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 _____	C 01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK BLOOMINGTON FOX CRE	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 Original Complaint Investigation IL199893 entered on 1/29/26 and exited on 1/30/29 Violation cited: 295.4010 d) e) g) 1) 2)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised, if necessary, immediately after a significant change in the residents' physical, cognitive, or functional condition (see Section 295.4000). g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; B) dietary needs, if the establishment provides therapeutic diets; and C) special accommodations for the resident;	A4010		

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A4010	Continued From page 1 2) The amount, type, and frequency of health-related services needed by the resident; Violation Type 2 Based on observation, interview, and record review the establishment failed to ensure Service Plans were reviewed and revised to include behavior interventions for two (R1 and R3) and fall interventions for two (R1 and R2) of three residents reviewed for Service Plans in the sample of four. The establishments Service Plan policy and procedures dated 11/2/23 documents the resident Service Plans will address "Assistance with activities of daily living" and "Special accommodations for the residents." The service plans: Will be reviewed annually and as resident condition, preferences or service needs change; Serve as delivery of care contract; and shall be reviewed and revised, if necessary, after a significant change in the resident's physical, cognitive, or functional condition. 1. Progress Notes for R1 dated 12/4/25 through 1/29/26 document R1 with behaviors of yelling and cursing out, name calling, pushing tables, standing up without assistance, refusing cares, periods of one-to-one monitoring, impulsive behaviors, kicking, looking for (R4) spouse and verbally aggressive when he can't find her. The Incident Reports for R1 dated 12/7/25, 12/17/25, 12/23/25, 12/28/25, 1/26/26, 1/27/26, and 1/28/26 document R1 had witnessed and unwitnessed falls. These Reports do not include fall interventions to prevent recurrent falls.	A4010		

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A4010	Continued From page 2 The current Service Plan for R1 does not include R1's recent falls, fall interventions, or bed and chair alarms. This same Service Plan does not document R1's behaviors or behavior interventions. On 1/30/26 at 3:00 pm, E2 HWD (Health and Wellness Director) confirmed R1's current Service Plan does not include resident centered fall and behavior interventions. 2. Progress Notes for R2 dated 1/4/26 documents R2's spouse reported R2 had fallen in his apartment. This fall resulted in a large hematoma to R2's right lower leg with small laceration and R2 complained of back pain. The Incident Report for R2 dated 1/4/26 documents R2 had a fall reporting he rolled out of bed and hit his head on furniture. This fall resulted in bruising, blood clot, and laceration to R2's right lower leg and back pain. This Report does not address R2's fall on 1/4/26 or list any fall interventions. The current Service Plan for R2 does not address R2's 1/4/26 fall or list fall interventions to prevent recurrent falls. On 1/30/26 at 3:05 pm, E2 HWD confirmed R2's current Service Plan does not include R2's fall on 1/4/26 or list fall interventions. 3. Progress Notes for R3 dated 11/23/25 through 1/28/26 document R3 refusing baths, showers, toileting, emptying of urinary catheter bag, clothing changes, meals, going to bed at night, labs, urine culture, and medications. R3 also with episodes of being verbally hostile, yelling out, pushing, and attempting to hit staff, and removing his wandering device.	A4010		

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A4010	Continued From page 3 The current Service Plan for R3 does not document R3's behaviors or interventions to deter behaviors. On 1/30/26 at 3:07 pm E2 HWD confirmed R3's current Service Plan does not include R3's behaviors or interventions.	A4010		