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	06/05/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement its infection control policy related to transmission-based contact precautions and hand hygiene upon exiting the isolation room on the B-Wing. This deficient practice had the potential to affect all 44 residents assigned to the B-Wing included in the review for infection control practices.R15 electronic medical record dated (5/21/26) documents strict contact isolation related to c-diff.R59 electronic medical record dated (6/1/26) documents strict contact isolation related to c-diff.On 6/2/2026 at 1:29 PM Observed staff V4 (health information manager) going inside R15 and R59. R15's and R59's room entrance observed to have a contact precaution sign. V4 observed going in R15's and R59'S contact isolation room to serve lunch tray for R15 and did not don PPE (personal protective equipment) and perform hand hygiene. V4 observed bringing R15's lunch tray, touch R15's bedside table and left room without performing hand hygiene. V4 went back to the cart and grab two juice and went back to R15's room and did not don PPE upon entering the room and gave two juices to R15. V4 exited R15's room without performing hand hygiene and entered R63's room and served R63 lunch tray. V4 said that she usually does not help pass tray. V4 said that R15 has a history of C-DIFF but does not think he has it. V4 said that she knows you are suppose to wash hands in between.On 6/3/25 at 11:11 AM V3 (infection prevention nurse) said that she expects all staff going into transmission base precaution to don proper PPE and perform proper hand hygiene. V3 said that when a staff member goes into a room with someone with C-diff she expects staff to wash hands with water and soap and don proper PPE. V3 said that all medical and non-medical staff are all provided with in service regarding transmission base precautions.Facility's infection prevention and control-plan general policy revised (1/2026) documents that contact precaution intended to prevent transmission of infectious agents spread by direct or indirect contact with residents or the environment. Examples of infectious organisms requiring contact precautions are C.difficile, scabies, norovirus, et cetera and are outline in CDC (centers for disease control and preventions) Appendix A(type and duration of precautions recommended for selected infections and conditions). Use of a gown and gloves is necessary prior to room entry. Face protection may be necessary if performing activity with risk of splashing or spraying.Facility's hand hygiene policy review date of 3/2025 documents that hand hygiene is done before and after resident contact, before and after any procedure, after using a facial tissue or the rest room, before eating or handling food, when hands are obviously soiled and regardless of glove use. Hand hygiene with a waterless system is appropriate any time hand hygiene should be done, except in the hands are visibly soiled or contact with a resident with c-diff.

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