

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLLY BROOK BELLEVUE		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 WEST DIRKSEN PARKWAY PEORIA, IL 61607		
(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) COMPLETE DATE
A 000	Initial Comment Facility Reported Incident #177135 Annual Licensure Survey - Section 295.3030 e)1)2) cited	A 000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames: 1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or 2) The test must be commenced no more than ten days after the date of initial employment in the establishment. Violation Based on interview and record review, the facility failed to initiate TB (Tuberculosis) testing within ten days of initial employment for two of five employees (E5 and E6). Findings include: E5's personnel file documents her date of hire at the facility is 6-26-24. E5's TB testing is documented as initiated on 8-9-24. E6's personnel file documents her date of hire at	A3030		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLLY BROOK BELLEVUE		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 WEST DIRKSEN PARKWAY PEORIA, IL 61607		
(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) COMPLETE DATE
A3030	Continued From page 1 the facility is 3-19-24. No TB testing could be found for E6. On 8-30-24 at 9:35 am, E7 (Regional Director of Operations) stated they did initiate E5's TB testing late and have not initiated E6's TB testing..	A3030		