STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510478	A. BUILDING: _____ B. WING _____	C 12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK TOWANDA BARNE	1815 N TOWANDA BARNES ROAD BLOOMINGTON, IL 61701

(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 Original investigation of Complaints 24610231 / IL 182604 and 24610337 / IL 182867. Complaint IL 182604 - VIOLATION 295.2000 c) 4) Complaint IL 182867 - No violations cited.	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Section 295.2000 Residency Requirements c) A person shall not be accepted for residency if: 4) The person requires the assistance of more than one paid caregiver at any given time with an activity of daily living; VIOLATION Based on record review and interviews, the establishment failed to make sure one of two sampled residents met the residency requirements for Assisted Living. (R1) Findings include: R1's progress notes note that R1 went into the hospital on 12/2/24 due to back pain related to a fall. R1's physician's History and Physical dated 10/10/24 notes that R1 was in the hospital from 12/2/24 until discharged on 12/9/24. Under "Assessment and Plan", reads, "Physical Therapy and Hospitalist recommenced SNF (Skilled Nursing Facility) placement." "Patient (R1) not	A2000		

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A2000	Continued From page 1	A2000		

appropriate per state regulations for A.L. (Assisted Living) placement at this time. New Cert provided to ED (E1 Executive Director) and RCD (E2 Regional Clinical Director)."

R1's Physician's Assessment Form dated 12/10/24, notes that R1 is not appropriate for Assisted Living at this time and is recommended for Skilled Nursing Facility.

On 12/22/34 at 10:17 A.M., E1 confirmed that she was aware of Z2 (R1's PCP Primary Care Provider) recommended R1 to go to a skilled nursing facility and was not appropriate for Assisted Living at this time. E1 stated that she was trying to appease R1's family since they wanted R1 to come back to their facility.

R1's progress notes on 12/14/24 reads, "Caregiver reports that resident (R1) continues to be a total assist and that she is lacking the strength to hold her head up." Progress note on 12/13/24 reads, "Educated POA on resident's (R1) need for 2 assist for all ADLs and transfers at this time."

On 12/22/24 at 11:45 A.M. E3 (CNA) stated that R1 is a two person assist for transfers / showers. E3 stated that R1 is too weak to bear weight, so it is too dangerous to try and transfer her with one person.

On 12/23/24 at 9:35 A.M., E4 (Regional Director of Operations) confirmed that R1 required two person assist with some ADLs including transfers. E4 confirmed that R1 does not meet the Assisted Living requirements for residency.