STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000232	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIYA OF GLENWOOD	**19330 SOUTH COTTAGE GROVE , GLENWOOD, Illinois, 60425**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0000	Initial Comments Complaint Investigation: 2599503/2631729 - 300.1210a)b)c)d)2) 2599499/2631796 - 300.1210a)b)c)d)2) Final Observations	S0000		01/08/2026
S9999	Statement of Licensure Violations: (1 of 1) 300.1210a) 300.1210b) 300.1210c) 300.12010d)2) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's	S9999		01/08/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000232	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIYA OF GLENWOOD	19330 SOUTH COTTAGE GROVE , GLENWOOD, Illinois, 60425

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S9999	Continued from page 1 comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. (Source: Amended at 35 Ill. Reg. 11419, effective June 29, 2011) These REQUIREMENTS were not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow policy and procedures, failed to implement care plans, failed to follow physician orders, and failed to ensure that ordered dressing changes were provided for four (R1, R2, R3, and R4) of four residents reviewed for dressing changes. Findings include: R1's face sheet documents an admission date of 9/22/2025 and diagnoses that include but are not limited to displaced intertrochanteric fracture of right femur, Type 2 Diabetes Mellitus, heart failure, polyneuropathy, and end stage renal disease. R1's BIMS (brief interview mental status) score, dated 9/29/25, is 12 which indicates R1's cognition is moderately impaired. R1 no longer resides at the facility. R1 was discharged on 10/09/2025. R1’s care plan, dated 9/24/25, documents, in part, “(R1) was admitted to the facility for a skilled stay requiring physician ordered, medically necessary services including direct therapy services, skilled nursing care, management and evaluation of the patient care plan, observation and assessment of the patient's	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000232	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIYA OF GLENWOOD	19330 SOUTH COTTAGE GROVE , GLENWOOD, Illinois, 60425

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S9999	Continued from page 2 condition and/or teaching and training activities related to the reason for stay or in preparation to transition to a lesser care environment. She requires skilled services related to primary diagnosis of right femur fracture," with interventions, that document, in part, "Provide skin treatments per MD (medical doctor) order. Follow plan of care for skin management. Provide therapy per MD orders." R1's physician order, ordered date 9/22/2025, documents, in part, "Right hip: cleanse incision site with saline; pat dry; apply dry dressing daily and PRN; every day shift." R1's "Treatment Administration Record," dated October 2025, documents, in part, "Right hip: cleanse incision site with saline; pat dry; apply dry dressing daily and PRN every day shift -D/C (discontinue) Date: 10/09/2025." Upon review, there were no nursing staff initials on 9/22/25, 10/02/25, 10/03/25, and 10/04/25, indicating that R1's dressing was not changed per physician's order. R2's face sheet documents diagnoses that include but are not limited to renal dialysis, chronic kidney disease, and type II Diabetes Mellitus. R2's BIMS (brief interview mental status) score, dated 11/18/25, is 9 which indicates R2's cognition is moderately impaired. R2's care plan, dated 9/17/25, documents, in part, "(R2) is at risk for skin complications r/t right distal foot (TMA), left second toe arterial wound," with interventions that document, in part, "Treatment as ordered to right distal foot (TMA) and left second toe." R2's care plan, dated 10/27/25, documents, in part, "(R2) is at risk for complications related to diagnosis of osteomyelitis Right foot," with interventions that document, in part, "Dressing changes as ordered if applicable." R2's physician order, order date 10/06/25, documents, in part, "PICC (Peripherally inserted Central Catheter) lines/Midlines: Measure (specify arm/type of line) circumference upon admit and weekly with dressing changes every night shift every Sun for IV Document in Progress notes." R2's "Treatment Administration Record," dated October 2025, documents, in part, "Right distal foot (TMA): remove all black sponges from wound bed; cleanse with	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000232	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIYA OF GLENWOOD	19330 SOUTH COTTAGE GROVE , GLENWOOD, Illinois, 60425

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S9999	Continued from page 3 saline; pat dry; apply new black sponge and attach wound vac with settings of mmHG; changing three times a week on Mon Wed Fri and PRN (as needed) every day shift every Mon, Wed, Fri -D/C Date- 12/17/2025 2021." Upon review, there were no nursing staff initials on 10/01/25 (Wednesday), indicating R2's dressing was not changed per physician's order. R2's "Treatment Administration Record," dated October 2025 and December 2025, documents, in part, "PICC (Peripherally Inserted Central Catheters) lines/Midlines: Measure (specify arm/type of line) circumference upon admit and weekly with dressing changes every night shift every Sun for IV (intravenous). Document in Progress notes." Upon review, nursing staff initials were missing for the dates 10/12/25, 10/19/25, 11/07/25, and 11/21/25. Additionally, R2's progress notes contain no documentation indicating that the PICC line dressing was changed on these dates, indicating that the dressing change was not completed in accordance with the physician's order. R3's face sheet documents diagnoses that include but are not limited to renal dialysis, end stage renal disease, and disorder of muscle. R3's BIMS (brief interview mental status) score, dated 10/03/25, is 15 which indicates R3 is cognitively intact. R3's active physician order, dated 11/24/25, documents, in part, "LEFT SHIN: cleanse with wound cleanser. apply collagen to the wound bed. skin prep peri wound and cover with calcium alginate and bordered gauze daily and PRN. every day shift for Venous ulcer." R3's care plan, dated 8/19/25, documents, in part, "(R3) was admitted to the facility for a skilled stay requiring physician ordered, medically necessary services including direct therapy services, skilled nursing care, management and evaluation of the patient care plan, observation and assessment of the patient's condition and/or teaching and training activities related to the reason for stay or in preparation to transition to a lesser care environment. He requires skilled services related to primary diagnosis of hypertensive heart and kidney disease with ESRD (end stage renal disease)," with interventions that document, in part, "Provide skin treatments per MD (medical doctor) order. Follow plan of care for skin management. Provide therapy per MD (medical doctor) orders."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000232	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIYA OF GLENWOOD	19330 SOUTH COTTAGE GROVE , GLENWOOD, Illinois, 60425

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S9999	Continued from page 4 R3's "Treatment Administration Record," dated September 2025, documents, in part, "Wound care: Left lateral arm every day shift Cleanse area with normal saline and pat dry. Apply honey and calcium alginate and cover with dry dressing. -D/C Date- 09/08/2025 1247; Wound: Left lower extremity every day shift Cleanse area and pat dry. Apply calcium alginate to wound bed and cover island dressing. Wrap with ace bandage. -D/C Date- 11/03/2025 1543." Upon review, there were no nursing staff initials on 9/01/25 and 9/04/25, indicating that the dressing change was not completed in accordance with the physician's order. R3's "Treatment Administration Record," dated October 2025 and December 2025, documents, in part, "Wound: Left lower extremity every day shift Cleanse area and pat dry. Apply calcium alginate to wound bed and cover island dressing. Wrap with ace bandage. -D/C Date- 11/03/2025." Upon review, nursing staff initials are missing on 10/01/25, 10/03/25, 12/04/25, 12/14/25, and 12/24/25, indicating that the dressing change was not completed in accordance with the physician's order. R4's face sheet documents diagnoses that include but are not limited to renal dialysis, end stage renal disease, and cellulitis of right lower limb. R4's BIMS (brief interview mental status) score, dated 12/22/25, is 13 which indicates R4 is cognitively intact. R4's care plan, dated 7/31/25, documents, in part, "(R4) was admitted to the facility for a skilled stay requiring physician ordered, medically necessary services including direct therapy services, skilled nursing care, management and evaluation of the patient care plan, observation and assessment of the patient's condition and/or teaching and training activities related to the reason for stay or in preparation to transition to a lesser care environment," with interventions that document, in part, "Provide skin treatments per MD order. Follow plan of care for skin management. Provide therapy per MD orders." R4's physician order, order date 11/13/25, documents, in part, "LEFT AMPUTATION FOOT: Apply 0.125% Dakins moist gauze to the wound bed. gently pack the moist gauze into the area of depth of the lateral aspect of the wound. cover with ABD pad and wrap with kerlix. change dressing daily and PRN. every day shift for SURGICAL WOUND." R4's "Treatment Administration Record," dated October 2025 and December 2025, documents, in part, "Left Lower	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000232	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIYA OF GLENWOOD	19330 SOUTH COTTAGE GROVE , GLENWOOD, Illinois, 60425

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S9999	Continued from page 5 Leg / Betadine every day shift Cleanse with normal saline. Pat dry with gauze. Apply treatment and leave open to air. -D/C Date-12/24/2025 and Right Lower Leg / Betadine every day+ shift Cleanse with normal saline. Pat dry with gauze. Apply treatment and leave open to air. -D/C Date- 12/24/2025." Upon review, there were no nursing staff initials on 10/03/25, 12/04/25, and 12/14/25, indicating that the dressing change was not completed in accordance with the physician's order. On 12/29/25 at 2:00pm, V5 (Wound Care Nurse) said, "On admission of a resident, either way the nurse's do a head to toe assessment. Probably wouldn't change the dressing until the next day to be seen by a doctor or wound care nurse, unless there are specific orders to do so. Especially, if it's a surgical incision. It all depends on the orders with the doctors. A lot of the surgeons don't want the dressing removed." Upon review of R1's TAR (Treatment Administration Record) with V5, V5 said, "I'm not sure why a nurse didn't sign off that the dressing was changed on those days (10/02/25, 10/03/25, and 10/04/25). I came in on the sixth (10/06/25). I'm pretty new here." V5 affirmed that dressing care is dependent on physician orders and acknowledged that dressings are required to be signed off on the Treatment Administration Record to indicate the treatment was completed. On 12/30/25 at 12:42pm, upon review of R1, R2, R3, and R4's TARs (Treatment Administration Record) with V2 (Director of Nursing/DON), V2 said, "I cannot locate any documentation showing the dressings were changed. The number one rule is that if it's not signed, it's not done." V2 affirmed that the nurses should be signing the TARs after completion of changing resident's dressings. On 12/30/25 at 1:55pm, V10 (Infection Preventionist) said, "IP said, "PICC (peripherally inserted central catheter) line dressing are changed every 7 days. The purpose is to monitor the site, prevent any further infections. The purpose for changing wound dressing as ordered is to prevent further infection, prevent further wound damaging and prevent worsening of the wounds." Record review of facility policy titled "Skin Management: Monitoring of Wounds and Documentation," dated 5/2025, documents, in part, "It is important that the facility have a system in place to assure that the protocols for daily monitoring and for periodic documentation of measurements, terminology, frequency of assessment, and documentation are implemented consistently throughout the facility. With each	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000232	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIYA OF GLENWOOD	19330 SOUTH COTTAGE GROVE , GLENWOOD, Illinois, 60425

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S9999	Continued from page 6 dressing change or at least weekly, an evaluation should be documented. At a minimum, documentation should include the date observed and: Location and staging; Size, depth, and the presence of any undermining or tunneling; Exudate, if present; Pain; Wound bed description; and Description of wound edges." Record review of facility policy titled "Physician Orders," dated 5/01/25, documents, in part, "Each medication order is documented in the resident's medical record with the date and signature of the person receiving the order. The order is recorded on the physician order sheet in PCC (PointClickCare) and the Medication Administration Record (MAR) or Treatment Administrative Record (TAR). The following steps are initiated to complete documentation: a. Clarify the order; b. Enter the orders with administration schedule in PCC and transit to pharmacy; c. If order is replacing a previous order, d/c previous order in PCC." Record review of facility policy titled, "Infection Control Program- General," dated 2/2025, "(Name of Facility) is committed to ensuring that all appropriate infection and control measures are in place as determined by State and Federal Regulations as well as CDC (Center for Disease Control) recommendations and guidance. The facility has established a policy to Identify, Record, Investigate, Control, Test, and Prevent infections in the facility." Record review of pamphlet titled, "RESIDENTS' RIGHTS' For People In Long-Term Care facilities," revised date 11/18, documents, in part, "Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life… Your facility must provide equal access to quality care regardless of diagnosis. You must not be abused, neglected, or exploited by anyone - financially, physically, verbally, mentally, or sexually. Your facility must provide services to keep your physical and mental health, at their highest practical levels. Your facility must be safe, clean, comfortable, and homelike. You may participate in developing a person-centered care plan which states all the services your facility will provide to you and everything you are expected to do. This plan must include your personal and cultural choices. Your facility must make reasonable arrangements to meet your needs and choices. You should receive the services and/or items included in the plan of care." "B"	S9999		