

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 03/20/2026
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to follow their abuse policy by not investigating an incident involving alleged abuse. This deficiency affected one (R1) of three (R2, R7) residents reviewed for Abuse. R1 is an [AGE] year-old male, initial admitted to the facility 10/10/2022. R1s Minimum Data Set (MDS) dated [DATE] section C Brief Interview for Mental Status (BIMS) score is 12/15 cognitive moderately impaired. R1s medical diagnosis included, but are not limited to Chronic Respiratory Failure, disorder of the muscle, Chronic Obstructive Pulmonary Disease, Major Depressive Disorder, Asthma, Hypertension, Type 2 Diabetes, difficulty in walking, abnormal posture. On 3/18/2026 at 9:34AM, R1 stated a few weeks ago his old roommate beat him up. R1 stated he took a broken rib. R1 stated his roommate, unable to recall his name, punched him more than six times to R1s left lower chest area. R1 stated the incident occurred at nighttime. R1 stated he was angry because R1 was transferred to another room instead of the person who beat R1 up. R1 stated the staff did not assess his left ribs. R1 stated his left ribs currently hurt. On 3/17/2026 at 10:32AM state surveyor observed that R1s incident report was not in the Facility's Abuse Reportable binder, reviewed for the months of January, February, March 2026. On 3/17/2026 at 11:22AM, R3 states he never got into a fight, punched, or slapped, anybody. R3 stated he has never hit anybody and minds his own business. On 3/17/2026 at 12:31PM, V4 (Licensed Practical Nurse/LPN) stated she was R1 and R3 nurse and confirms they were roommates. V4 (LPN) confirmed she went into R1 and R3s room because she heard them having a loud verbal altercation between R1 and R3. V4 confirmed it happened on 1/25/2026 late evening. V4 states she removed R1 from the room immediately. V4 stated R1 informed V4(LPN), R3 slapped R1. V4 stated she assessed R1 and notified the former Director of Nursing and R1s physician. V1 (Administrator) and V2 (Director of Nursing) stated they were unaware of R1s incident. On 3/18/2026 at 9:47AM, V8 (Assistant Administrator) stated an investigation for R1s incident was not started. V13 (Regional Nurse Consultant) and V8 (Assistant Administrator) stated an investigation should have been started and reported to the Illinois Department of Public Health immediately, but was not investigated. Abuse Policy and Prevention Program: The purpose of this policy is to assure that the 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. VII. Internal Investigation: All incidents will be documented, whether or not abuse, neglect, exploitation, mistreatment or misappropriation of resident property occurred, was alleged or suspected. Any incident or allegation involving abuse neglect exploitation, mistreatment or misappropriation of resident property will result in an investigation. V. Internal Reporting Requirements and Identification of Allegations Any allegation of abuse or any incident that results in serious bodily injury will be reported to the Illinois Department of Public Health immediately, but not more than two hours after the allegation of abuse. Any incident that does not involve abuse does not result in seriously bodily injury shall be reported within 24 hours.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on interviews, and record review, the facility failed to follow their Staffing Policy by not having the appropriate staff available to meet the needs of the resident resulting in a resident's (R10) fall. This failure affected 1 (R1) of 3 residents reviewed for staffing. On 3/18/2026 at 11:39AM called V9 (Certified Nurse's Assistant/CNA), no answer, left a voice message. On 3/19/2026 at 10:54AM V1 (Administrator) stated the facility was staffed accordingly with eight Certified Nurse's Assistant (CNAs) to the census on 3/3/2026, but there was call offs and only had 5 CNAs. On 3/19/2026 at 9:41AM V2 states the nursing management team alternates the staffing phone for staffing call offs. V2 stated if there is a call off, the nursing management team will find coverage immediately. On 3/18/2026 at 5:18PM, V11 (CNA) stated she worked night shift 11:00PM to 7:00AM on 3/3/2026 and had 25 residents to herself and the CNAs needed more help to ensure proper nursing care was being completed for the residents, but some work was not completed. V11 stated the other two CNAs who worked the A and B unit also had 25 residents each. V2 (Director of Nursing/DON) and V8 (Assistant Administrator) stated the facilities Midnight census Report on 3/3/2026 was 136 residents. V2 and V8 stated having five CNAs for a facility census of 136 should not impede resident care. On 3/18/2026 at 10:34 AM, V2 (DON) stated the daily assignment sheet dated 3/3/2026 night shift documents three CNAs for the A and B wing each had 25 residents. The CNA for Unit C had a total of 33 residents; the CNA for Unit D had 28 residents. V2 (DON) stated there was a resident incident/fall on 3/3/2026 at 1:40AM. V2 stated there was not an appropriate number of staff available to meet the needs of the residents. The facility assessment tool documents: review updated August 2025. The facility Assessment tool provided by V1 documents other: To staffing and resource needs a holistic approach towards meeting the needs of residents is taken into account specific needs such as but not limited to acuity based on medical and clinical needs activities of daily living based on physical functions and personal choice or preference and psychosocial needs based on cognitive skills and behaviors are bases of staffing. Provide person-centered / direct care: I identified hazards and risks for residents. Facility Assessment Tool documents Direct Care Staff: CNAs Post-Acute Units Night shift 1:12 ratio, Long-Term Care Units Night shift 1:18 ratio. Facilities Staffing Policy documents: Review Date: 5/2025 General: To have appropriate numbers of staff available to meet the needs of the residents.</p>		