STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145758	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Glenwood	19330 South Cottage Grove Glenwood, IL 60425

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40102 Based on interview and record review, the facility failed to accurately document a narcotic medication on the Medication Administration Record and only documented the medication give on the Controlled Substance Record for one out of three reviewed for medication administration in a total sample of four. Findings Include: R2 is an [AGE] year old with the following diagnosis: type 2 diabetes, stage 4 chronic kidney disease, heart failure, and neoplasm of the cerebral meninges. Due to R2's mental status only being alert to self, R2 was unable to answer any questions related to medication. On 3/4/25 at 1:19PM, V1 (Nurse) stated when any narcotic medication is administered it must be documented on the Medication Administration Record (MAR) and the Controlled Substance Sheet. V1 reported an accurate record must be kept on both the Controlled Substance Sheet and MAR because anytime any medication is administered it has to be documented on the MAR so other staff can see when medications are given. On 3/4/25 at 2:36PM, V4 (DON) stated when a narcotic medication is given it needs to be documented on the Controlled Substance Sheet and the MAR so the nurses can reference when the medication was given when looking at either the MAR or Controlled Substance Sheet. V4 reported there is no documentation that R2 received the medication based on the MAR charting for 01/2025 and 02/2025. V4 stated per the Controlled Substance Sheet, R2 was given a narcotic medication by nursing staff. V4 was unable to answer why the narcotic medication was not documented on the MAR. On 3/4/25 at 4:15PM, V5 (Nurse) stated a narcotic medication is signed out on the Controlled Substance Sheet when administered and also documented on the MAR. V5 reported a nurse needs to document in both areas so all staff know what medications were given. V5 stated V5 remember giving R2 the narcotic medication but was unable to remember the times it was administered. V5 reported V5 did not chart the medications in the MAR because the facility frequently had problems with their computer system. V5 refused to elaborate on the problems with the computers. V5 denied telling management about the computer issues. V5 said, Yes, it should have been charted in both areas, but what was I supposed to do? (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
	145758	A. Building B. Wing	03/07/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/4/25 at 4:39PM, V6 (Hospice Nurse) stated the hospice company will ask the facility nurse how much pain medication a resident has been taking and the nurses will usually reference the MAR to give V6 an answer. V6 denied having access to the facility computer system. V6 reported on a visit to the facility (the date was unable to be identified) V6 was told by the facility nurse that R2 did not receive any pain medication from the last weekly visit. V6 stated the storage box where the narcotic pain medication was checked and V6 saw that R2 was administered the hydromorphone more than once for the month. V6 reported the storage box is not always checked so V6 would have documented that R2 did not receive any pain medication if V6 didn't happen to check the narcotic storage box. V6 stated if the facility is not accurate in charting on the MAR the hospice company has no way to verify what a resident is given. The Hospice notes document an order was placed for Hydromorphone 4 mg/ML with a dose of 1 mL every 1 to 2 hours for pain or shortness of breath as needed. This order was placed on 11/6/24. The Physician Order Sheet documents R2 was admitted into hospice on 11/7/24. There is an active order for a narcotic pain medication (Hydromorphone 4mg/mL) for 1 mL that is to be given by mouth every four hours. This order was placed on 1/20/2025. This medication was changed on 1/21/25. An order was placed to give 0.25 ML every two hours. That order was also discontinued on 1/21/25. The order from 1/20/25 is currently in place. The Medication Administration Record (MAR) dated 01/2025 documents R2 did not receive any narcotic pain medication as needed. The MAR dated 02/2025 does not have any documentation that R2 took any narcotic pain medication. The Individual Controlled Substance Record documents Hydromorphone was given on 1/18/25 at 11 PM, 1/21/25 at 9:30 AM, 1/21/25 at 12:05 PM, 2/6/25 at 9 AM, and 2/26/25 at 5 AM. There is no documentation in the MAR that R2 received this medication at these times. The policy titled, Medication Administration, dated 1/2024 documents, All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis . Guideline: .6. Check medication administration record prior to administering medication for the right medication, dose, route, patient/resident and time .18. Document as each medication is prepared on the MAR .24. Document reason and response for any PRN medication.