| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145758 | A. Building<br>B. Wing | 05/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aliya of Glenwood | 19330 South Cottage Grove<br>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) |
|---|---|
| F 0839<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Employ staff that are licensed, certified, or registered in accordance with state laws.<br><br>Based on interview and record review the facility failed to ensure verification of license qualification was performed upon hire of a registered professional nurse for 1 of 3 (V4) reviewed for licensed professionals. Findings Include:On 5/6/2026 at 10:54 AM, V3 (Director of Human Resources) stated V4 (Registered Nurse) was hired in August 2025 as a as needed staff nurse. V3 said it was an oversight on her end for not properly verifying V4's registered nurse license upon hire. In March 2026, V3 and facility administration were notified by their corporate office that V4 did not have the license qualification as a registered nurse. On 5/6/2026 at 1:18 PM, V1 (Administrator) said V3 should have ensured nursing license was checked and verified upon hire. V4 was immediately released from her duties as staff nurse. V1 said facility has no Human Resource (HR) policy but only guidelines.Review of V4's personnel records revealed no license for registered professional nurse on file. Health care worker registry, date 8/13/25, read Work Eligibility: Eligible.Title: HR Hiring Personnel Guideline, no dateNurse licenses |

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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