STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5104291	A. BUILDING: _____ B. WING _____	C 02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK MONTICELLO	901 MEDICAL CENTER DR MONTICELLO, IL 61856

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A 000	Initial Comment Original Complaint #IL186106 For this survey, the establishment is in compliance with Part 295 Assisted Living and Shared Housing Establishment Administrative Code and 210 ILCS 9/1 Assisted Living and Shared Housing Act. Original Complaint #IL185323 Violations cited: 295.2000 general violation 295.2050 general violation 295.4000 general violation 295.4010 general violation 295.6000 general violation	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: General Violation Section 295.2000 Residency Requirements a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of	A2000		

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A2000	Continued From page 1 the Act) b) Only adults may be accepted for residency. (Section 75(b) of the Act) 3) The person requires total assistance with 2 or more activities of daily living; 4) The person requires the assistance of more than one paid caregiver at any given time with an activity of daily living; 5) The person requires more than minimal assistance in moving to a safe area in an emergency. For the purpose of this Section, minimal assistance means that the resident is able to respond, with or without assistance, in an emergency to protect himself/herself, given the staffing and construction of the building; These requirements were not met as evidenced by: Based on interview and record review the establishment failed to follow the residency requirements per regulations. Findings include: Record Review: R1 was discharged from the facility on 2/2/25. It was noted in R1's progress notes and service plan a significant change in condition after 8/28/24. Documentation reviewed show that the diagnosis of dementia and restless leg syndrome had on set date of 10/31/24. Progress notes show that R1 would require a 2 person assist to transfer on 1/16/25 and 1/23/25. Progress notes also state that R1 would have to be cued to eat and at times would need therapy staff to feed R1. E2 stated in the progress notes on 1/13/25 that R1 was needing more assistance since October 2024 and no improvements in condition had been noted. E2 suggested skilled	A2000		

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A2000	Continued From page 2 nursing to the family. The service plan initiated on 10/14/24 states that R1 would require total assistance with ambulation and mobility. The intervention of the care staff to assist in all aspects of ambulation is listed. Extensive assistance in the areas of using the bathroom, dressing, and personal hygiene are also listed on the service plan. Interventions include the assistance of 2 care team members to provide assistance. Interview: E2 stated that the POA refused to sign the document because of the increased level of care. E2 is aware and stated that R1 was in need of a higher level of care.	A2000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: General Violation Section 295.2050 Incident and Accident Reporting b) The report shall be made by contacting the Department of Public Health Central Complaint Registry or by fax or by other electronic means within 24 hours after the occurrence of the incident or accident. These requirements were not met as evidenced by: Based on interview and record review the establishment failed to follow the incident and accident requirements per regulations.	A2050		

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A2050	Continued From page 3 Findings include: Record Review: The incident report states that R1 was being evacuated for a mandatory fire drill on the morning of 8/28/24. R1 was walking on the sidewalk while using a 4 wheel walker and fell. R1 sustained an injury related to the fall. R1 was sent to the hospital for evaluation and family was notified of the incident. The incident report was not submitted with the required 24 hours of the incident occurring. Not only was the report not submitted timely, but it was also sent to the wrong department. Review of the fax cover sheet for the 8/28/24 incident report indicates that the fax was sent to the Champaign LTC Office and not the Assisted Living Office. The fax was sent on 8/30/24 at 1:25 PM. Interview: E1 and E2 confirmed that the documents presented were original and that the information had been sent to the incorrect facility.	A2050		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: General Violation Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall	A4000		

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A4000	Continued From page 4 include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. c) A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition. d) When a physician's assessment is conducted pursuant to this Part, all current negotiated risk agreements shall be renegotiated as necessary. e) More frequent assessments of skin integrity and nutritional status shall be required (Section 15 of the Act) as ordered by the resident's physician and as arranged for by the resident. f) It is the responsibility of the resident or his/her representative to have physician's assessments and reassessments completed. g) Establishments may develop their own tools for evaluating their residents; however, the establishment evaluation does not replace the requirement for a physician's assessment. Documentation of evaluations and re-evaluations may be in any form that is accurate, that addresses the resident's condition, and that incorporates the physician's assessment. h) The establishment shall monitor and have a reporting procedure in place for notifying a relative or other individual in an emergency situation, significant change in resident's condition, or termination of residency. i) The establishment shall have policies in place to respond to the gradual deterioration of a resident's ability to carry out the activities of daily living that may accompany the aging process. (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004)	A4000		

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A4000	Continued From page 5 These requirements were not met as evidenced by: Based on interview and record review the establishment failed to follow the physician assessment requirements per regulations for R1. Findings include: Record Review: R1 was discharged from the facility on 2/2/25. It was noted in R1's progress notes and service plan a significant change in condition after 8/28/24. Documentation reviewed show that the diagnosis of dementia and restless leg syndrome had on set date of 10/31/24. Progress notes show that R1 would require a 2 person assist to transfer on 1/16/25 and 1/23/25. Progress notes also state that R1 would have to be cued to eat and at times would need therapy staff to feed R1. E2 stated in the progress notes on 1/13/25 that R1 was needing more assistance since October 2024 and no improvements in condition had been noted. E2 suggested skilled nursing to the family. A new physician assessment was not completed with this change in condition. Interview with E2 was completed. E2 stated that R1 was independent with ADL's related to ambulation up to the time of a witnessed fall that occurred on 8/28/24.	A4000		
A4010	Section 295.4010 Service Plan	A4010		

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A4010	Continued From page 6 This Regulation is not met as evidenced by: General Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. These requirements were not met as evidenced by: Based on interview and record review the establishment failed to have the service plan signed by all individuals involved per regulations for R1. Findings include: The service plan initiated on 10/14/24 is not signed or dated by staff, resident, or POA. The service plan states that R1 would require total assistance with ambulation and mobility. The intervention of the care staff to assist in all aspects of ambulation is listed. Extensive assistance in the areas of using the bathroom, dressing, and personal hygiene are also listed on the service plan. Interventions	A4010		

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A4010	Continued From page 7 include the assistance of 2 care team members to provide assistance. Review of Documentation: E2 stated that the POA refused to sign the document because of the increased level of care.	A4010		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: General Violation 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: 5) The right to receive the services specified in the service plan, to review and renegotiate the service plan at any time; and to be informed of the cost of the changes; These requirements were not met as evidenced by: Based on interview and record review the establishment failed to follow the developed service plan and have it signed by all individuals involved per regulations for R1. Review of Documentation: Per documentation R1 was admitted to the facility on 1/24/24. The physician certification dated 12/13/23 was completed by a physician and deemed the	A6000		

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A6000	Continued From page 8 resident appropriate for the assisted living program and not needing assistance. The service plan initiated on 4/11/24. The service plan states that R1 will use a four wheeled walker and will be assisted by one care team member during evacuations. Per the service plan, R1 is described as having a low fall risk and is independent using a four wheeled walker and ambulating with the walker. The service plan also states that R1 is able to transfer independently. The incident report states that R1 was being evacuated for a mandatory fire drill on the morning of 8/28/24. R1 was walking on the sidewalk while using a 4 wheel walker and fell. R1 sustained an injury related to the fall. R1 was sent to the hospital for evaluation and family was notified of the incident. R1's service plan dated and signed on 4/15/24 requires R1 to be minimally assisted by one caregiver during evacuations. R1 is otherwise independent with ambulation and the use of the four-wheel walker. Interview: E2 confirmed that the incident report related to R1's fall on 8/8/24 is valid. R1 was not being assisted at the time of the fall during the evacuation.	A6000		