravenous access devices, gastrostomy tubes, and receiving dialysis are also placed in EBP. V3 stated that staff are expected to don gowns and gloves when providing direct resident care to residents in EBP.The facility's infection prevention and control policy, dated 07/2025, notes in part enhanced barrier precautions involves the use of gloves and gowns during high contact resident care activities infected or colonized with multidrug resistant organisms as well as residents with wounds and/or indwelling medical devices.