STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510478	A. BUILDING: _____ B. WING _____	C 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK TOWANDA BARNES	1815 N TOWANDA BARNES ROAD BLOOMINGTON, IL 61701

(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 Complaint Investigation IL198349 - 295.4010 d)e) Facility Reported Incident IL198403 - 295.4010 d)e)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation 295.4010 Service Plan d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act). e) The service plan shall be reviewed and revised, if necessary, immediately after a significant change in the resident's physical, cognitive, or functional condition (use Section 295.4000). Based on observation, interview, and record review the establishment failed to revise a service plan to meet the needs of one (R1) of three residents reviewed for falls in the sample of three. This caused harm to a resident or creates a substantial probability to cause harm to a resident or residents. Findings include: The establishments Service Plan policy and	A4010		

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A4010	Continued From page 1 procedure, dated 11/2/2023, documents "The service plan shall be reviewed annually, or as the residents' condition, preferences, or service needs change." "The service plan shall be reviewed and revised, if necessary, after a significant change in the resident's physical, cognitive, or functional condition." 1. The establishments Incident reports dated 11/6/25 documents R1 had falls on 8/24/25, 10/16/25, and 10/30/25. The current Service Plan for R1 does not document any falls for R1 on 8/24/25 or interventions related to the fall. R1 had a fall with a laceration to her face with sutures related to wandering and insomnia on 10/16/25 with no interventions listed to prevent recurrent falls. R1 also had a fall with major injury on 10/30/25 with no documented interventions listed to prevent recurrent falls. On 11/7/25 at 12:40 pm, E3 LPN (Licensed Practical Nurse)/Wellness Nurse confirmed R1's Service Plan was not revised to include R1's falls and no interventions were added to prevent further falls. 2. The establishments Incident report dated 11/6/25 documents R2 had falls 10/20/25, 10/23/25, and 10/26/25. The current Service Plan for R2 does not include R2 falls for 10/20/25, 10/23/25, and 10/26/25. The Service Plan documents R2 had a fall with minor injury on 10/27/25 with no interventions listed to prevent further falls. This Service Plan documents dated initiated interventions on 11/3/25 as to what to do if a fall	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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VILLAS OF HOLLY BROOK TOWANDA BARNES	1815 N TOWANDA BARNES ROAD BLOOMINGTON, IL 61701

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A4010	Continued From page 2 occurs. No specific interventions related to any of R1and R2's falls. 3. The establishments Incident report dated 11/6/25 documents R3 had a fall on 10/31/25. The Service Plan for R3 does not document R3 with any falls and no specific interventions documented related to R3's 10/31/25 fall. On 11/7/25 at 12:53 pm, E1 ED/Executive Director stated E6 RDO/Regional Director of Operations is covering the Health and Wellness Director position because the establishment does not currently have one. E6 RDO is updated after the fall meeting and updates the resident service plans with interventions off site.	A4010		