

Illinois State Department of Health

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 03/05/2026	
NAME OF PROVIDER OR SUPPLIER ALIYA OF GLENWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 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		S0000			03/06/2026	
	Complaint Investigation: 2731430/2691366						
S9999	Final Observations		S9999			03/06/2026	
	Statement of Licensure Violations:						
	300.615e)						
	300.625a)						
	300.625b)						
	300.625c)1)2)						
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information						
	e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)						
	Section 300.625 Identified Offenders						
	a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks.						
	b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files. This requirement was not met as evidence by: Based on interview and record review the facility failed to ensure a background check was completed within 24 hours of admission for one of one resident (R2) reviewed for background checks. The facility also failed to arrange for a fingerprint-based criminal history record request on the identified offender resident with 72 hours for one of one resident (R2) reviewed for background checks. This failure has the potential to affect the safety of all 142 residents currently residing in the facility. Findings Include: On 12/12/2025 R2 was admitted to the facility, R2s background check was not conducted until 12/15/2025. R2 CHIRP (Criminal History Information Response Process) documents conducted on 12/15/2025 and returned with a 'HIT', R2s fingerprint-based criminal history record inquiry was not conducted. On 3/3/2026 at 12:30pm V7 (Social Worker) said that R2 had a "HIT" on the "CHIRP" which would indicate R2 needs a fingerprint conducted and it was not according to the documents he refused and was a short stay.		S9999				

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S9999	Continued from page 2 On 3/5/2025 V1(Administrator) said I expect all background checks to be conducted within the time frame that is on the policy. V1 said R2 was a dialysis resident here for a short stay R2 refused his finger printing, when R2 refused R2 was educated, the ombudsman was notified and R2 was moved to a private room. On 3/5/2025 V3(Admissions Director) said she conducted R2 background check on 12/12/2025 she had to redo the background check again on 12/15/2025. V3 said R2 "CHIRP" came in the mail the next month in January 2026. A resident information document indicates R2 was admitted on 12/12/2025 an order summary document indicates R2 has an diagnosis of end stage renal disease dependent on dialysis, a care-plan that indicates dependent on renal dialysis , resident memory is impaired and have difficulty with decision making, a census that indicate R2 was in the facility on 12/12-12/18/2025, then 12/22/2025, 12/27/2025, 12/30/2025 to 1/14/2026. A "CHIRP" ON 12/15/2025 indicating a need for fingerprints. "C"		S9999				