STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5105595	A. BUILDING: _____ B. WING _____	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTIS VILLAGE OF PEORIA	8201 N IL STATE ROUTE 91 PEORIA, IL 61615

(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	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. Violation Based on interview and record review, the establishment failed to have a Registered Nurse help develop and sign service plans for residents receiving nursing services and/or medication administration for four of seven residents (R1, R2, R6 and R7) reviewed for service plans in a sample of seven. Findings include: R1's current service plan dated 3-21-25 documents R1 lives on the memory care unit, requires assistance with activities of daily living, is receiving hospice services and receives medication administration from establishment	A4010		

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A4010	Continued From page 1 licensed nursing staff. R1's service plan was signed 3-21-25 by R1's family and E3 (Memory Care Director/LPN/Licensed Practical Nurse). R2's current service plan dated 4-21-25 documents R2 resides on the memory care unit, requires assistance with activities of daily living, is receiving hospice services and receives medication administration from establishment licensed nursing staff. R2's service plan was signed 4-21-25 by POA/Power of Attorney and E3 (Memory Care Director/LPN/Licensed Practical Nurse). R6's current service plan dated 4-7-25 documents R6 receives medications by establishment licensed nursing staff. R6's service plan was signed 4-7-25 by his family and E2 (Director of Health and Wellness/LPN/Licensed Practical Nurse).. R7's current service plan dated 12-12-24 documents R7 receives medication administration per establishment licensed nursing staff. R7's 12-12-24 service plan was signed by R7 and E7 (Corporate LPN/Licensed Practical Nurse. On 5-2-25 at 12:10 pm, E1 (Executive Director) verified these four residents do receive medication administration/nursing services and that an RN did not participate in the developement and sign off on their service plans.	A4010		