

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER EBERHARDT VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 431 W PALMER ARTHUR, IL 61911		
(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 Annual Licensure Survey of 10/22/25 entered and exited on 10/22/25. Violations cited: 295.2040 c) - Type 1 Violation 295.5000 a) - Type 1 Violation 295.9040 a) - Type 2 Violation Facility Reported incident dated 10/6/25 - IL 198055. No violations cited for FRI	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Violation Section 295.2040 Disaster Preparedness c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 2) Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility; 3) Evaluate the effectiveness of disaster plans, procedures and training.	A2040		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A2040	Continued From page 1 Based on interview and record review the establishment failed to ensure that six fire drills were conducted per year on a bimonthly basis with at least two of the drills conducted while residents were sleeping. This failure creates a substantial probability of harm to all twenty three residents who reside in the establishment. Findings include: The facility provided disaster plan documents that the purpose of fire drills is to ensure the proper response for the utmost protection of residents in the event of a fire emergency. The facility provided fire evacuation drills include drills dated on 2/6/25 at 2:27PM, 3/27/25 at 6:00AM, 5/14/25 at 3:00PM, 8/12/25 at 5:13AM, and 9/18/25 at 10:00AM. On 10/22/25 at 11:50 AM E1 Registered Nurse/Executive Director confirmed the above fire drills are the only documented fire drills between October 2024 and October 2025. On 10/22/25 at 3:55PM E1 Registered Nurse/Executive Director stated that the number of required fire drills were not completed, nor were two completed during sleep hours due to "a miscommunication between myself and the maintenance director."	A2040		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by:	A5000		

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A5000	Continued From page 2 Violation Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage d) Medication administration refers to a licensed health care professional employed by an establishment engaging in administering routine insulin and vitamin B-12 injections, oral medications, topical treatments, eye and ear drops, or nitroglycerin patches. Non-licensed staff may not administer any medication. (Section 70 of the Act) Based on observation, interview, and record review the establishment failed to ensure that only licensed staff were administering narcotic medication for one (R4) of two residents reviewed for medication administration. Findings include: R4's service plan documents assistance required for R4's medication administration. On 10/22/25 at 1:44PM observed R4's medications in her resident bathroom, locked in a locker. The card of Hydrocodone/APAP 5-325Milligrams (MG) contained nineteen tablets to be used as needed for pain. On 10/22/25 at 1:45PM, E2 Wellness Director stated that all staff have keys to the medication lockers and that they dispense the medication to R4 because the bubble packs are too hard for R4 to open. E2 also stated that the staff have to look at the narcotic book to know what time the last medication was given, in order to know if R4 can have another pain pill.	A5000		

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A5000	Continued From page 3 R4's narcotic count sheet documents a count with multiple days not signed. On 10/22/25 at 3:00PM, E1 Registered Nurse/Executive Director confirmed that when the count was performed but not signed, a Resident Assistant provided the medication to R4. On 10/22/25 at 1:46PM, R4 stated that the girls open her medications for her and give them to her because she has a hard time opening the packages. On 10/22/25 at 1:50PM, E3 Resident Assistant stated that she has a key to the resident medication lockers and that the same key opens them all. E3 stated that she will open R4's narcotic medication when she needs assistance and that if a nurse isn't in the building at the time, she documents that the medication was given along with a count of the narcotic. On 10/22/25 at 2:00PM, E7 Resident Assistant stated that she pops R4's as needed narcotic/pain medication out and gives it to her "nearly every morning. If the nurse's aren't here, the Resident Assistants provide the medications and document the narcotics." On 10/22/25 at 2:45PM, E1 confirmed that there is not always a nurse in the building including on September 27 and 28, 2025 and October 4, 2025 for twenty-four hour periods each day. On 10/22/25 at 2:30PM, E1 Registered Nurse/Executive Director stated that it is unacceptable for un-licensed staff to administer narcotic medications to residents.	A5000		

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A9040	Section 295.9040 Environmental Requirements This Regulation is not met as evidenced by: Violation Section 295.9040 Environmental Requirements a) The establishment shall be kept in a clean, safe and orderly condition and in good repair. Based on observation and interview, the establishment failed to ensure that carpet throughout the establishment is clean and in good repair. This failure creates the substantial probability of harm to all twenty three residents. Findings include: On 10/22/25 at 8:30AM, hallway carpets on the first floor and the elevator carpets are stained and dirty. On 10/22/25 at 9:00AM, second floor hallway carpet is stained and showing signs of tattering and fraying. On 10/22/25 at 2:15PM, observed R4's carpet in her apartment which is stained with a black substance. On 10/22/25 at 3:52PM, E1 Registered Nurse/Executive Director stated that the carpet is in need of cleaning and should be free of the wear and tear that they are displaying and that continued wear and tear could lead to trip and fall hazards.	A9040		

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