STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510552	A. BUILDING: _____ B. WING _____	C 01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK EAST PEORIA	1000 CENTENNIAL DRIVE EAST PEORIA, IL 61611

(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 #183482	A 000		
A9040	Section 295.9040 Environmental Requirements This Regulation is not met as evidenced by: Section 295.9040 Environmental Requirements a) The establishment shall be kept in a clean, safe and orderly condition and in good repair. Violation Based on observation, interview and record review, the establishment failed to provide a safe environment for R1, one of three residents reviewed for safety. Findings include: R1's incident report dated 12-31-24 documents "Resident receiving shower, resident reached up for grab bar and grabber dettached from the wall and resident fell down on her hip. Caregiver present in the room." This report documents R1 sustained a left hip fracture from the incident. On 1-17-25 at 1:45 pm, E3 (CNA/Certified Nursing Assistant) stated on 12-31-24, she was assisting R1 with a shower. R1 stood up by herself and grabbed the grab bar in front of her in the spa room shower. When R1 grabbed the bar, it came off the wall and R1 fell. E3 had not seen anyone use that grab bar before. The grab bar E3 stated R1 grabbed is no longer there. On 1-17-25 at 1:10 pm, Z1 (Certified	A9040		

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A9040	Continued From page 1 Occupational Therapist for the establishment) stated she responded to R1's incident immediately after the fall. The grab bar R1 used was a temporary suction cup bar that still had the top part secured to the shower wall with the bottom of the bar handing loose. Z1 stated some family/residents use these suction grab bars in their private bathrooms. Z1 educates these families/residents to check them before use as they can come loose. Z1 presented the grab bar which was a plastic bar that used suction cups to secure it to a surface. Z1 was not aware that this suction grab bar was being used in the communual spa shower room on the memory care unit. On 1-17-25 at 2:00 pm, E5 (Maintenance Director) stated the establishment does not utilize the temporary suction cup grab bars as part of their equipment as they do not always connect well to surfaces. E5 was not aware there was one in the common shower room on the memory care unit. On 1-17-25 at 1:40 pm, E2 (RN/Registered Nurse) stated she was not aware of the suction cup grab bar in the shower room. On 1-22-25 at 9:15 am, E1 (Executive Director) stated it is their policy to not have section cup temporary grab bars in common areas due to safety. R1's medical record documents she resides in the memory care unit, has left sided weakness and requires assistance with all activities of daily living.	A9040		