

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 03/05/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow complete Care plan indicating need for assistive bed devices. This deficiency affects one (R5) of three residents reviewed for Patient Centered Care plan. Findings include: On 3/2/26 at 11:55AM, R5 said that she had both bilateral side rails to use in bed for bed mobility and then had had a bed changed and did not have side rails. R5 stated she received left side bed rail placed over a week ago and has asked staff for right side bed rail to help with repositioning and to be able to scoot up in bed if needed. R5 showed surveyor that she is unable to do anything with her left arm and is able to grasp with Right hand and can't turn or reposition self without right side bed rail. On 3/4/26 at 2:21pm, V7 (Restorative Nurse) said that side rails were placed per resident request on 3/3/26. V7 said no restorative assessment was completed, but it should be completed upon admission, quarterly and as needed and same with resident care plan. On 3/5/26 at 10:41AM, V15 (Occupational Therapy) said that on 2/6/26 when being treated R5 did have bilateral side rails on bed, and R5 was able to use side rails for bed mobility and did great with them. On 3/5/26 at 12:45PM, V2 (Director of Nursing) said that her expectations for Care plans should be completed upon admission, quarterly and as needed when changes occur with plan of care. R5 is a [AGE] year-old admitted to the facility on [DATE] with the following diagnosis in part but not limited to: Acute and Chronic respiratory failure with hypoxia, anxiety disorder, end stage renal disease, anemia. Occupational Therapy Treatment Encounter Note dated 2/6/26- indicated Bed mobility Roll left and Right=Partial/moderate assistance, Equipment During tasks=Using bedrail on the right, using bedrail on the left. Facility Policy on Care Plan- revised 5/1/25 General: To provide the staff with guidance on completion of comprehensive person centered care baseline care planning. Protocol: The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care. The baseline care plan will be developed within 48 hours of a resident's admission into the facility. The baseline care plan will include at a minimum the following necessary information to properly care for a resident. e. Activities of Daily Living needs. Person centered care means that the facility focuses on the resident as the center of control and supports each resident in making his or her own choices.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete restorative assessment upon admission. This deficiency affects one (R5) of three residents reviewed for Restorative nursing program. Findings include: On 3/2/26 at 11:55AM, R5 said that she had both bilateral side rails to use in bed for bed mobility and then had had a bed changed and did not have side rails. R5 stated she received left side bed rail placed over a week ago and has asked staff for right side bed rail to help with repositioning and to be able to scoot up in bed if needed. R5 showed surveyor that she is unable to do anything with her left arm and is able to grasp with Right hand and can't turn or reposition self without right side bed rail. On 3/4/26 at 2:21pm, V7 (Restorative Nurse) stated that side rails were placed per resident request on 3/3/26. V7 said no restorative assessment was completed, but it should be completed upon admission, quarterly and as needed. On 3/4/26 at 2:30PM, V2 (Director of Nursing) stated that a restorative assessment should be completed upon admission, quarterly and as needed for any changes, and care plan should be initiated when changes occur as well. On 3/5/26 at 10:41AM, V15 (Occupational Therapy) said that on 2/6/26 when being treated R5 did have bilateral side rails on bed, and R5 was able to use side rails for bed mobility and did great with them. R5 is a [AGE] year-old admitted to the facility on [DATE] with the following diagnosis in part but not limited to: Acute and Chronic respiratory failure with hypoxia, anxiety disorder, end stage renal disease, anemia. Occupational Therapy Treatment Encounter Note dated 2/6/26- indicated Bed mobility Roll left and Right=Partial/moderate assistance, Equipment During tasks=Using bedrail on the right, using bedrail on the left. Therapy to Nursing Recommendations dated 2/16/26- Passive Range of motion to Left upper extremity at shoulder, elbow, wrist. Active Range of motion to Right upper extremity and Lower extremity with two tube number weights. Bed Mobility- rolling left and right. Facility Policy on Restorative Nursing Program- revised 5/2025 General: To promote each resident's ability to maintain or regain the highest degree of independence as safely as possible. Responsibility Party: Nursing, Restorative Policy: Each resident will be screened for restorative programs by the Restorative Nurse upon admission, quarterly and with any significant change in function. Appropriateness for the restorative program will be determined by the IDT as needed and may be determined as a continuation of care following a course of physical, occupational, and/or speech therapy. BED RAILS/SIDE- revised 5/1/25 GENERAL: Bed rails may be used in order to assist with mobility to ensure that residents maintain the optimal amount of independence. These will be used only after an assessment has been completed; other alternatives have been assessed, and consent has been obtained. Policy: All residents will be assessed for the use of bed rails upon admission, quarterly, and upon significant change utilizing the Restorative Comprehensive Assessment/ RESTORATIVE: Side rail review. ACTIVITIES OF DAILY LIVING- revised 5/1/25 General: A program of activities of daily living is provided to prevent disability and return or maintain residents at their maximal level of functioning based on their diagnosis. Guideline: The ability of each resident to meet the demands of daily living is determined by a licensed nurse. A program of assistance and instructions in ADL skills is care planned and implemented. Assistive device and adaptive equipment are provided by Occupational Therapy.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow facility policy on Medication Administration. This deficiency affects one (R5) of three residents reviewed for Medication Administration. Findings include: On 3/2/26 at 11:55AM, R5 stated that she has not received her pain medication (Pregabalin oral capsule 50mg) as ordered for more than 5 days and has asked staff why medication is not in the medication cart. R5 said she takes her pain medication every day in the morning and has been without it for couple of days, said she doesn't like to take her other pain medication that is an as needed basis (Hydrocodone-Acetaminophen oral tablet 5-325mg) because of constipation issues. On 3/5/26 at 10:50AM, V1 (Administrator) stated that if there is medication that is not available in the nurse's cart then the nurses are able to locate medications in the facility electronic medication dispenser to obtain medication. If there is medication that is not available in the nurse's cart. On 3/5/26 at 12:45PM, V2 (Director of Nursing) said that Medication Administration Record when recorded as a 9 indicates that the medication was not given. Said that her expectations for medications not in cart should be for nurses to retrieve from electronic medication dispenser for emergency supply and Physician notification if medication needs a script for refill. R5 is a [AGE] year-old admitted to the facility on [DATE] with the following diagnosis in part but not limited to: Acute and Chronic respiratory failure with hypoxia, anxiety disorder, end stage renal disease, anemia. Order Summary Report dated 3/3/2026- Pregabalin Oral Capsule 50mg, give 1 capsule by mouth in the morning for pain. Medication Administration Record (MAR) dated 2/1/26 through 2/28/26 indicated Pregabalin oral capsule 50mg not given on dates 2/22/26, 2/24/26, 2/25/26, 2/26/26, 2/27/26, and 2/28/26. Controlled Drug Record form dated 1/26/26- indicates Pregabalin capsule 50mg take 1 capsule by mouth every morning, last given date on 2/21/26. Facility Policy on Medication Administration- revised 5/2025 General- All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis. Guideline: 22. If medication is not given as ordered, document the reason on the Medication Administration Record (MAR) and notify the health care provider if required. 26. If medication is ordered, but not present, check to see if it was misplaced and then call the pharmacy to obtain the medication. If available, obtain it from the contingency or convenience box.</p>		