STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510552	A. BUILDING: _____ B. WING _____	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK EAST PEORIA	1000 CENTENNIAL DRIVE EAST PEORIA, IL 61611

(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 a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the 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. 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 resident's physical, cognitive, or functional condition (see Section 295.4000). g) Service plans shall address: 1) The level of service the resident is receiving, including:	A4010		

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A4010	Continued From page 1 A) assistance with activities of daily living; C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; h) The service plan shall include all support services provided or arranged for by the establishment. Violation Based on interview and record review, the establishment failed to include and update all services received by three (R1, R2 and R4) residents and failed to have a Registered Nurse help develop and sign the service plan for a resident (R1) receiving nursing services/medication administration, for seven residents reviewed for service plans in a sample of seven. Findings include: 1. R1's 2-4-25 admission progress note documents R1 has a urinary catheter for urinary retention. R1's 2-14-25 progress note documents R1 was sent to the hospital to have her leaking urinary catheter replaced. R1's 4-24-25 progress notes documents R1 was found to have a urinary tract infection and an antiobiotic was started. On review date 5-14-25, R1's 2-3-25 service plan did not include R1 having a urinary catheter. R1's service plan does not contain a Registered Nurse's signature documenting he/she participated in the development of R1's service plan.	A4010		

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A4010	Continued From page 2 2. R2's physician orders document R2 was started on hospice services on 2-13-25. On review date 5-14-25, R2's current service plan dated 3-24-25 does not have that R2 is receiving hospice services. 3. R4's physician order dated 3-12-25 documents R2 get continous oxygen at 2L (liters) for rest/sleeping and 3L with activity R4's current service plan dated 7-4-24 contains no information about R4 receiving oxygen therapy. On 5-16-25 at 1:15 pm, E1 (Executive Director) verified the R1, R2 and R4's service plans do not contain the above information.	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Section 295.4060 Alzheimer's and Dementia Programs i) Training requirements for individuals working in a special program: 2) Staff training: B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover: i) encouraging independence in and providing assistance with the activities of daily living; ii) emergency and evacuation procedures specific to the dementia population;	A4060		

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A4060	Continued From page 3 iii) techniques for creating an environment that minimizes challenging behaviors; iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and v) techniques for successful communication. Violation Based on interview and record review, the establishment failed to provide documentation that staff completed the required 16 hours of on the job supervision and training for two of two (E3 and E5) new employess reviewed for orientation. This could affect all 18 residents currently residing in the Memory Care Unit. Findings include: E3's (RA/Residents Assistant) personnel file documents she started at the establishment on 2-19-25. E3's file did not contain documentation she had completed the required 16 hours of on the job supervision and training for the memory care unit. E5's (CNA/Certified Nursing Assistant) personnel file documents she started at the establishment on 2-4-25. E5's file did not contain documentation she had completed the required 16 hours of on the job supervision and training for the memeory care unit. On 5-16-25 at 1:40 pm, E1 (Executive Director) verified both E3 and E5 work on the memory care unit at least part of the time. E1 stated she looked and can not find any documentation of E3 and E5's 16 hour on the job supervision and training.	A4060		