

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLLY BROOK CHARLESTON		STREET ADDRESS, CITY, STATE, ZIP CODE 738 18TH STREET CHARLESTON, IL 61920		
(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 295.2000 e) 295.6000 a) 1) 295.9040 a) b)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Type 1 Violation Section 295.2000 Residency Requirements e) Residency shall be terminated in accordance with Section 295.2010 when services available to the resident in the establishment are no longer adequate to meet the needs of the resident. This provision shall not be interpreted as limiting the authority of the Department to require the residency termination of individuals. (Section 75(e) of the Act) Based on observation, interview, and record review the establishment failed to terminate the residency of one (R5) of six residents reviewed for residency requirements from a total sample list of six residents. This failure creates a substantial probability of severe harm to a resident or residents. Findings include: R5's cognitive assessment dated 10/2025 documents R5 as cognitively intact. R5's physician assessment dated 12/18/24	A2000		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLLY BROOK CHARLESTON		STREET ADDRESS, CITY, STATE, ZIP CODE 738 18TH STREET CHARLESTON, IL 61920		
(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
A2000	Continued From page 1 documents the following diagnoses include: a history of right upper extremity deep vein thrombosis, history of right knee arthroplasty and revision, arthritis, leg edema, and a history of prostate cancer with prostetectomy. R5's physician assessment dated 12/18/24 documents that R5 requires assistance with toileting hygiene, changing incontinence briefs and showering. R5's service plan dated 12/20/24 documents that R5 requires assistance with bladder incontinence, reminders to use the bathroom and to change his incontinence brief, and that R5 takes Lasix a diuretic medication that increases his need to urinate. R5's progress notes dated 11/2/25 through 12/2/25 document nearly every day that R5 refuses all assistance with bathroom needs and refuses to go to the bathroom himself. On 12/4/25 at 2:10PM R5's resident apartment was toured with E2 Wellness Director. The smell of urine including outside of R5's closed door was evident. When the apartment door was opened the smell of urine was so pungent that it caused eye watering. R5 was laying in his bed. R5's couch was urine soaked with a pad covering the stains. The carpet in front of R5's couch was stained black and smelled of urine. R5's bathroom smelled strongly of urine and R5's bedroom also smelled of urine. R5's pants were hanging on his walker and were visibly soiled with dark matter and smelled strongly of urine. Two buckets with lids were observed in R5's apartment. One in the kitchen and the other in the bathroom. They were both empty.	A2000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLLY BROOK CHARLESTON		STREET ADDRESS, CITY, STATE, ZIP CODE 738 18TH STREET CHARLESTON, IL 61920		
(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
A2000	Continued From page 2 On 12/4/25 at 2:15PM, R5 stated that he is very satisfied with the care that is provided and said that they clean his room every Tuesday. R5 is cognitively intact. On 12/4/25 at 2:00PM, E2 Wellness Director stated that she and E1 Executive Director had attempted to get R5 to shower and change his incontinence briefs more frequently, but that he simply refuses. Stated that he puts towels in his incontinence briefs to soak up urine, so that he doesn't have to change his briefs as frequently. Stated that urology wanted to place a catheter due to his constant, uncontrollable stream of urine and R5 refuses. E2 confirmed that R5 is cognitively intact. On 12/4/25 at 2:18PM, E9 Housekeeper stated that everything in R5's room is saturated with urine. "We were cleaning it everyday and now we only clean on Tuesdays. We put the towel bucket for his urine soaked towels because he was just throwing the towels on his carpet. We wash his clothing and towels every day with vinegar and nothing helps because everything is so saturated. He makes other resident's upset because they don't like to smell his urine either." On 12/4/25 at 2:30PM, E10 Resident Assistant stated that R5 refuses to get up to go to the bathroom, refuses to change his incontinence briefs and instead will stick up to 6 towels in his brief to catch the urine. "His room, couch, bed, carpet, and clothing always reek of urine. Other residents have complained because his room smells even when they walk by it and if the door opens, it is terrible. (R5) says that he can't smell anything." On 12/4/25 at 2:20PM, R8 stated that he sits with	A2000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLLY BROOK CHARLESTON		STREET ADDRESS, CITY, STATE, ZIP CODE 738 18TH STREET CHARLESTON, IL 61920		
(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
A2000	Continued From page 3 R5 in the dining room and that his urine smell is intolerable. "His urine smell really bothers me and I've been thinking about it for over a week and wondered if I should say something. None of us like it but what can we do?" On 12/4/25 at 3:00PM, E1 Executive Director confirmed that R5's behaviors are not socially appropriate for an assisted living establishment.	A2000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 2 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: 1) The right to live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice and to be treated with consideration and respect; Based on observation, interview and record review the establishment failed to ensure the dignity of two (R5 and R7) of seven residents reviewed for resident rights. This failure creates a substantial probability of harm to a resident or residents.	A6000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLLY BROOK CHARLESTON		STREET ADDRESS, CITY, STATE, ZIP CODE 738 18TH STREET CHARLESTON, IL 61920		
(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
A6000	Continued From page 4 Findings include: 1.) On 12/4/25 at 2:10PM R5's resident apartment was toured with E2 Wellness Director. The smell of urine including outside of R5's closed door was strong. When the apartment door was opened the smell of urine was so pungent that it caused eye watering. R5 was laying in his bed. R5's couch was urine soaked with a pad covering the stains. The carpet in front of R5's couch was stained black and smelled of urine. R5's bathroom smelled strongly of urine and R5's bedroom also smelled of urine. R5's pants were hanging on his walker and were visibly soiled with dark matter and smelled strongly of urine. Two empty buckets with lids were observed in R5's apartment. One in the kitchen and the other in the bathroom. On 12/4/25 at 2:18PM, E9 Housekeeper stated that everything in R5's room is saturated with urine. "We were cleaning it everyday and now we only clean on Tuesdays. We put the towel buckets for his urine soaked towels because he was just throwing the towels on his carpet. We wash his clothing and towels every day with vinegar and nothing helps because everything is so saturated. He makes other resident's upset because they don't like to smell his urine either. I wear a mask when I'm in there, it is so bad." On 12/4/25 at 2:30PM, E10 Resident Assistant stated that R5 refuses to get up to go to the bathroom, refuses to change his incontinence briefs and instead will stick up to 6 towels in his brief to catch the urine. "His room, couch, bed, carpet, and clothing always reek of urine. Other residents have complained because his room smells even when they walk by it and if the door	A6000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLLY BROOK CHARLESTON		STREET ADDRESS, CITY, STATE, ZIP CODE 738 18TH STREET CHARLESTON, IL 61920		
(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
A6000	Continued From page 5 opens, it is terrible. (R5) says that he can't smell anything." R5's cognitive assessment dated 10/2025 documents R5 as cognitively intact. 2.) On 12/4/25 at 2:20PM, interviewed R8 in his resident apartment. R8 appears clean, dry and odorless. R8's apartment is also clean and clutter free with no odors. R8 is cognitively intact. On 12/4/25 at 2:21PM, R8 stated that he sits with R5 in the dining room and that R5's urine smell is intolerable. "His urine smell really bothers me and I've been thinking about it for a long time wondering if I should say something to (E1 Executive Director). None of us like it but what can we do?" On 12/4/25 at 2:00PM, E2 Wellness Director stated that she and E1 Executive Director had attempted to get R5 to shower and change his incontinence briefs more frequently, but that he refuses, regardless of how it impacts other residents. On 12/4/25 at 2:30PM, E2 Wellness Director stated that R5 is negatively impacting other resident's rights to live in a clean establishment. On 12/4/25 at 3:00PM, E1 Executive Director confirmed that R5's behaviors are not dignified when he goes to the dining room and sits with other residents smelling strongly of urine.	A6000		
A9040	Section 295.9040 Environmental Requirements	A9040		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLLY BROOK CHARLESTON		STREET ADDRESS, CITY, STATE, ZIP CODE 738 18TH STREET CHARLESTON, IL 61920		
(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
A9040	Continued From page 6 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. b) The establishment shall be free of odors. Based on observation and interview the establishment failed to ensure the cleanliness and odor free status of one (R5) of seven resident apartments reviewed for cleanliness. This failure creates a substantial probability of harm to a resident or residents. Findings include: On 12/4/25 at 2:10PM, R5's resident apartment was toured with E2 Wellness Director. The smell of urine outside of R5's closed door was strong. When the apartment door was opened, the smell of urine was so pungent that it caused eye watering. R5 was laying in his bed. R5's couch was urine soaked with a pad covering the stains. The carpet in front of R5's couch was stained black and smelled of urine. R5's bathroom smelled strongly of urine and R5's bedroom also smelled of urine. R5's pants were hanging on his walker and were visibly soiled with dark matter and smelled strongly of urine. Two empty buckets with lids were observed in R5's apartment, one in the kitchen and the other in the bathroom. On 12/4/25 at 2:18PM, E9 Housekeeper stated	A9040		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLLY BROOK CHARLESTON		STREET ADDRESS, CITY, STATE, ZIP CODE 738 18TH STREET CHARLESTON, IL 61920		
(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
A9040	Continued From page 7 that everything in R5's room is saturated with urine. "We were cleaning it everyday and now we only clean on Tuesdays. We put the towel buckets in his room for his urine soaked towels because he was just throwing the towels on his carpet. We wash his clothing and towels every day with vinegar and nothing helps because everything is so saturated. I have to wear a mask when I'm in there it smells so bad." On 12/4/25 at 2:30PM, E10 Resident Assistant stated that R5 refuses to get up to go to the bathroom, refuses to change his incontinence briefs and instead will stick up to 6 towels in his brief to catch the urine and then throws them on the floor. "His room, couch, bed, carpet, and clothing always smell of urine. On 12/4/25 at 2:35PM, E2 Wellness Director stated that at one time they were cleaning R5's room daily, and that she didn't know why it went back to weekly. On 12/4/25 at 3:30PM, E1 Executive Director stated that the establishment knows that R5's furniture carpet, and bed are all saturated with urine creating a very dirty apartment.	A9040		