STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145758	A. Building B. Wing	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aliya of Glenwood	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow hospital recommendations by not ordering a BiPAP machine to be used at night for a resident (R3) for four months for one out of three reviewed for supplemental oxygen in a total sample of 11. Findings Include: R3 is a [AGE] year old with the following diagnosis: multiple myeloma, chronic obstructive pulmonary disease (COPD), immunodeficiency, end stage renal disease with dependence on renal dialysis, and asthma. On 5/12/26 at 3:16PM, R3 was lying in bed. R3 reported R3 has been using a BiPAP at night since 2009. R3 stated R3 used a BiPAP at the previous facility which R3 was admitted from but was never ordered once R3 admitted to this facility in 01/2026. R3 reported R3 has been wearing oxygen to try to help with R3's sleep apnea which is the reason R3 must wear the machine at night. R3 stated when R3 roomed with R4, R4 was on a BiPAP and staff would always put it on for R4 at night. R3 stated R3 questioned staff why R3 was not using the BiPAP and staff would always replay that there was no order but never checked into a need for a BiPAP any further for R3. R3 reported R3 has been asking staff to call the former facility or R3's physician's at the hospital since R3 admitted but no one has helped out. R3 reported the BiPAP machine that is currently in the room was brought in a couple hours ago. R3 denied knowing what took the facility so long into getting the BiPAP ordered. R3 stated R3 has had trouble sleeping without the BiPAP being used. On 5/13/26 at 9:37AM, V2 (CNA) stated R3 never used a BiPAP before but R3's old roommate used one at night. V2 reported being unaware R3 was supposed to use the BiPAP and R3 would ask to use nebulizer treatments when feeling short of breath at night. V2 stated if a resident has questions regarding their orders, then V2 will refer them to the nurse. On 5/13/26 at 10:06AM, V5 (Nurse Manager) stated R3 admitted to the facility with a different BiPAP machine but had no known orders from the previous facility so it was never used. V5 reported orders were never put in place at the facility so they could not use the BiPAP machine until yesterday. V5 stated R3 called the hospital yesterday where R3 receives care and the hospital called the facility with setting orders for the BiPAP. V5 reported V5 was aware R3 mentioned getting the BiPAP ordered to other staff but is unsure why the staff never followed up with getting the order sooner. V5 stated it is the nurse's responsibility to check the medications and orders when returning from the hospital to make sure all orders are put in place upon returning to the facility. V5 reported if the nurse does not understand an order or is unsure about any care from the hospital paperwork then the physician must be called for clarification. On 5/18/26 at 2:56PM, V20 (Administrator) stated V20 was unable to say why the BiPAP was not ordered sooner, and V20 was unaware R3 was asking to have the BiPAP ordered. V20 reported the re-admitting nurse and the IDT team work together to ensure when residents re-admit they have all recommendations and orders carried over at the facility. V20 stated the re-admitting nurse and IDT should go through the paperwork to determine what orders should be put in place at the facility. V20 reported V20 was unaware a BiPAP at night was written as part of R3's plan of care in the nurse practitioner's note. V20 stated if R3 was using the BiPAP at the hospital then it should have been ordered at the facility for R3. An Acute Care note dated 3/31/26 documents R3's chief complaint was shortness of breath which was mild and a productive cough. A plan for managing chronic obstructive pulmonary disease was BiPAP at night with supplemental (continued on next page)

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	oxygen as needed.A Nursing note dated 3/31/26 documents R3 went to the hospital for a follow up appointment and was admitted for pneumonia and COPD exacerbation.A Hospital Pulmonary Progress note dated 4/4/26 documents the reason for consult as COPD exacerbation. R3 has a history of COPD, asthma, and obstructive sleep apnea. R3 is utilizing 2-3L of oxygen via nasal cannula. R3 is currently at baseline. Continue current antibiotics, home inhaler and nebulizer regimen, and nocturnal BiPAP. R3's sleep apnea is documented as severe. Pulmonary signed off with these recommendations.A Follow-up note dated 4/29/26 documents R3 developed a cough with brown sputum production. R3 has been using an inhaler for shortness of breath. R3 is currently stable. Plan for COPD documented as R3 currently has a BiPAP at night. The Physician Order Sheet documents an order for BiPAP full mask with settings while sleeping was ordered on 5/12/26. All orders for care of the BiPAP mask were also ordered on 5/12/26.The Medication Administration Record was reviewed for 04/2026 and 05/2026. The BiPAP was just ordered on 5/12/26.The Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status score as 15 (no cognitive impairment).The Care Plan dated 1/23/26 documents R3 has potential for difficulty breathing related to asthma/respiratory failure/chronic obstructive pulmonary disease. An intervention dated 5/12/26 documents bipap every night. The policy titled, Admission/Re-admission, dated 01/2026 documents, GENERAL: The facility will ensure that all residents have necessary assessments completed in a timely manner at the point of admission to provide the best possible, person-centered care. POLICY: . 3. The physician's order summary should reflect any standing orders specific to the resident as well as medications and treatments that are ordered throughout the stay.