

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SHF520416	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER VILLAS AT LINCOLN		STREET ADDRESS, CITY, STATE, ZIP CODE 302 S MAIN ST LINCOLN, IL 62656		
(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 Ownership Violations cited. 295.800 d) T3 295.2030 (all) T3 295.3030 a) b) c) T3	A 000		
A2030	Section 295.2030 Establishment Contacts This Regulation is not met as evidenced by: Section 295.2030 Establishment Contracts a) A contract between an establishment and a resident must be entitled "assisted living establishment contract" or "shared housing establishment contract" as applicable, shall be printed in no less than 12 point type, and shall include at least the following elements in the body or through supporting documents or attachments: 1) The name, street address, and mailing address of the establishment; 2) The name and mailing address of the owner or owners of the establishment and, if the owner or owners are not natural persons, the type of business entity of the owner or owners; 3) The name and mailing address of the managing agent of the establishment, whether hired under a management agreement or lease agreement, if the managing agent is different from the owner or owners; 4) The name and address of at least one natural person who is authorized to accept service on behalf of the owners and managing agent; 5) A statement describing the assisted living or shared housing establishment license status of the establishment and the license status of all	A2030		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SHF520416	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER VILLAS AT LINCOLN		STREET ADDRESS, CITY, STATE, ZIP CODE 302 S MAIN ST LINCOLN, IL 62656		
(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
A2030	Continued From page 1 providers of health-related or supportive services to a resident under arrangement with the establishment; 6) The duration of the contract; 7) The base rate to be paid by the resident and a description of the services to be provided as part of this rate; 8) A description of any additional services to be provided for an additional fee by the establishment directly or by a third party provider under arrangement with the establishment; 9) The fee schedules outlining the cost of any additional services; 10) A description of the process through which the contract may be modified, amended, or terminated; 11) A description of the establishment's complaint resolution process available to residents and notice of the availability of the Department on Aging's Senior Helpline and the Long-Term Care Ombudsman Program for assistance with complaint resolution; 12) The name of the resident's designated representative, if any; 13) The resident's obligations in order to maintain residency and receive services, including compliance with all assessments required under Section 15 of the Act; 14) The billing and payment procedures and requirements; 15) A statement affirming the resident's freedom to receive services from service providers with whom the establishment does not have a contractual arrangement, which may also disclaim liability on the part of the establishment for those services; 16) A statement that medical assistance under Article V or Article VI of the Illinois Public Aid Code is not available for payment for services provided in an establishment;	A2030		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SHF520416	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER VILLAS AT LINCOLN		STREET ADDRESS, CITY, STATE, ZIP CODE 302 S MAIN ST LINCOLN, IL 62656		
(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
A2030	Continued From page 2 17) A statement detailing the admission and residency termination criteria and procedures as set forth in the Act and this Part; 18) A statement indicating that the establishment maintains a risk management process; 19) A statement listing the rights specified in Section 95 of the Act and acknowledgment that, by contracting with the assisted living or shared housing establishment, the resident does not forfeit those rights; and 20) A statement provided by the Department detailing the Department's annual on-site review process, including what documents contained in the resident's personal file shall be reviewed by the on-site reviewer. (Section 90 of the Act) b) The establishment contract shall also include: 1) Terms of occupancy, including resident responsibilities and obligations; 2) The amount and purpose of any fee, charge, and deposit, including any fee or charge for any days a resident is absent from the establishment; 3) The establishment's policy for refunding fees, charges, or deposits; 4) The establishment's responsibility to provide at least 30 days written notice before the effective date of any change in a fee or charge. A licensee is not required to provide 30 days written notice of increase to a resident whose service needs change, as documented in the resident's service plan; and 5) The establishment's policy concerning notification of a relative or other individual in an emergency, significant change in the resident's condition, or termination of residency. c) A copy of the establishment contract shall be given to the resident or the resident's representative. d) An establishment contract that has been signed shall be maintained on the premises throughout the resident's residency at the	A2030		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SHF520416	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER VILLAS AT LINCOLN		STREET ADDRESS, CITY, STATE, ZIP CODE 302 S MAIN ST LINCOLN, IL 62656		
(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
A2030	Continued From page 3 establishment. e) Establishment contracts may be automatically renewed from year to year. Any modifications to the contract shall be made in writing and signed by both parties. f) The contract may be terminated immediately at any time upon agreement of the parties. Violation Based on interview and record review, the establishment failed to have signed contracts containing the required information for the eleven residents residing in the establishment. Findings include: R1's record documents he moved into the establishment on 10-13-23. R1's contract with a previous owner is dated 10-13-23. There is no contract for R1 with the new owners/company's information. R2's record documents she moved into the establishment on 12-16-23. R2's contract with a previous owner is dated 12-11-23. There is no contract for R2's with the new owners/company's information. R3's record documents she moved into the establishment on 12-10-24 There is no contract for R3 with the new owners/company's information. On 6-10-25 at 11:45 am E1 (Executive Director) verified the contracts in the resident's records are the current contracts. E1 stated they are honoring the contracts from the previous owner and have not updated/changed anything. E1 verified there are 11 residents in the	A2030		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SHF520416	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER VILLAS AT LINCOLN		STREET ADDRESS, CITY, STATE, ZIP CODE 302 S MAIN ST LINCOLN, IL 62656		
(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
A2030	Continued From page 4 establishment all admitted before the 2-1-25 takeover of the present ownership.	A2030		
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. b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment. c) The initial health evaluation shall include the employee's immunization status. d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign to the employee. Violation Based on interview and record review, the establishment failed to have an initial health evaluation which includes a physical examination for five of five employees (E2, E3, E4, E5 and E6). This could affect all 11 residents residing in the establishment.	A3030		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SHF520416	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER VILLAS AT LINCOLN		STREET ADDRESS, CITY, STATE, ZIP CODE 302 S MAIN ST LINCOLN, IL 62656		
(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
A3030	Continued From page 5 Findings include: The establishment's list of employees with hire dates documents E2 and E6 (CNAs/Certified Nursing Assistant), and E5 (Resident Assistant) were hired on 2-1-25 when the new company took over. E2, E6 and E5's health evaluations were completed in the beginning of May 2025 by the employee and signed by E1 (Executive Director/LPN/Licensed Practical Nurse). The establishment's list of employees with hire dates documents E3 was hired on 4-15-25 and E4 on 4-2-25. Their health evaluations were filled out by the employee and signed by E1. On 6-9-25 at 11:45 am, E1 stated it is company procedure for the initial health evaluations to be completed by the employee and signed by the employee and herself.	A3030		
A800	Section 295.800 Probationary License This Regulation is not met as evidenced by: Violation Section 295.800 Probationary License d) If the Department finds that the establishment does not meet the requirements for licensure but has made substantial progress toward meeting those requirements, the license may be renewed once for a second probationary license for a period not to exceed 120 days from the expiration date of the initial probationary license. (Section 40 of the Act) Establishment did not meet the requirements.	A800		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SHF520416	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER VILLAS AT LINCOLN			STREET ADDRESS, CITY, STATE, ZIP CODE 302 S MAIN ST LINCOLN, IL 62656		
(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	