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 _____	C 02/19/2026

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 Facility Reported Incident IL200232. Violations cited: 295.4060 b) c) h) 6) and 295.6000 a) 13)	A 000		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: TYPE 1 VIOLATION Section 295.4060 Alzheimer's and Dementia Programs b) No person shall be admitted or retained in an assisted living or shared housing establishment if the establishment cannot provide or secure appropriate care, if the resident requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 150(b) of the Act) c) No persons shall be accepted for residency or remain in residence if the person's mental or physical condition has so deteriorated to render residency in such a program to be detrimental to the health, welfare or safety of the person or of other residents of the establishment. The assessment must be approved by the resident's physician and shall occur prior to acceptance for residency, annually, and at such time that a change in the resident's condition is identified by a family member, staff of the establishment, or the resident's physician. (Section 150(c) of the	A4060		

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 _____	C 02/19/2026

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
A4060	Continued From page 1 Act) h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times; Based on record review and interview, the establishment failed to assess one (R1) of three residents of a dementia program to ensure that residency requirements were met and failed to monitor and prevent two of two sampled memory care residents (R1 and R2) from engaging in inappropriate sexual conduct. This failure resulted in R1's inappropriate sexual behavior and R2 being the victim of sexual abuse by R1. These failures create a substantial probability of severe harm to a resident or residents. Findings include: R1's and R2's current service plans note that both residents reside on the memory care unit and have Diagnosis of Alzheimer's Disease. Both service plans note the potential for R1 and R2 to exhibit "Hypersexual" behaviors. R1 and R2 have resided at the facility since 2023. Establishment Incident Report dated 2/11/26 reads, "Staff member (E3 Nurse) entered male's	A4060		

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 _____	C 02/19/2026

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
A4060	Continued From page 2	A4060		

room (R2), staff (E3) observed female resident (R1) on top of male resident (R3), with a sheet covering the lower half of their bodies. Female resident (R1) grinding up and down on male's (R2) genital area. It is unclear if penetration occurred as the sheet was blocking full view. Staff member (E3) announced presence in room, female resident (R1) rolled off male resident (R2) and covered self with a sheet. Female resident (R1) had underwear on as it was observed he (R2) was covered with a sheet. Male's (R2) pants were noted on the floor. Other staff called to apartment. Staff members assisted female resident (R1) to get dressed and promptly directed resident to the dining room for breakfast. Male resident (R2) dressed self and went to the dining room for breakfast. WD (E2 Wellness Director) and nurse completed full body assessments on both male (R2) and female (R1) residents. No injuries noted. Both male and female's POA were notified. Both declined STI testing. Both PCP's were notified."

On 2/18/26 at 11:39 A.M., E3 (Nurse) stated that she was working as a caregiver on 2/11/26 because they were short staffed. E3 stated that at around 8:00 A.M., she noticed that R1 and R2 were not at their tables for breakfast. E3 stated she first went to R1's room but R1 was not there. E3 stated she then went to R2's room to check for R2. E3 stated that when she entered R2's room, E3 observed R1 on top of R2 in bed with a sheet covering both of their lower halves. R1 appeared to be "grinding" up and down on his genital area. E3 stated that she could not tell if there had been any penetration. E3 stated that when she announced her presence, R1 rolled off of R2 and covered herself with the sheet. E3 stated that she then called for additional staff to assist with the situation. E3 stated that nothing to

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 _____	C 02/19/2026

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
A4060	Continued From page 3 this extent had happened prior to this that she knows of. E3 stated that R1 has been known to be very hypersexual since she has been at the facility and that staff often need to separate her from other male residents. On 2/19/26 at 9:40 A.M., E6 (C.N.A.) stated that she came into R2's room after E3 had called for additional assistance. E6 stated that she assisted R1 with getting dressed. E6 stated that all R1 was wearing, was an underbrief and that R2 was completely naked. E6 stated staff have been aware that R1 has been hypersexual for a long time. E6 stated that staff are always separating R1 from males and from inappropriate behaviors. On 2/18/26 at 10:40 A.M., E2 (Wellness Director) stated that on 2/11/26 a little after 8:00 A.M. she was called down to R2's room due to this incident. E2 stated that she did not witness the incident but she assessed both residents for injuries, called the resident's POAs, called their physicians and notified (local State Agency). E2 stated that R2's wife resides in a long term care facility and was very upset when notified of this occurrence.	A4060		
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	A6000		

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 _____	C 02/19/2026

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
A6000	Continued From page 4 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: 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; Based on interview and record review the establishment failed to ensure a resident was free from resident to resident sexual abuse for one of two sampled residents (R2) for abuse. This failure resulted in R1's inappropriate sexual behavior and R2 being the victim of sexual abuse by R1. This failure creates a substantial probability of severe harm to a resident or residents. Findings include: R1's and R2's current service plans note that both residents reside on the memory care unit and have Diagnosis of Alzheimer's Disease. Both service plans note the potential for R1 and R2 to exhibit "Hypersexual" behaviors. R1 and R2 have resided at the facility since 2023. Establishment Incident Report dated 2/11/26 reads, "Staff member (E3 Nurse) entered male's room (R2), staff (E3) observed female resident (R1) on top of male resident (R2), with a sheet covering the lower half of their bodies. Female resident (R1) grinding up and down on male's (R2) genital area. It is unclear if penetration occurred as the sheet was blocking full view. Staff member (E3) announced presence in room, female resident (R1) rolled off male resident (R2) and covered self with a sheet. Female resident (R1) had underwear on as it was observed he (R2) was covered with a sheet. Male's (R2) pants	A6000		

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 _____	C 02/19/2026

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
A6000	Continued From page 5	A6000		

were noted on the floor. Other staff called to apartment. Staff members assisted female resident (R1) to get dressed and promptly directed resident to the dining room for breakfast. Male resident (R2) dressed self and went to the dining room for breakfast. WD (E2 Wellness Director) and nurse completed full body assessments on both male (R2) and female (R1) residents. No injuries noted. Both male and female's POA were notified. Both declined STI testing. Both PCPs were notified."

On 2/18/26 at 11:39 A.M., E3 (Nurse) stated that she was working as a caregiver on 2/11/26 because they were short staffed. E3 stated that at around 8:00 A.M., she noticed that R1 and R2 were not at their tables for breakfast. E3 stated she first went to R1's room but R1 was not there. E3 stated she then went to R2's room to check for R2. E3 stated that when she entered R2's room, E3 observed R1 on top of R2 in bed with a sheet covering both of their lower halves. R1 appeared to be "grinding" up and down on his genital area. E3 stated that she could not tell if there had been any penetration. E3 stated that when she announced her presence, R1 rolled off of R2 and covered herself with the sheet. E3 stated that she then called for additional staff to assist with the situation. E3 stated that nothing to this extent had happened prior to this that she knows of. E3 stated that R1 has been known to be very hypersexual since she has been at the facility and that staff often need to separate her from other male residents.

On 2/19/26 at 9:40 A.M., E6 (C.N.A.) stated that she came into R2's room after E3 had called for additional assistance. E6 stated that she assisted R1 with getting dressed. E6 stated that all R1 was wearing, was an underbrief and that R2 was

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 _____	C 02/19/2026

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
A6000	Continued From page 6 completely naked. E6 stated staff have been aware that R1 has been hypersexual for a long time. E6 stated that staff are always separating R1 from males and from inappropriate behaviors. On 2/18/26 at 10:40 A.M., E2 (Wellness Director) stated that on 2/11/26 a little after 8:00 A.M. she was called down to R2's room due to this incident. E2 stated that she did not witness the incident but she assessed both residents for injuries, called the resident's POAs, called their physicians and notified (local State Agency). E2 stated that R2's wife resides in a long term care facility and was very upset when notified of this occurrence.	A6000		