STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510549	A. BUILDING: _____ B. WING _____	02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK STREATOR	2002 EAST MAIN ST STREATOR, IL 61364

(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 Violations cited. 295.3030c)	A 000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 2 Violation Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees c) The initial health evaluation shall include the employee's immunization status. Based on interview and record review the establishment failed to ensure employee immunizations are a part of the pre-employment health evaluations for three (E3, E5, and E6) of five employees reviewed for health evaluations. This creates a substantial probability of harm to a resident or residents. Findings include: E3 Licensed Practical Nurse/LPN's personnel file contains an initial health evaluation that does not include E3's immunization status. E5 Caregiver's personnel file contains an initial health evaluation that does not include E5's immunization status. E6 Dietary Aide's personnel file contains an initial health evaluation that does not include E6's immunization status.	A3030		

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A3030	Continued From page 1 On 2/3/26, at 3:35pm, E1 Executive Director confirmed E3, E5, and E6's health evaluations do not include their immunization status.	A3030		