STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510470	A. BUILDING: _____ B. WING _____	C 03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK CHARLESTON	738 18TH STREET CHARLESTON, IL 61920

(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 Complaint Investigation IL200648 Violations 295.2000 e) 295.6000 a) 1)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Type 1 Violation (Repeat) Section 295.2000 Residency Requirements e) Residency shall be terminated in accordance with Section 295.2010 when services available to the resident in the establishment are no longer adequate to meet the needs of the resident. This provision shall not be interpreted as limiting the authority of the Department to require the residency termination of individuals. (Section 75(e) of the Act) Based on observation, interview, and record review the establishment failed to ensure that residency requirements were met for one (R1) of three residents reviewed for residency requirements creating a substantial probability of severe harm to R1. Findings include: On 3/16/26 at 10:00AM, R1 was sitting in his apartment on his couch. The apartment smelled very strongly of urine including R1's furniture and his person. R1 stated that he did not think that he should have to leave the establishment because	A2000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510470	A. BUILDING: _____ B. WING _____	C 03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK CHARLESTON	738 18TH STREET CHARLESTON, IL 61920

(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
A2000	Continued From page 1	A2000		

he was a veteran and had a history of prostate cancer. Additionally, R1 stated that he grew up on a farm and that the smell of urine does not bother him and that it shouldn't bother others. "I change my pants when I need to, no one needs to help me. I just need help with bathing, changing my clothes and my medicine. My couch doesn't smell, so I'm not changing it."

On 3/16/26 at 8:30AM, E1 Executive Director stated that they provided R1 a 30 day discharge and that R1 is very upset. Stated that (R1) says that he will change his briefs, but then he doesn't. Stated that R1 refuses to change his furniture and states that R1 is just angry that he should have to leave. "Other residents continue to complain about his room smell from outside the door and his personal smell at meals. He just won't change."

On 3/16/26 at 10:45AM, E3 Caregiver stated that no other resident in the establishment smells of urine like R1.

On 3/16/26 at 10:50AM, E7 Caregiver stated that no other resident in the establishment smells of urine like R1.

On 3/16/26 at 11:45AM, E6 Licensed Practical Nurse stated that R1 is the only resident who smells like urine so profoundly in the establishment.

On 3/16/26 at 11:50AM, E5 Caregiver stated that there are no other residents that smell of urine or act like R1. "His behaviors and his urine odors are not ok for an assisted living."

R1's cognitive assessment dated 12/18/24 documents R1 as cognitively intact.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510470	A. BUILDING: _____ B. WING _____	C 03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK CHARLESTON	738 18TH STREET CHARLESTON, IL 61920

(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
A2000	Continued From page 2 R1's service plan dated 12/20/24 document a diagnoses list that includes: mobility issues from right knee replacement, a history of prostate cancer with prostatectomy, muscle weakness, abnormalities of gait, and arthritis. R1's progress notes dated 12/27/25 document R1 picking at sores on neck. R1's progress notes dated 1/21/26 document R1 being inappropriate with staff, and being asked to stop this behavior. R1's progress notes dated 3/11/26 document R1 yelling and agitated in the dining room wanting control of his medications so that he can have testosterone when he wants it. R1 then was asked to stop picking and flicking his facial skin at the dining room table, due to complaints by other residents. R1's progress notes dated 3/12/26 document R1 licked a night caregiver's ear and then made sexual advances toward her including "I would like to feed off your breasts." A review of R1's progress notes from 1/1/26 to present document R1 ordering testosterone over the counter, even though his physician will not write an order for it and does not want him to have it. On 3/16/26 at 1:00PM, R2 was sitting in her resident apartment in a recliner. R2 appears clean, dry, odorless, and well spoken. R2 stated that R1 makes her so angry that she has threatened to hit him if his facial skin lands in her food. "I don't know how many times I have told R1 that if he didn't quit picking his face at the	A2000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510470	A. BUILDING: _____ B. WING _____	C 03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK CHARLESTON	738 18TH STREET CHARLESTON, IL 61920

(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
A2000	Continued From page 3	A2000		

table I would whack him! It is so disgusting. He picks and picks until his shirt is full of skin and then shakes it off onto the table and floor. Between the picking and his odor, well I just try not to take deep breaths."

On 3/16/26 at 1:30PM, R3 was sitting in her resident apartment next to her sleeping husband, both in their recliners. R3 stated, "We are very bothered by R1. That is why we moved tables. His skin picking and odor, along with his rudeness to staff and everyone else was just more than we could take.

The establishment's annual licensure dated 12/4/25 identified that R1, while cognitively intact, repeatedly refused to maintain a clean and homelike environment required to maintain health and safety resulting in R1 no longer meeting the residency requirements for assisted living. The annual licensure findings were disputed by the establishment and the state agency responded to the appeal on 1/5/26 notifying the establishment that the findings were being upheld by the state agency and the establishment was required to send a statement of correction. No response was received. On 3/16/26 at 10:00AM, E1 Executive Director stated that she did not see the email containing the dispute denial until 2/23/26 and then had to wait until she and E8 Regional Nurse could get together to formulate a response. Per the state agency tracking data, the email dated 1/5/26 was opened on the same day by the establishment. On 3/16/26 at 10:30AM, E8 Regional Nurse stated that the establishment did not act between January 4, 2026 and March 12, 2026 because they were waiting for the appeal, the same appeal that had been delivered on 1/5/26.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510470	A. BUILDING: _____ B. WING _____	C 03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK CHARLESTON	738 18TH STREET CHARLESTON, IL 61920

(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
A2000	Continued From page 4 The establishment provided 30-day discharge for R1 dated 3/12/26, documents a 66 day delay in providing a 30 day discharge notice for R1.	A2000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 2 Violation (Repeat) 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 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: 1) The right to live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice and to be treated with consideration and respect; Based on interview and record review the establishment failed to ensure dignity and resident rights were met for three (R1, R2, R3) of three residents reviewed for resident rights. This failure creates a substantial probability of harm to a resident or residents. Findings include: 1.) On 3/16/26 at 10:00AM R1 was sitting in his apartment on his couch. The apartment smelled very strongly of urine including R1's furniture and	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510470	A. BUILDING: _____ B. WING _____	C 03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK CHARLESTON	738 18TH STREET CHARLESTON, IL 61920

(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		

his person. R1 stated that he did not think that he should have to leave the establishment because he was a veteran and had a history of prostate cancer. Additionally, R1 stated that he grew up on a farm and that the smell of urine does not bother him and that it shouldn't bother others. "I change my pants when I need to, no one needs to help me. I just need help with bathing, changing my clothes and my medicine. My couch doesn't smell, so I'm not changing it."

On 3/16/26 at 8:30AM, E1 Executive Director stated that they provided R1 a 30 day discharge and that R1 is very upset. Stated that (R1) says that he will change his briefs, but then he doesn't. Stated that R1 refuses to change his furniture and states that R1 is just angry that he should have to leave. "Other residents continue to complain about his room smell from outside the door and his personal smell at meals. He just won't change."

On 3/16/26 at 10:45AM E3 Caregiver stated that no other resident in the establishment smells of urine like R1.

On 3/16/26 at 10:50AM E7 Caregiver stated that no other resident in the establishment smells of urine like R1.

On 3/16/26 at 11:45AM E6 Licensed Practical Nurse stated that R1 is the only resident who smells like urine so profoundly in the establishment.

On 3/16/26 at 11:50AM E5 Caregiver stated that there are no other residents that smell of urine or act like R1. "His behaviors and his urine odors are not ok for an assisted living."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510470	A. BUILDING: _____ B. WING _____	C 03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK CHARLESTON	738 18TH STREET CHARLESTON, IL 61920

(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 R1's cognitive assessment dated 12/18/24 documents R1 as cognitively intact. R1's service plan dated 12/20/24 document a diagnoses list that includes: mobility issues from right knee replacement, a history of prostate cancer with prostatectomy, muscle weakness, abnormalities of gait, and arthritis. R1's progress notes dated 12/27/25 document R1 picking at sores on neck. R1's progress notes dated 1/21/26 document R1 being inappropriate with staff, and being asked to stop this behavior. R1's progress notes dated 3/11/26 document R1 yelling and agitated in the dining room wanting control of his medications so that he can have testosterone when he wants it. R1 then was asked to stop picking and flicking his facial skin at the dining room table, due to complaints by other residents. R1's progress notes dated 3/12/26 document R1 licked a night caregiver's ear and then made sexual advances toward her including "I would like to feed off your breasts." A review of R1's progress notes from 1/1/26 to present document R1 ordering testosterone over the counter, even though his physician will not write an order for it and does not want him to have it. 2.) On 3/16/26 at 1:00PM, R2 was sitting in her resident apartment in a recliner and appears clean, dry, odorless, and well spoken. R2 stated that she sits at R1's dining room table with R1	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510470	A. BUILDING: _____ B. WING _____	C 03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK CHARLESTON	738 18TH STREET CHARLESTON, IL 61920

(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 7	A6000		

because "I am stubborn and I don't want them carrying my food across the dining room. I don't know how many times I have told (R1) that if he didn't quit picking his face at the table I would whack him! It is so disgusting. He picks and picks until his shirt is full of skin and then shakes it off onto the table and floor. Between the picking and his odor, well, I just try not to take deep breaths. Yes, his behaviors are violating my right to a pleasant meal and it has been going on as long as he has been here. He is not social appropriate at all. Then, when he gets up from the meal, either his bare stomach or his buttocks are showing because his clothes don't fit. It is just not pleasant. He needs more help than an assisted living can offer."

R2's cognitive assessment dated 5/9/25 documents R2 as cognitively intact.

3.) On 3/16/26 at 1:30PM, R3 was sitting in her resident apartment in a recliner. R3 was clean, dry, odorless and well spoken. R3 stated, "We are very much bothered by (R1). That is why we moved tables. His skin picking and odor, along with his rudeness to staff and everyone else is just more than we could take. He is upsetting and makes eating unpleasant and even though we've known him for years but he just cannot accept any authority. He tells everyone he is being wronged, but he won't do anything to help himself. He just needs more help than they can provide here. He has definitely infringed on our rights to a pleasant meal time and it isn't right that he is allowed to continue to do this.

R3's physician certification dated 10/31/25 documents R3 as cognitively in tact.

On 3/16/26 at 1:30PM, E1 Executive Director was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510470	A. BUILDING: _____ B. WING _____	C 03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK CHARLESTON	738 18TH STREET CHARLESTON, IL 61920

(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 8 asked why she allowed R1 to violate other resident rights and she stated, "I didn't know that I could do anything about him." Establishment provided documentation dated 1/5/26 documents the state agency upheld the violation of R1 not meeting residency requirements. The establishment did not provide a 30 day notice of discharge for an additional 67 days, until 3/12/26, allowing R1's continued negative behaviors to affect other residents rights including R2 and R3.	A6000		