

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510481	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/17/2026
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NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLLY BROOK RANTOUL	STREET ADDRESS, CITY, STATE, ZIP CODE 722 STONE BRIDGE CENTER DRIVE RANTOUL, IL 61866
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(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 Original investigation of Complaint 2660499 / IL 199575. 295.6000 a) 2) Type 2	A 000		
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: 2) The right to respect for bodily privacy and dignity at all times, especially during care and treatment; Based on observations and record review, the establishment failed to provide privacy while providing care to three of three sampled residents. (R1, R2, R3) This creates substantial probability of harm to a resident or residents. Findings include: R1's, R2's, and R3's Service Plans and Physician's orders note that all three residents reside on the Memory Care Unit, have Type 2 Diabetes Mellitus, and require a Licensed Nurse to administer their medications.	A6000		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

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A6000	Continued From page 1 On 1/17/26 at 11:05 A.M., E2 (LPN) was observed performing a blood glucose check and insulin injection to R1 in the dining room. On 1/17/26 at 11:14 A.M., E2 was observed performing a blood sugar check and insulin injection to R2 in the dining room. On 1/17/26 at 11:20 A.M., E2 was observed performing a blood sugar check to R3 in the dining room. R3 did not need insulin due to blood sugar level. All of these checks and injections were completed in front of 20+ residents and a visitor.	A6000			