

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 C 01/08/2025
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 Original investigation of FRI IL 183008 and FRI IL 183501. FRI IL 183008 - 295.6000 a) 13) FRI IL 183501 - No violations cited.	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; VIOLATION Based on record review and interviews, the establishment failed to prevent the theft of a personal phone for one of three sampled residents. (R1) Findings include: Facility incident report dated 12/20/24 reads, "ED (E1) was notified on 12/20/24 at 5:30 pm that the resident's (R1) phone is missing. ED contacted POA (R1's Power of Attorney) to get information. POA informed ED location of phone has been	A6000		

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

TITLE

(X6) DATE

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A6000	Continued From page 1 turned on and provided address. ED informed POA that a police report would be filed. ED contacted Peoria County Police Department at 5:40 pm. Deputy ----- arrived at community at 5:50 pm to take information and report was made. Deputy called ED at 6:50 pm to question if we had employee named ---- (E3). ED informed Deputy we did and asked (E3's) next shift. It was to begin at 7:00 pm on this night. Deputy stated he was heading to the community as employee had a warrant for her arrest. Deputy arrived at 7:30 pm to the community and arrested employee (E3). Deputy called ED at 8:30 pm to state employee (E3) had resident's phone in her possession. POA retrieved phone." "Employee (E3) terminated." On 1/7/25 at 1:05 P.M., E1 confirmed that on 12/20/24 she was informed by staff that R1's phone was missing. E1 stated that she contacted R1's POA and the police. R1's phone location was on and through the police's investigation, they found E3 to be in possession of R1's phone. E3 was arrested and terminated from employment. Facility "Termination Check List" dated 12/23/24 notes that E3 was terminated due to, "Employee (E3) stole resident's phone and was arrested on premises for theft. Phone was in employee's possession."	A6000		