STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510490	A. BUILDING: _____ B. WING _____	C 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK BLOOMINGTON FOX CRE	2016 FOX CREEK ROAD BLOOMINGTON, IL 61701

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A 000	Initial Comment Original Complaint Investigation Entered on 10/10/25. Exited 10/15/25. 2569761/IL#197938 -No Violations. 2569901/IL#197997 - 295.4060 h) 4)	A 000		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Section 295.4060 Alzheimer's and Dementia Programs h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 4) Provide coordination of communications with each resident, resident's representative, relatives and other persons identified in the resident's service plan; TYPE 2 VIOLATION Based on interview and record review the establishment failed to notify and communicate with the resident's responsible party for changes in a resident's condition and cares, follow hospital discharge orders, and prevent delay in care for one (R1) of three reviewed for resident cares in a sample of eight. These failures resulted in R1 having increased and continuation of behaviors, repeat hospitalization for behaviors, and continued untreated hearing loss. These failures had a substantial probability of causing harm. Findings include: The establishment's Memory Care Disclosure Statement, dated 12/10/21, documents "The Memory Care Community Team will be	A4060		

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A4060	Continued From page 1	A4060		

comprised of the Community's nurse, the aides that work in the community, and the resident's responsible party. The Memory Care Community Team will have open lines of communication with the resident's responsible party." "The team will also be trained in all related dementias to assist in properly addressing any changes that may occur in the resident's needs. The team will then modify the resident's care plan as needed when changes arise and contact the resident's responsible party when changes need to be made."
The establishment's Change in Condition policy, revised 3/26/19, documents "Policy: The Community has an ongoing responsibility to assess the status of all residents and intervene to assist each resident to attain or maintain the highest practicable level of physical, mental, and social well-being." "Procedures: 2. The Wellness Director or designee will respond to any significant observable change in a resident's condition and take roper steps to ensure the resident receives appropriate intervention: Except in life-threatening situations, such reporting shall be timely following the observation. Serious or life-threatening situations should be reported to the physician and the resident's designated representative in a timely manner."

R1's clinical record documents R1 resided in the Memory Care unit and has diagnoses including but not limited to Vascular Dementia and Anxiety Disorder.

1. E-mail correspondence from Z1 R1's responsible party to the establishment, dated 10/31/24, documents Z1 was following up on the following: Z1 received a phone call on 10/11/24 from a nurse reporting R1 was having hearing loss. At that time Z1 asked that this concern be

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A4060	Continued From page 2 escalated to E6 R1's Advanced Certified Nurse Practitioner/ACNP to request an exam. E-mail correspondence from E2 Wellness Director, dated 11/1/24, documents the following: "I heard back from (E6 R1's ACNP), (E6) saw (R1) last week for her 30-day checkup, but was not informed of the hearing decline, (E6) said (E6) will put (R1) on the schedule for next Wednesday and bring her otoscope to assess." R1's clinical record documents R1's hearing loss was not examined until an order for carbamide peroxide otic solution ear drops was noted on 11/6/24 and 11/15/24; the ear drops were not administered until 11/15/24. On 10/15/25, at 10:15am, Z1 stated the following: (Z1) was notified by a nurse on 10/11/24 that (R1) had hearing loss. (Z1) asked the nurse to escalate a request for E6 to examine R1. The message did not get communicated so R1's hearing loss was not examined until about one month later which is a delay in care. 2. R1's After Visit Summary, dated 3/23/25, documents the following: Reason for visit: Aggressive Behavior; Diagnoses: Dementia, Aggressive Behavior due to dementia, and Hematuria; Medication List: Start taking Lorazepam 0.5mg every 12 hours as needed for agitation. R1's clinical record does not include any order for Lorazepam 0.5mg every 12 hours. R1's Progress note, dated 3/28/25, documents R1 was transferred to the hospital emergency department for agitation. On 10/15/25, at 9:59am, Z1 R1's responsible party stated the following: (Z1) did not pick up (R1's) Lorazepam from the pharmacy after (R1's) ED (Emergency Department) visit (3-23-25) as Z1 was unaware of the order or that Lorazepam was an option to try to improve behaviors.	A4060		

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A4060	Continued From page 3 On 10/14/25, at 4:39pm, E2 Wellness Director confirmed that R1's After Visit Summary, dated 3/23/25, include an order for Lorazepam 0.5mg every 12 hours and that it was never initiated. 3. R1's February 2025 Medication Administration Record/MAR, document Memantine HCL 5mg BID (twice daily) was initiated on 2/13/25. R1's clinical record does not indicate that the option for starting Memantine was discussed with Z1 R1's responsible party prior to initiating the medication. R1's Progress Note, dated 3/17/25, documents "(R1) attempted to mace a staff member and hit with her blanket that (R1) had knotted up. (R1) thought the staff member was a ghost. Spoke to (E6 R1's ACNP) today on the phone about the increased behaviors and agitation. Gave the okay to D/C (discontinue) (R1's) Memantine due to doing the opposite effect on resident, waiting on order to be faxed." R1's clinical record does not indicate any communication was made with Z1 R1's responsible party regarding R1's adverse medication reaction. R1's Progress Note by E6 R1's Advanced Certified Nurse Practitioner/ACNP, dated 3/26/25, documents the following: R1 continues to have increasing behaviors over the last several weeks. R1 was started on low-dose Sertraline and Donepezil in January and then had Memantine added to her regimen in mid-February. R1 has exhibited increased behaviors over the past few weeks, and Memantine was stopped midweek last week due to concerns that behaviors were related to Memantine. On 10/15/25, at 10:05am, Z1 R1's responsible party stated the following: "I did not find out about (R1) being on Memantine until after (R1's) emergency room visit on 3-23-25. (E6 R1's Nurse	A4060		

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A4060	Continued From page 4 Practitioner) called me on 3-26-25 because I asked (E6) to. It was at that time that (E6) told me (R1) had been on Memantine and felt (R1's) escalated behaviors were due to the Memantine. If they would have asked me, I would not have given permission for them to start (R1) on Memantine." Z1 was not informed until after the fact that R1 had an increased behavior medication reaction to the Memantine and Z1 should have been notified. 4. R1's Progress Note by E6 R1's ACNP, dated 4/9/25, documents "Patient seen for follow-up of agitation and behaviors with history of dementia. Notified today by nursing that patient was seen on a video psych consult earlier this week. I was unaware that this was being planned." "I have discussed psych visit and recommendations with (Z1 R1's responsible party) via telephone. Z1 had not been aware that there was a psych consult or visit yesterday and was not aware of the recommendations." On 10/15/25, at 9:59am, Z1 R1's responsible party stated Z1 was unaware of (R1) having a tele-health psych visit, not asked to participate, and would have liked to have been asked.	A4060		