STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510133	A. BUILDING: _____ B. WING _____	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS AT GLAVA	1000 COURTYARD ESTATES GALVA, IL 61434

(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 Change of Owner Survey. 295.3000 b) 295.3030 a)	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Section 295.3000 Personnel Requirements, Qualifications and Training b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR. VIOLATION Based on record review and interviews, the establishment failed to have at least one direct care staff person, who is CPR certified, on duty at all times. This failure has the probability to affect all 17 residents residing in the establishment. (R1 through R17) Findings include: E4's (CNA) employee file notes that she was not CPR certified until 5/8/25. On 5/8/25 at 11:25 A.M., E1 (Director of Clinical Operations) verified that E4 just acquired her CPR certification on 5/8/25. E1 stated that E1	A3000		

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A3000	Continued From page 1 works third shift and during third shift there is only one staff person in the building. Establishment employee schedules from January 1, 2025 through May 7, 2025, noted that E4 worked alone on third shift (10 P.M. until 6 A.M.) 63 time. This left the establishment without a staff person certified in CPR those 63 nights. Establishment employee schedules from January 1, 2025 through	A3000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors. VIOLATION Based on record review and interviews, the establishment failed to have initial health evaluations for three of four sampled direct care and food service employees. (E2, E3, E4) Findings include: Establishment employee roster notes that E2 (Dietary Manager), E3 (LPN), and E4 (CNA) all	A3030		

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A3030	Continued From page 2 had hire dates of 11/1/24. Review of E2, E3, and E4's employee files notes that no initial health evaluation had been conducted on these three employees. On 5/8/25 at 11:25 A.M., E1 (Director of Clinical Operations) confirmed that the establishment failed to have initial health evaluations done on E2, E3, and E4 as required.	A3030		