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 _____	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK BLOOMINGTON FC	2016 FOX CREEK 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 Annual Licensure Survey. VIOLATION 295.4060 h) 6)	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: 6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times; VIOLATION Based on record review and interviews, the establishment failed to have licensed staff on duty 24 hours a day to meet the potential medication needs of two out of four sampled residents. (R1, R2) Findings include: On 4/2/25 at 10:20 A.M. E3 (LPN) stated that they	A4060		

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A4060	Continued From page 1 do not have License Nurses scheduled after 7:00 P.M., so residents on the Memory Care unit that would require a PRN (As Needed) medication can not get the medications from 7:00 P.M. until 7:00 A.M.. E3 stated that there are just a couple residents that have PRN medications that might need them during the night when there would not be a Licensed Nurse on duty. R1's Service Plan and Order Summary Report notes that R1 has Diagnosis including but not limited to Dementia, Stage 4 Kidney Disease, and Anxiety. R1 has orders for Morphine Sulf. 100 mg / 5 ml, 0.25 ml every two hours as needed for severe pain. Lorazepam 0.5 mg every four hours as needed for anxiety. These medications would not be available to R1 from 7:00 P.M. until 7:00 A.M. due to no Licensed Nurse on duty. R1's Service Plan and Order Summary Report notes that R2 has Diagnosis including but not limited to Dementia, Parkinson's Disease, Low Back Pain, and Anxiety. R2 has orders for Hyoscyamine 0.125 mg every four hours as needed for excessive secretions. Morphine Sulf. 100 mg / 5 ml, 0.25 ml every two hours as needed for pain or shortness of breath. These medications would not be available to R2 from 7:00 P.M. until 7:00 A.M. due to no Licensee Nurse on duty. Establishment Nurse schedules for March 2025 and April 2025 note that Licensed Nurse's are only scheduled from 7:00 A.M. until 7:00 P.M.. On 4/3/25 at 11:10 A.M., E1 (Executive Director) confirmed that they do not staff Licensed Nurses from 7:00 P.M. until 7:00 A.M.	A4060		