

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 04/26/2026
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, interview and record review, the facility failed to prepare food as indicated in the menu and failed to provide/serve the food on the written menu. This failure affected all 137 residents that consume food from the kitchen. Facility census (4/24/2026) documents 139 residents reside in the facility. Facility Diet Type Report (5/25/2026) documents three residents do not receive oral intake. This indicates 137 residents consume food from the facility's kitchen. On 4/25/2026 at 4:00 PM, V22 (Dietician) affirmed facility staff should be following all written menus and recipes. The facility menu cycle indicates on 4/25/2026, the lunch served is meatloaf, green beans, mashed potatoes, a dinner roll, bread pudding and a beverage. On 4/25/2026 at 11:31 AM, V25 (Cook) was observed temping the foods served for lunch. There were no dinner rolls in the plating areas. At 11:55 AM, observed residents served the meal in the dining room with no dinner roll on the tray. The tray ticket/menu was reviewed with V25. V25 stated, oh, I didn't know. I guess I didn't see that on the menu today. I didn't cook any dinner rolls. On 4/25/2026 at 12:04 PM, V17 (Dietary Manager) affirmed that the staff did not cook the dinner rolls. V17 stated, No they, forgot to make them. They are still in the freezer. Observed the box of frozen dinner rolls in the freezer with V17. V17 stated, They told me they had everything made and that everything was good. They should have made those. V17 explained that following the menu is important so that staff can calculate how many calories residents are receiving and ensuring they get adequate nutrition. R10's face sheet documents in part the following diagnoses: congestive heart failure, type 2 diabetes mellitus, malignant neoplasm of bone, schizophrenia, anxiety disorder, monoclonal gammopathy, Alzheimer's disease, hypertension, hyperlipidemia, and depression. R10's minimum data set (4/16/2026) documents in part a brief interview of mental status (BIMS) summary score of 8, indicating R10 is cognitively impaired. On 4/25/2026 at 12:13 PM, observed the residents eating in the dining room. No resident was served a dinner roll or an appropriate substitute for the missing roll. Observed R10 sitting in the dining room. R10 affirmed that R10 had ate the lunch today and did not receive a dinner roll. R10 affirmed that R10 would have wanted a dinner roll served with the meal. R11's face sheet documents in part the following diagnoses: cerebral infarction, hemiplegia/hemiparesis following left non-dominant side, hypertension, dysphagia, type 2 diabetes mellitus, malignant neoplasm of the skin, and major depressive disorder. R11's minimum data set (3/27/2026) documents in part a brief interview of mental status (BIMS) summary score of 15, indicating R11 is cognitively intact. On 4/25/2026 at 12:14 PM, observed R11 in dining room after R11 had been served R11's lunch tray. No dinner roll was on the tray. R11 affirmed that R11 was not served a dinner roll and would have wanted one. R7's face sheet documents in part the following diagnoses: osteomyelitis of vertebra, hypertension, type 2 diabetes mellitus, anemia, neuromuscular dysfunction of bladder, and paraplegia. R7's minimum data set (1/22/2026) documents in part a brief interview of mental status (BIMS) summary score of 15, indicating R7 is cognitively intact. On 4/25/2026 at 12:17 PM, observed R7 sitting at a table in the dining room near R10. R7 stated, Yeah I think she already ate lunch but (R10) usually doesn't eat much. She's probably still hungry, that's why she is so upset. I would have wanted a dinner roll with lunch today. Facility policy titled Dietary- Standardize Menu (1/2026) documents in part, Policy: The (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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>facility shall provide nourishing, palatable meals to meet the nutritional needs of the residents based on the Recommended Daily Allowances (RDA) of the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. standardized cycle menus are planned in advance and utilized . 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. 5. Menus are revised by the registered dietician and dietary manager based on resident food preferences. Reasons for change should be noted and kept on file . 15. If during meal observations, a resident's dietary intake appears inadequate, the facility will make reasonable efforts to review and/or adjust the menu and/or the individual residents food plan to meet the nutritional, religious, cultural, and ethnic needs and preferences of the resident .</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to prepare food using methods that conserve nutritive value, flavor, and appearance; failed to serve food that was palatable, attractive, and at a safe/appetizing temperature. These failures have the potential to affect all 137 residents that consume food from the facility's kitchen. Findings include: Facility census (4/24/2026) documents 139 residents reside in the facility. Facility Diet Type Report (5/25/2026) documents 3 residents do not receive oral intake. This indicates 137 residents consume food from the facility's kitchen. R4's face sheet documents in part the following diagnoses: type 2 diabetes mellitus with neuropathy, emphysema, acute respiratory failure, radiculopathy, heart failure, and hepatomegaly. R4's minimum data set documents a brief interview of mental status (BIMS) summary score of 14, indicating R4 is cognitively intact. On 4/24/2025 at 10:46 AM, R4 explained, I've been here since around 2024. The food here is not good. It's been an issue for a really long time, they have had a few different administrators at this point. I've told all of them about my food concerns, and nothing has ever changed. It's cooked too long to where its burnt, not cooked. One time they served me frozen hash browns (potatoes). I have to order outside food because I can't stand this garbage. R4 unlocked his cellular phone, and showed pictures of burnt food including but not limited to, pancakes that appeared black over 50-75% of the surface of the pancake, grilled cheese sandwich that appeared burnt/black over 50-75% of the surface of the sandwich, raw tomato/onion next to a light yellow (buttered bread), undercooked grilled cheese sandwich, and plain toast served next to hash browns. The hashbrowns were light white, unseasoned, and appeared stiff as if undercooked/frozen. Evidence that the pictures were taken inside the facility include, but are not limited to, dietary meal tickets that match the appearance facility's meal tickets with R4's name on it, matching dishware, medical records with the facility's logo seen on the meal trays in the pictures, trays that match the appearance of the facility's trays. The dates of the pictures taken inside the phone coincide with R4's face sheet/census and confirm R4 was a resident of the facility when the pictures were taken. On 4/23/2026 at 11:49 AM, observed V18 (Cook) plating food from the steam table in the kitchen. Staff were observed in the dining room serving the trays. The steam table contained a pan of polish sausages that were ununiformed varying shades of light tan, and dark golden brown/leathery (cooked and undercooked), baked beans and pureed sausages. V18 stated, I cooked the sausages and boiled them in water. The ones that are darker are more done because they were stuck to the bottom of the pan. The ones that aren't as done I don't think were by the bottom. I don't think the really done ones look appetizing. Observed no steam coming from the area around the steam table and no observable signs of heat radiating from the food. V18 denied food temperatures were checked prior to plating or serving. V18 continued to plate the food and did not check the temperature. Observed mechanically altered polish sausage, that appeared ground and dry. V18 stated, no, I did not use any gravy for the mechanical soft. I just threw a little bit of water in there and ground it up. I didn't know it had to have gravy. V18 continued to prepare plates of food and the sausages appeared undercooked and off colors with some sausages appearing brown while others appeared yellow/green in hue. This observation was confirmed with V18. Surveyor stopped the food pass and requested the temperatures of the food to be assessed. V18 and V17 (Dietary Manager) accessed a thermometer and affirmed the temperatures of the polish sausage, pureed polish sausage, and baked beans to be between 60-65 degrees F. V17 affirmed the expectation is the cook should be temping the food once finished during holding, and right before serving. V17 affirmed the food should have been held at 135 degrees. V17 stated, Yes the thermometer is working. I need to go reheat these to the correct temperature. They should not have been served to the residents. If residents eat uncooked food or if the food wasn't held correctly, they could get sick (food borne illness). V17 removed the items from the steam table and there was no water/steam underneath the trays. V17 questioned if the steam table was (continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>malfunctioning. V17 took the items to the stovetop to reheat. V18 affirmed V18 did not take temperatures of the breakfast foods that were served in the morning. R5's face sheet documents in part the following diagnoses: multiple sclerosis, anxiety disorder, asthma, and neuromuscular dysfunction of the bladder. R5's minimum data set documents a brief interview of mental status (BIMS) summary score of 15, indicating R5 is cognitively intact. On 4/24/2026 at 12:08 PM, observed 11 residents eating lunch in the dining room. No residents were observed eating any other entree/side than the polish sausage, bun, beans, tossed salad. On 4/24/2026 at 12:09 PM, observed R5 eating lunch in the dining room. R5 was eating the polish sausage in her hands with condiments covering her hands. The bun was observed on the plate, uneaten. R5 stated, The food here is not good. There's no flavor, no seasoning. It tastes so bland. It's usually not warm and it tastes like cat food most of the time. I would rather eat cat food sometimes than the food here. On 4/24/2026 at 12:09 PM, observed R6 eating lunch in the dining room next to R5. R6 stated, Yeah, the food here could be better for sure. Both the quality and the portion sizes. My meal overall isn't very warm. R12's face sheet documents in part the following diagnoses: hemepelegia/hemiparesis of right side, apraxia following cerebrovascular disease, vascular dementia, alzheimer's disease, major depressive disorder, asthma, and hyperlipidemia. R12's minimum data set (4/1/2024) documents in part a brief interview of mental status (BIMS) summary score of 12, indicating R12 has mild cognitive impairment. On 4/14/2026 at 12:14 PM, observed R12 eating lunch. R12 stated, yeah my food isn't warm. Yes, lukewarm. Food's not good here. Doesn't taste good. Doesn't look good. It's a problem. R7's face sheet documents in part the following diagnoses: osteomyelitis of vertebra, hypertension, type 2 diabetes mellitus, anemia, neuromuscular dysfunction of bladder, and parapelegia. R7's minimum data set (1/22/2026) documents in part a brief interview of mental status (BIMS) summary score of 15, indicating R7 is cognitively intact. On 4/24/2026 at 12:15 PM, observed R7 eating lunch in the dining room. R7 stated, Yeah, my lunch today wasn't very warm today. I would say it was like lukewarm. The food here isn't good but my issue is mainly with the taste. Doesn't have a lot of seasoning. Somedays are better than the others, but overall, it's not good. On 4/24/2026 at 12:36 PM, observed the steam table after all holding pans had been removed. There was between 1/4-1/2 inch of water in the water holding areas of the steam table. On 4/24/2026 at 12:50 PM, V25 (Cook) was observed plating food on the steam table. Observed circular cuts of pork on the steam table that were desiccated and blackened/burnt around the edges. The cuts were all of different sizes varying in lengths of up to 2 inches. V25 confirmed the observation, stating, I just got here but yes they do look a little dry. They are for our renal diet residents. I wouldn't eat it. V25 confirmed the sizes of the pork looked varied and ununiform. V25 stated, We use the scooper to measure portion sizes. V25 confirmed the pork cuts couldn't be scooped in a scooper to check for the correct portion size. Surveyor requested the portions of pork to be weighed to verify the residents were getting adequate amounts of protein. V25 stated, we don't weigh the meat prior to serving. I think there's a scale somewhere, but I haven't seen it in a minute. On 4/24/2026 at 12:59 PM, V17 (Dietary Manager) confirmed the kitchen did not have a scale and that they were going to buy one right now. V17 said the facility doesn't weigh the meat products because it comes prepackaged and only has about 5% shrinkage once cooked. On 4/24/2026 at 1:18 PM, V17 tested the thermometers for accuracy by placing the thermometer in ice water. The thermometer used during the food temping was approximately 25 degrees less than the other calibrated thermometers reading 30-32 F. V17 stated, This is a brand new thermometer, I just calibrated it yesterday. Either way, the food should not have been served. When we put the food back on to reheat and used the other thermometers, our first reading after reheating was 120F. Even if the thermometer was 30 degrees lower, we know it wasn't at the right temperature because even after it was reheated it still wasn't at the right temperature. The food should not have been served. Surveyor inquired to see the temperature logs. The temperature log for 4/24/2026 was blank. V17 asked V18 if the temperatures were taken for breakfast. V18 said no. V17 stated, come on, you know better. They know to be taking the temperatures. On 4/25/2026 at 8:45 AM, a test tray of the breakfast meal was (continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>made by V25 and V24 (Regional Dietary Consultant) consisting of oatmeal, biscuit with gravy, scrambled egg, and a sausage patty. The plate was covered and the tray was added to the tray line. Surveyor stayed with test tray until 9:11 AM, when the final tray was served. V24 affirmed the thermometer was calibrated this morning and was in working condition. V24 tested the temperatures of the test tray. The biscuit was 94 F, sausage patty was 101.5 F, the eggs were 90.5 F and the oatmeal was 147.5 F. These findings were confirmed with V24. V24 stated, the temperature of the food should be palatable at serving. Surveyor tasted all items from the test tray. The biscuit was cold, and the gravy was a thin white consistency with a faint meat flavor. The eggs were cold and devoid of flavor. The sausage patty was lukewarm. The oatmeal tasted significantly hotter than the rest of the menu items served. These findings were reviewed with V24. On 4/25/2026 at 9:16 AM, V20 (Maintenance Director) affirmed a company came out and serviced the steam table in response to the temperature issues yesterday. V20 stated, The problem was they didn't have enough water in the steam table. You need like at least 3 inches of water in the bottom so it can generate enough steam to hold temperatures. They didn't have enough in there. When I saw it, there was only like a half inch of water. It wouldn't have had enough water in the bottom of the table to make any steam. The steam table generates steam from the water that keeps the food warm. The food service company did not find any issues with the steam table, so it had to have been from the lack of water. On 4/25/2026 at 11:56 AM, observed the pureed meatloaf on the steam table. The pureed meatloaf looked orange, coarse and dry resembling of a Pate consistency. Around the edges were burnt/blackened. These observations were confirmed with V17. V17 stated, no it shouldn't look like that. I am going to go remake it. R10's face sheet documents in part the following diagnoses: congestive heart failure, type 2 diabetes mellitus, malignant neoplasm of bone, schizophrenia, anxiety disorder, monoclonal gammopathy, alzheimer's disease, hypertension, hyperlipidemia, and depression. R10's minimum data set (4/16/2026) documents in part a brief interview of mental status (BIMS) summary score of 8, indicating R10 is cognitively impaired. On 4/25/2026 at 12:13 PM, observed R10 sitting in the dining room. R10 affirmed that R10 had ate the lunch today and explained, The food here is MEDIOCRE! They don't season it, it tastes terrible. Looks terrible! I worked in food service my entire life, and I ain't never seen no (explicative, redacted) like this. The food here makes me want to just choke on it and die. I can barely eat it!. R10 began getting very agitated and told surveyor, Do something about it and get the (explicative, redacted) out of here! On 4/25/2026 at 12:17 PM, observed R7 sitting at a table in the dining room near R10. R7 stated, Yeah I think she already ate lunch but (R10) usually doesn't eat much. She's probably still hungry, that's why she is so upset. R11's face sheet documents in part the following diagnoses: cerebral infarction, hemepelegia/hemeparesis following left non-dominant side, hypertension, dysphagia, type 2 diabetes mellitus, malignant neoplasm of the skin, and major depressive disorder. R11's minimum data set (3/27/2026) documents in part a brief interview of mental status (BIMS) summary score of 15, indicating R11 is cognitively intact. On 4/25/2026 at 12:14 PM, observed R11 in dining room after R11 had been served R11's lunch tray. R11 stated, yeah the food here . not really that good. You know how they say hospital food is not good? Lousy, sometimes edible. It's like that. I don't really have an issue with the food being too hot, but it's usually not too warm. I'd say like lukewarm. Facility grievance (4/21/2026) documents that R11 filed a grievance on 4/21/2026 regarding the food being cold and the portion of the soup not being enough/came out of a can. V17 (Dietary Manager) expressed that the meal was ham salad sandwich, and marinated green bean salad and chicken noodle soup, the sandwiches/green bean salad are served cold. The chicken noodle soup was made from scratch. V7 advised if R11 did not like the meal on the menu that R11 could request a substitute. The grievance is signed by both V1 (Administrator) and V17 as resolved, however the resolutions listed did not include any action/investigative information regarding the temperature of the soup or portion size of the soup. Facility policy titled, Food and Beverage Temperature Control (2025) documents in part, Food temperatures are maintained during serving times. Purpose: To ensure residents receive safe food served at acceptable (continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>temperatures. Procedure: Food and beverage temperatures should be taken and logged upon being cooked and again prior to meal service. Food temperatures should be within the required temperatures per state and federal regulations when cooked and served. If food is not the correct temperature zone, corrections should be made or food is discarded . Log cook and service (holding) temperatures. Logs should be on file for one year. Facility policy titled Dietary- Standardize Menus (1/2026) documents in part, Policy: The facility shall provide nourishing, palatable meals to meet the nutritional needs of the residents based on the Recommended Daily Allowances (RDA) of the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. standardized cycle menus are planned in advance and utilized . 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. 5. Menus are revised by the registered dietician and dietary manager based on resident food preferences. Reasons for change should be noted and kept on file . 15. If during meal observations, a resident's dietary intake appears inadequate, the facility will make reasonable efforts to review and/or adjust the menu and/or the individual residents food plan to meet the nutritional, religious, cultural, and ethnic needs and preferences of the resident . Facility policy titled Dietary Policy (1/2026) documents in part, It is the policy of this facility to record food temperatures daily to ensure food is at the proper serving temperatures before trays are assembled . 1. Food temperatures will be checked on all items prepared in the dietary department. 2. Hot foods will be held at 135 degrees Fahrenheit or greater . 6. measure and record the temperatures for each food product and milk at all meals. Record temperature on temperature log. 7. When holding hot foods for service, food temperatures should be measured when placing it on the steam table line. 8. If the food temperature falls into an unsafe range, immediately follow procedures for reheating previously cooked food . 11. No food will be served that does not [NAME] the food code standard temperatures . 14. Food temperatures will be verified using a thermometer which is both clean, sanitized and calibrated to ensure accuracy .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview and record review, the facility failed to prepare food in a sanitary manner, failed to ensure staff wear appropriate hair restraints, and failed to ensure the kitchen was regularly cleaned to remove dust, debris and grease to prevent growth of microorganisms. These failures have the potential to affect all 137 residents that consume food from the kitchen. Facility census (4/24/2026) documents 139 residents reside in the facility. Facility Diet Type Report (5/25/2026) documents 3 residents do not receive oral intake. This indicates 137 residents consume food from the facility's kitchen. On 4/24/2026, at 12:34 PM, a kitchen tour was conducted. Observed large black patches of stains on the ceiling tiles, old brownish grease/dirt over 30% of the wall of the area above the steam table, food debris stuck to the steam table, wrappers and debris near the drain by the steam table, broken ventilation vent with significant amounts of accumulated dust over the food preparation and dish area. These findings were observed confirmed with V1 (Administrator) and V17 (Dietary Manager). V1 affirmed that the kitchen needed to be cleaned. On 4/24/2026 at 12:50 PM, V25 (Cook) was observed plating food on the steam table. The kitchen had not been cleaned after the unsanitary conditions were identified. V25 looked at the ceiling tiles and walls and confirmed the observations. V25 stated, those have been there a while. That looks like old grease to me. Yeah, that isn't clean. On 4/25/2026 at 7:45 AM, V18 (Cook) was observed preparing food on the steam table. V18's face had observable facial hair and was not restrained. This observation was confirmed by V17 (Dietary Manager). V17 told V18, (V18), you need to wear a beard guard. The US Department of Food and Drug Administration Food Code (2022) documents in part, 2-402 Hair Restraints: (A) Except as provided in (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES. 3-304.11 Food Contact with Equipment and Utensils. FOOD shall only contact surfaces of: (A) EQUIPMENT and UTENSILS that are cleaned as specified under Part 4-6 of this Code and SANITIZED as specified under Part 4-7 of this Code; (B) Single-service and single-use articles; or (C) LINENS, such as cloth napkins, as specified under S 3-304.13 that are laundered as specified under Part 4-8 of this Code. 4-301.14 Ventilation Hood Systems, Adequacy. Ventilation hood systems and devices shall be sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings. 6-501.14 Cleaning Ventilation Systems, Nuisance and Discharge Prohibition. (A) Intake and exhaust air ducts shall be cleaned and filters changed so they are not a source of contamination by dust, dirt, and other materials. 4-301.14 Ventilation Hood Systems, Adequacy. If a ventilation system is inadequate, grease and condensate may build up on the floors, walls and ceilings of the food establishment, causing an insanitary condition and possible deterioration of the surfaces of walls and ceilings. The accumulation of grease and condensate may contaminate food and food-contact surfaces as well as present a possible fire hazard.</p>		