

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  02/19/2026
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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>Based upon observation, interview, and record review the facility failed to follow policy procedures, failed to implement care plan interventions, failed to ensure that dental recommendations were followed, failed to follow-up with the provider as directed, and/or failed to ensure that timely dental care was provided to three of three residents (R2, R3, R4) reviewed for dental services. These failures have the potential to affect 143 residents. Findings include: The 2/16/2026 facility census includes 143 residents. On 1/14/26, IDPH (Illinois Department of Public Health) received allegations that R2 had complaints of dental pain and the facility failed to arrange a dental appointment in a timely manner. R2's (10/18/23) Physician Order Sheets include dental care as needed. R2's (8/25/23) care plan states resident has oral/dental problems related to edentulous tooth infection/pain. Interventions: Coordinate arrangements for dental care, transportation as needed/as ordered. Monitor/document/report any signs/symptoms of oral/dental problems needing attention. R2's (9/10/25) handwritten note (received by V8/Health Information Management Director from V11/Family) includes (9/17/25) follow-up for (dental) appointment - however, R2's (9/17/25) progress notes exclude dental visit and/or follow-up information. R2's (10/7/25) progress note states resident left for dental appointment. Plan of care is still ongoing [actual plan of care was excluded]. R2's diagnoses include dementia. R2's (2/5/26) BIMS (Brief Interview Mental Status) determined a score of 8 (moderate impairment). On 2/17/26 at 11:53am, surveyor inquired about concerns R2 stated I got a headache and need something for that then refused to respond to additional questions. On 2/19/26 at 2:44pm, surveyor inquired about the facility procedures for dental consults V8 (Health Information Management Director) stated Usually Social Service puts their (resident's) names on the list so they can see the dentist but if they (residents) need to go out to a specific place for tooth extraction or whatever I (V8) set up transportation for them to go. Surveyor inquired if R2 was seen by the dentist on 9/17/25 (as directed) V8 responded I didn't get that information. September 22 (2025) is the last thing she (R2) went out for. Surveyor inquired when is R2's next dental appointment? V8 replied I don't know that she has one. The last communication that I had with the daughter (V11) was 9/22/25 (roughly 5 months ago). The (October 2025-February 2026) facility dental list request excludes R2's name. On 2/19/26 at 3:22pm, V10 (Social Service Director) stated Once a resident informs us (Social Service) that they (resident) need to see a dentist and it's not emergent we (Social Service) just put em (residents) on a list until the dentist is scheduled to come in (once a month). If it's an emergent situation, we'll reach out to the dentist to come out as soon as possible. If an order is written from the dentist, we provide it to medical records and to the DON (Director of Nursing) so they know that an appointment needs to be scheduled. The dentist sends an email to Social Service, and we'll provide that to the DON. I (V10) do have a binder with the necessary documentation - moving forward. On 2/19/26 at 3:39pm, surveyor inquired about the facility process for dental consults and/or recommendations V2, Director of Nursing (DON) stated, The expectation is that every resident is screened for dental services and after the screening every resident</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  145758	Facility ID:  145758  If continuation sheet Page 1 of 4

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>should follow through with the treatment plan of the physician. Social Service follows the process with the physician so when the notes come in that information is uploaded in the system and gets communicated to the nursing staff, then the nursing staff will assist with getting the treatment plan followed. Surveyor inquired about staff expectations regarding dental services. V2 responded, The Nursing staff should be sending the resident out with their face sheet and orders with any concerns and upon return we (staff) should be documenting that they (residents) returned and what they returned with so we can be following up with the orders. R3's (1/5/26) BIMS determined a score of 15 (cognition intact).R3's (5/30/21) care plan states resident exhibits dental/mouth problems. Intervention: Consider (dental) consult as indicated.R3's progress notes state (8/4/25) Resident returned from dentist appointment, resident has a referral for dentures. (9/15/25) She (R3) is tolerating oral intake without difficulty and is scheduled to return to the dentist for denture fitting. (10/6/25) She (R3) is awaiting follow-up with dental services for upper denture fitting. R3's (1/19/26) dental consult states upper right/left quadrant: no teeth. Denture steps: (nothing is selected). On 2/17/26 at 12:05pm, R3 appeared to be missing all of the upper teeth. Surveyor inquired about dental services R3 stated I'm supposed to get fitted for dentures. My (R3) top teeth were removed in August last year (roughly 6 months ago). She (provider) said the dentist is gonna take 3 visits to fit me but it's taking this long, it don't make no sense and affirmed that the facility hasn't set up an appointment to get fitted for dentures. On 2/18/26 at 3:30pm, surveyor inquired why R3 wasn't fitted for dentures V1 (Administrator) stated They (dentist) weren't accepting her (R3) insurance, so I (V1) had staff call the insurance company. They sent us a list of providers in her network. Now we're (staff) scheduling her appointment (roughly 6.5 months after referral was received) so she can follow up for the dentures.R4's (1/13/26) BIMS determined a score of 9 (moderate impairment). On 2/17/26 at 12:03pm, surveyor inquired if R4 was recently seen by the dentist R4 stated When I (R4) was at another house and was unable to provide additional information.R4's (6/17/25) dental consult states patient has a denture that fits well. R4's (2/10/26) dental consult states the patient is a poor candidate for dentures due to lack of natural bone. Patient may enroll for dental care at facility to try a new denture. On 2/19/26 at 3:11pm, surveyor inquired if R4 was enrolled for dental care at facility to try a new denture. V8 stated, No, no one gave me (V8) anything about that. So, I (V8) don't know.On 2/19/26 at 3:48pm, surveyor inquired if V2 was made aware that R4 may require new dentures per 2/10/26 consult - due to bone loss. V2 stated, I'm not aware of her needing those services.The Dental Services policy (reviewed 1/2026) states documentation by the dentist is recorded in the resident's medical record. Nursing will document dental issues in the EMR (Electronic Medical Record).</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observation, interview, and record review the facility failed to follow policy procedures, failed to ensure that staff report malfunctioning handicap push buttons, failed to ensure that essential equipment was in safe operating condition, and failed to timely repair malfunctioning equipment. This failure has the potential to affect 143 residents residing at facility. Findings include: The 2/16/2026 facility census includes 143 residents. On 1/23/26, IDPH (Illinois Department of Public Health) received allegations that the facility front doors are not handicap accessible. The doors have not been working since August 2025. On 2/17/26 at 11:15am, surveyor inquired about facility concerns V3 (Family) stated, The main entrance handicap door doesn't work. When you press the button, it doesn't open the door. On 2/17/26 at 11:41am, surveyor inquired if the handicap push buttons (that open the front entrance doors) were working. V4 (Lead Receptionist) stated, That one's not, for a few months now (referring to the push button - adjacent the reception area) but the other one (referring to unit entrance push button) is working. On 2/17/26 at 11:45am, surveyor inquired if the handicap push buttons that open the front entrance doors were working. V5 (Maintenance) replied, I (V5) can go check it real quick. Surveyor inquired if anyone reported that the handicap push buttons were not working. V5 responded, No, nobody said nothing. V5 inspected all 3 front entrance handicap push buttons with surveyors and affirmed that none of them were working (the doors did not open). V5 stated, Friday (2/13/26) they were working because I let the ambulance people in, and it was working for me (V5). R3's (1/5/26) functional assessment states resident uses a motorized wheelchair. R3's (1/5/26) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On 2/17/26 at 12:05pm, surveyor inquired if the front entrance handicap push buttons were functioning. R3 stated, They were working on Friday (2/13/26) when I (R3) went to visit my family and denied concerns. Considering reasonable person concept the handicap push buttons may have been working intermittently due to V4's statement. On 2/17/26 at 12:59pm, V5 stated, The handicap buttons are working now somebody turned it from automatic to off for some reason. We (facility) just got a whole new door and set up put in about 8 months ago. Surveyor inspected the front entrance door handicap push buttons and affirmed that 2 of 3 were working however the outside front entrance button wasn't working (the door failed to open). On 2/18/26 at 8:54am, surveyor pressed the outside (front entrance) handicap push button however the door did not open. On 2/18/26 at 11:52am, V1 (Administrator) presented the 2/17/26 service invoice and stated the (front entrance) handicap push buttons were repaired yesterday. The invoice received affirms that bad rusty connections were found. On 2/19/26 at 8:30am (the following day), surveyor pressed the outside (front entrance) handicap push button again however the door did not open. The facility logbook documentation includes the (main entrance) doors, locks, gates, and alarms: test operation of doors (handicap push buttons are excluded). Documented on (Monday) 2/2/26, (Tuesday) 2/3/26, (Monday) 2/9/26, and (Tuesday) 2/10/26 therefore twice a week. On 2/19/26 at 12:22pm, V5 stated The only one that has a handicap button is the front entrance doors. I (V5) go to the door to make sure that the mag locks work, the door engages, and make sure that the push bars work every day, but I only log it once a week. Surveyor inquired if the handicap buttons are also checked weekly. V5 responded, Yes but I don't have anything specifically on the form (referring to logbook documentation) that says that. Surveyor inquired why the (outside - front entrance) handicap push button wasn't working yesterday or today if it was repaired on 2/17/26 (per V1). V5 replied, It was reported to me (V5) today (not yesterday) that it wasn't working again. I went and ordered a whole pad instead of playing with the contacts and all that. Surveyor inquired if the handicap push buttons were inspected this week. V5 stated, I didn't do it this Monday or Tuesday like I usually do, I did it today (2/19/26) therefore not conducted weekly as stated.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The Preventative Maintenance policy (reviewed 1/1/26) states a preventative maintenance policy shall be developed and implemented to ensure the provision of safe, functional, sanitary, and comfortable environment for residents, staff, and the public. The Maintenance Director is responsible for developing and maintaining a schedule of maintenance services to ensure that the buildings, grounds, and equipment are maintained in a safe and operable manner. The Maintenance Director shall assess all aspects of the physical plan to determine if preventative maintenance is required. If preventative maintenance is required, the Maintenance Director shall decide what tasks need to be completed and how often to complete them. The Maintenance Director shall utilize the (Building Management Platform) calendar and scheduled prompts to assist with keeping track of all tasks and work orders. Documentation shall be completed for all tasks.</p>		