STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510481	A. BUILDING: _____ B. WING _____	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK RANTOUL	722 STONE BRIDGE CENTER DRIVE RANTOUL, IL 61866

(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 Survey entered on 4/09/25 and exited on 4/11/25. Violations Cited: 295.4000 c) violation 295.4010 e) violation 295.9000 b) violation	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Violation Section 295.4000 Physician's Assessment c) A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition These requirements were not met as evidenced by: Based on interview and record review the establishment failed to obtain a physician's assessment upon the identification of a significant change. Findings include: Record Review: R2 was admitted to hospice care on 1/9/25 according to documentation reviewed. The physician assessment was obtained and signed by the establishments nurse on 1/20/25. The physician signature was not obtained until 4/10/25.	A4000		

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A4000	Continued From page 1 Interview: E1 confirmed the dates of the assessments and signatures. No other documentation was available according to E1.	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Violation Section 295.4010 Service Plan 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 (see Section 295.4000). These requirements were not met as evidenced by: Based on interview and record review the establishment failed to review the service plan and revised if necessary immediately upon upon the identification of a significant change. Findings include: Record Review: R2 was admitted to hospice care on 1/9/25 according to documentation reviewed. The physician assessment was obtained and signed by the establishments nurse on 1/20/25. The physician signature was not obtained until 4/10/25. The last known service plan was reviewed and signed on 1/25/25.	A4010		

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	ASL510481	A. BUILDING: _____ B. WING _____	04/11/2025

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A4010	Continued From page 2 Interview: E1 confirmed the dates of the assessments and signatures. No other documentation was available according to E1.	A4010		
A9000	Section 295.9000 Physical Plant This Regulation is not met as evidenced by: Violation Section 295.9000 Physical Plant b) The establishment shall comply with local and State building codes for the building type and local ordinances, fire codes, and zoning requirements. In the case of a conflict between a local requirement and this Part, the more stringent requirement shall apply. The establishment may petition the Department for a determination as to which requirement is applicable. The Department shall respond within 30 days after receipt of the petition. These requirements were not met as evidenced by: Based on interview and observation the establishment failed to comply with local and state building codes. Findings include: Observation: During tour of the establishment on 4/10/25 it was noted that 1 of 3 EXIT doors would not operate. The exit door would not open and the alarm would not sound. The door did not open	A9000		

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A9000	Continued From page 3 after holding the latch down for more than 15 seconds. The alarm did not sound after holding the latch down more than 15 seconds. A gate was noted in the fence of the courtyard. The gate would not open and the latch was rusted shut. Interview: E1 had staff begin repairs on these items on 4/11/2025.	A9000		