

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145758	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2026
NAME OF PROVIDER OR SUPPLIER Aliya of Glenwood		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect a resident from physical resident-to-resident abuse when a resident (R12) punched another resident (R13) which resulted in a red mark on R13's face. This failure affected 1 resident (R13) of 3 reviewed for abuse. The noncompliance occurred from 10-22-25 to 11-23-25. Findings include: On 1-13-26 at 11:44 AM, R12 said he remembers having verbal and physical altercation with former R13. R12 said he hit R13 in the face and R13 hit R12 in the face. R12 said he had redness in the face (cheek) from R13's punch. R12 admits to hitting R13 in the jaw. R12 said he was transferred to the hospital and came back. R12 said he no longer wants to fight and does not want to get transferred to the hospital. On 1-13-26 at 9:50 AM, R13 said he had an altercation with former roommate R12. R13 he and R12 were yelling at each other and R12 hit him in the eye. R13 said he had redness to his eye. R13 denies hitting R12. R13 said he is safer and satisfied with the room change. Progress Note dated 10-22-25 documents: This writer called and notified sister of the alleged incident between this resident and their roommate. Progress Note dated 10-22-25 documents: R12 observed in his room agitated and verbally aggressive. While attempting to deescalate, R12 became combative, yelling, using profanity and verbally threatening staff. R12 unable to be redirected after several attempts to console. R12 placed on 1:1 observation for his safety. R12's Behavioral Hospital Record dated 10-22-2025 documents: Treatment Plan Update: Problem: Danger to others with Psychosis (aggressive at NH (punched & attacked roommate)). Reason for admission from Intake: delusional behavior with others and increased aggression towards R13 and staff at nursing home. Identifying Data: R12 is a [AGE] year-old male who presented as a direct transfer from Nursing Home due to psychosis and aggression. Chief Complaint in R12's own words: I punched someone. Initial Reportable dated 10-22-25 describe Alleged Incident: R12 allegedly made unwanted physical contact with R13. Redness noted to the right side of R13 face. R12 petitioned to the hospital for evaluation. Investigation initiated, follow up to follow. Final Reportable dated 10-28-25, Summary of Investigation: After a thorough investigation including staff and resident interviews and statements. Upon making rounds by the CNA the nurse was made aware of red mark on R13's face. When asked what happened R13 stated that R12 struck R13 in the face. Abuse Policy dated 10-25 documents: The facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. The purpose of this policy is to assure that [NAME] facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents. Corrective actions which will be accomplished for those residents found to have been affected by the deficient practice on 12/13/25: R2 and R1 no longer share a room, effective immediately from the date of occurrence on 12/12/2025. R1 remains at the facility.</p> <p>(continued on next page)</p>

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
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1 is at baseline and feels safe in the facility; exhibits no signs of anxiety or fearfulness. R2 remains at the facility. R2 is at baseline and feels safe in the facility; exhibits no sign of anxiety or fearfulness. R3 remains at the facility. R3 is at baseline and feels safe in the facility: exhibits no signs of anxiety or fearfulness. How will the facility identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by the same deficiency. An audit of alleged abuse incidents for the last 30 days was conducted on 12/15/25 by the administrator. An Audit of all admissions for the last 30 days was completed to ensure that residents have appropriate abuse assessment and care plans on 12/15/25 by social services. The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not occur: All staff have been educated on identifying and deescalating potential inter resident conflict; and staff have been educated on the facility abuse policy as it relates to abuse prevention and reporting. This was completed on 12/12/2025 by the Administrator. Quality Assurance plans to monitor facility performance to make sure that corrections are achieved and are permanent: Social Service Director or designee will audit 5 recent admissions to ensure abuse assessments and abuse care plans are in place as appropriate and followed weekly for 1 month and monthly for 3 months thereafter. Administrator or designee will audit recent alleged abuse incidents to ensure abuse prevention policy was followed weekly for 1 month and monthly for 3 months thereafter. Observations noted during monitoring will be discussed with the QA Committee monthly. Concerns will be discussed among the members, a plan of action is devised, and past plans of action evaluated by Quality Assurance Committee, for 3 months or as needed. Completion Date 12-23-25</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, and review of facility records, there is evidence to indicate that residents' dietary preferences are not consistently followed, and this failure affected 1 resident (R7) out of 3 residents reviewed for dietary services. R7, is a [AGE] year-old male who was admitted to the facility on [DATE] to receive skilled therapy services. R7's diagnoses include but are not limited to, vertebrogenic low back pain, post-traumatic stress disorder, atrial fibrillation, chronic low back pain, depression, polyneuropathy, and presence of a cardiac pacemaker. According to the Minimum Data Set (MDS) dated [DATE], R7 had a Brief Interview for Mental Status (BIMS) score of 12, indicating intact cognitive function. The MDS further indicated no evidence of an acute change in mental status from the resident's baseline and no signs of disorganized thinking or incoherent behavior. On 1/13/2026 at 11:46 AM, R7 was observed in his room seated in a wheelchair. R7 stated that he was doing well and was looking forward to returning home. R7 stated, the VA hospital sent me here for therapy, and I can't wait to be home and have good food. Regarding food service, R7 stated that R7 does not find the food very good and expressed concerns that meals consist of processed foods that he believes are of poor quality. R7 further stated that the primary concern is being served bread or breaded foods. R7 said that he has avoided eating bread, rice, noodles, pasta, corn, breaded foods, and flour for a long time due to chronic joint pain, stating that avoiding these foods helps him manage his pain. R7 stated, I cannot eat bread because I believe it is like a poison to my joints. I get pain, especially in my hip, when I eat them. R7 stated, It is very frustrating that I have told them since I came here that I cannot have that kind of food, and they keep giving it to me. I do not understand how they couldn't understand it; it is very simple. I am not allergic to bread, but I prefer not to eat it because I believe it is not good for my body. R7 further stated that his wife brings him food several times a week so that he has food he can eat. R7 stated that he is not difficult to please. R7 shared that R7 served during the Vietnam War and survived with many different types of food and environments, stating that he knows he can adapt. However, R7 expressed that he feels sad and upset that the facility continues to serve him bread despite multiple discussions that he and his family have had with staff regarding his food preferences. During the interview with R7, V28 (Certified Nursing Assistant/CNA) was observed entering the room to deliver R7's meal tray. V28 was observed reviewing the meal ticket that accompanied the tray; however, V28 was not observed checking the food items on the tray against the meal ticket. R7 was observed opening the food cover and finding a piece of breaded chicken. R7 said, please look, I kept telling them over and over about it. R7 was observed to display facial expressions of sadness and frustration while expressing these concerns. R7 was asked if he would like a substitute meal; however, R7 replied, No, I cannot eat now. I am upset. It always happens. R7 was observed opening the food cover and finding a piece of breaded chicken. R7 said, please look, I kept telling them over and over about it that I cannot bread or breading in my food. R7 was observed to display facial expressions of sadness and frustration while expressing these concerns. R7 was asked if he would like a substitute meal; however, R7 replied, No, I cannot eat now. I am upset. It always happens. The meal ticket was reviewed with R7. The meal ticket in the tray is written as follows: R7's name, Room number, Bed number, Wing number Diet : No Added Salt (NAS) Texture : Regular Diet Order: No Rice, Noodle, Pasta, Rice, Corn, Bread, Breading on food, Flour Liquid: Thin MENU Caribbean Jerk Chicken Steamed Rice Black beans Pineapple Beverage Notes: PCC double portion On 1/13/2026 at 12:31 PM, V16 (Licensed practical nurse/LPN) stated that R7 has a No Added Salt (NAS) diet with double portions documented in Point</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>click care (PCC). R7 said, I do not find any dietary preferences documented in PCC for him. I do not see any restrictions listed such as no rice, noodles, pasta, corn, bread, breading, or flour. R7 also said that it should be in the PCC so everyone can see and not just in the meal ticket.V5 (Food Service Director), was not present in the facility during this survey due to a suspension unrelated to this complaint according to V1.On 1/13/2026 at 1:02 PM, V10 (Regional Dietary Consultant) was interviewed. V10 stated that dietary staff and CNAs are expected to read the diet card/ticket to ensure the meal aligns with the resident's preferences. When informed by the surveyor about the observation that V28 failed to check the food before serving it to a resident during lunch today, V10 responded, it was a mistake, the food should have been checked. The meal ticket was shown to V10, who confirmed that the lunch menu included breaded chicken, which contains bread, and acknowledged that it should not have been given to R7. V10 emphasized that nutrition is very important, food is very important, and resident preferences should always be followed.V10 provided the recipe for the Caribbean Jerk chicken that was served to R7 for lunch. The recipe was reviewed with V10, who confirmed that the chicken is coated with bread and flour, which should not have been given to R7 due to the resident's dietary preferences noted on the meal ticket.On 1/13/2026 at 1:17 PM, V17 (Resident Dietician/RD) was also interviewed regarding food preferences. V17 said that preferences are written in the tray ticket and staff is expected to follow what is in the ticket. V17 further stated that it should have been caught in the kitchen prior to sending the tray to the floor for distribution.On 1/15/2026 V21 (CNA) was interviewed in person at 9:15 AM. V21 stated that she regularly works on the 200 unit during the day shift and assists with passing breakfast and lunch trays. V21 explained that food carts are delivered to the unit hallways, and CNAs assist with serving trays to residents who eat in their rooms. V21 stated that staff are expected to double-check the meal ticket before serving the tray, and if a discrepancy is identified, the tray is sent back to the kitchen. V21 explained that staff check the resident's information, prescribed diet, and food preferences as indicated on the meal ticket. V21 further stated that honoring resident preferences is important to ensure residents eat their meals, noting that residents may refuse food they do not like. V21 stated that failure to eat can lead to malnutrition, skin breakdown, and dehydration, emphasizing the importance of resident food preferences. V28 stated that she recalls R7 and that R7 does not want bread, rice or food with breading.On 1/15/2026 at 9:33 AM, V22 (Dietary aide) was interviewed. According to V22, they prepare meal tickets by printing them daily to ensure any updates are reflected. The meal tickets are followed when preparing trays according to what is written. V22 explained that residents' information, including allergies, diet, and preferences, are included on the tickets and must be checked and followed when preparing food. V22 said, When I prepare the tray, I make sure I check so they won't get the wrong food and that is how we are trained. Preferences should be followed so residents will not get upset because we should follow their request. We want to eat what we want.On 1/15/2025 at 1:02 PM, V28 (Certified Nursing Assistant/CNA) was interviewed regarding meal tray service. V28 stated, We need to check the ticket first and then check the tray to make sure that it is the actual food the resident should receive. If it's not the correct diet or the resident's preferred food, then we should not serve it and should send it back to the kitchen to be corrected.V28 further stated that if the food is incorrect, the resident may refuse to eat, and if the diet or consistency is wrong, it could pose a choking risk. V28 emphasized that staff must always check the food on the tray before serving it to ensure accuracy and resident satisfaction. V28 acknowledged that on the day of the observation (1/13/2026), she was moving too quickly and checked the meal ticket but did not check the food items on the tray. V28 stated, I was moving too fast and failed to check the food.On 1/15/2026 at 1:16 PM, V2</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(Director of nursing/DON), stated that staff should always check the resident's diet and dietary preferences, and if any discrepancy is observed, the meal should be sent back to the kitchen to be replaced. V2 emphasized, Food preference is important because we don't eat what we don't like. According to the facility's Dietary Standardized Menu Policy (dated 1/2023, revised 1/2026): Compliance Guidance #1: The facility will make reasonable efforts to provide food that is appetizing and culturally appropriate for residents. Menus will be planned to meet basic nutritional needs by providing meals based on individual nutritional assessment and the individualized plan of care. Reasonable effort is defined as assessing individual needs and preferences and demonstrating actions to meet those needs and preferences. Compliance Guidance #13: The facility will support residents' rights to make personal dietary choices. OnTray Dietary Policies and Procedures (undated): Policy: Menus may be changed to meet the preferences of the facility's population. Purpose: To ensure residents' nutritional needs and preferences are met. Procedure #4: Each resident's preference is followed to the extent nutritionally and medically possible to encourage food acceptance. Facility policy and procedures states to make reasonable efforts to meet residents' individual dietary preferences and to honor residents' rights to personal dietary choices. R7 was observed during lunch on 1/13/2026 being served breaded chicken, which was inconsistent with his documented dietary preferences on the meal ticket. Staff interviews and a review of the recipe confirmed the discrepancy. R7 and his family have clearly communicated multiple times R7's dietary preferences since his admission to the facility. Staff and the DON confirmed that residents' preferences should always be checked and followed, and meals should be corrected if discrepancies occur.</p>		