STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510529	A. BUILDING: _____ B. WING _____	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK SPRINGFIELD	3401 HEDLEY ROAD SPRINGFIELD, IL 62711

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A 000	Initial Comment Annual Licensure Survey 295.4000 a) b) 295.4020 f) 295.6000 a) 5)	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 2 Violation Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. Based on interview and record review, the establishment failed to ensure a Physician's Assessment was completed by a physician for one of nine residents (R9) reviewed for Physician's Assessments in the sample of nine. This failure creates a substantial probability of	A4000		

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A4000	Continued From page 1 harm to a resident or residents. Findings include: R9's medical record documents R9 was admitted to the establishment on 01/13/26. R9's current Physician's Assessment (dated 12/30/25) was signed and dated by Z1 (Advance Practice Registered Nurse). On 01/27/26 at 03:05 PM, E2 (Wellness Director) confirmed that R9's current Physician's Assessment was not completed and signed by a Physician.	A4000		
A4020	Section 295.4020 Mandatory Services This Regulation is not met as evidenced by: Type 1 Violation Section 295.4020 Mandatory Services Each establishment shall provide or arrange for the following mandatory services: f) Assistance with activities of daily living as required by each resident. (Section 10 of the Act) Based on interview and record review, the facility failed to ensure a resident was provided with required assistance of activities of daily living (ADLs) for one of nine residents (R2) reviewed for ADL assistance in the sample of nine that caused severe harm to a resident or creates a substantial probability of severe harm to a resident or residents.	A4020		

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A4020	Continued From page 2 Findings include: R2's current ADLs (Activities of Daily Living) needs are documented in R2's Service Plan as follows: "R2 requires extensive hands-on assistance from care staff members to provide steady physical support throughout ambulation; R2 requires extensive hands-on assistance from staff members to provide support throughout transfers." R2's medical record documents R2 fell on 11/09/25 while she was out of the building attending an outing with establishment staff. R2's Fall Investigation (dated 11/11/25) documents the following regarding R2's 11/09/25 fall: R2 fell, struck her head, and sustained a laceration to the back of her head when she was left standing unattended outside of the establishment's transport bus during an activity outing; E8 (Resident Aide) left R2 standing unattended outside of the transport bus while obtaining R2's wheelchair from the back of the bus and observed R2 fall during this time; 911 was called, and R2 was transported to a local hospital where she had a staple placed to repair the laceration sustained to the back of her head before returning to the establishment. On 01/27/26 at 03:10 PM, E8 (Resident Aide) stated she witnessed R2 fall on 11/09/25 while R2 was left standing unassisted outside of the establishment's transport bus during an outing. E8 stated, "I was getting (R2's) wheelchair out of the back of the bus and she was standing outside of the bus holding onto the door. She let go of the door when the wind blew, and I watched her fall. She struck the back of her head, and it was	A4020		

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A4020	Continued From page 3 bleeding. 911 was called, and EMS (Emergency Medical Services) responded and took (R2) to (local hospital)." E8 then stated, "We received training after (R2's) fall occurred. (R2) was not wearing a gait belt when she fell (on 11/09/25). We didn't have a gait belt on the bus to use, but we do now." R2's (local hospital) After Visit Summary (dated 11/09/25) documents the following: "You had a small laceration to your occipital scalp that was repaired with a single staple. This will need removed in 5-7 days." On 01/27/26 at 03:15 PM, E1 (Executive Director) stated R2 requires hands-on staff assistance with the following ADLs: transfers and ambulation. E1 then verified that at the time of R2's fall on 11/09/25, R2 was not provided with the ADL assistance that she requires for her mobility and ambulation.	A4020		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 1 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: 5) The right to receive the services specified	A6000		

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A6000	Continued From page 4 in the service plan, to review and renegotiate the service plan at any time; and to be informed of the cost of the changes; Based on interview and record review, the establishment failed to provide interventions as specified in the Service Plan for one of four residents (R2) reviewed for falls in the sample of nine that caused severe harm to a resident and creates a substantial probability of severe harm to a resident or residents. Findings include: The establishment's Fall Risk Management Policy (revised 10/26/23) documents the following: "The Wellness Director or designee should ensure staff members are trained on what can be done to prevent falls and identify fall risks." R2's current Service Plan documents R2's mobility and transfer status as follows: "R2 requires extensive hands-on assistance from care staff members to provide steady physical support throughout ambulation; R2 requires extensive hands-on assistance from staff members to provide support throughout transfers." R2's Fall Investigation (dated 11/11/25) documents the following regarding R2's 11/09/25 fall: "(R2) was getting off the (establishment's transport) bus at (local convention complex building) for the circus outing. (E8, Resident Aide) was getting (R2's) wheelchair (from the back of the bus) to have (R2) move to the wheelchair and (R2) was (standing) on the ground holding onto the (bus) doors and the wind blew. (R2) let go (of the bus doors) because she was cold, lost her balance and fell backwards onto the concrete.	A6000		

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A6000	Continued From page 5	A6000		

(E9, Activity Director) called 911, and (E10, Licensed Practical Nurse) gave EMS (Emergency Medical Services) what information (E10) could with being off-site with no paperwork. (E11, Resident Care Coordinator) was on call and called (R2's) family to make them aware and (R2) was transported to (local hospital)." This same investigation documents R2 sustained a laceration to the back of her head during her fall on 11/09/25, and R2 had a staple placed at a local hospital to repair her scalp laceration.

On 01/27/26 at 03:10 PM, E8 (Resident Aide) stated she witnessed R2 fall on 11/09/25 after R2 was left standing unassisted outside of the establishment's transport bus during an outing. E8 stated, "I was getting (R2's) wheelchair out of the back of the bus and she was standing outside of the bus holding onto the door. She let go of the door when the wind blew, and I watched her fall. She struck the back of her head, and it was bleeding. 911 was called, and EMS (Emergency Medical Services) responded and took (R2) to (local hospital)." E8 then stated, "We received training after (R2's) fall occurred. (R2) was not wearing a gait belt when she fell (on 11/09/25). We didn't have a gait belt on the bus to use, but we do now."

R2's (local hospital) After Visit Summary (dated 11/09/25) documents the following: "You had a small laceration to your occipital scalp that was repaired with a single staple. This will need removed in 5-7 days."

On 01/27/26 at 03:15 PM, E1 (Executive Director) stated R2 requires hands-on staff assistance with transfers and ambulation. E1 then verified R2 was not provided with the current level of staff assistance documented in her Service Plan at the

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A6000	Continued From page 6 time of R2's fall on 11/09/25.	A6000		