STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5105595	A. BUILDING: _____ B. WING _____	03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTIS VILLAGE OF PEORIA	8201 N IL STATE ROUTE 91 PEORIA, IL 61615

(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 295.2040c)d)e) 295.4000a)b)c)f)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 Violation Section 295.2040 Disaster Preparedness c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 2) Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility; 3) Evaluate the effectiveness of disaster plans, procedures and training. d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. Based on interview and record review the establishment failed to complete required number of fire drills with evacuation and failed to perform required tornado drills in February. This failure creates a substantial probability of harm or death to a resident or residents. Findings include: The establishments Disaster Drill Report for fire	A2040		

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A2040	Continued From page 1 evacuation document drills were conducted on 5/29/25, 9/22/25, 11/18/25, and 1/29/26. The establishments Disaster Drill Report for tornado drills document a drill was conducted on 3/28/25 at 5:00 am for the memory care unit on third shift and drills were conducted on 7/30/25 at 4:00 pm for the assisted living side and at 4:30 pm for the memory care unit on second shift. On 3/24/26 at 2:30 pm E11 Director of Facility Operations confirmed a fire evacuation drill was not completed in July 2025 and the tornado drills were conducted in March and July of 2025. E11 stated no one told him that the tornado drills were to be done in February for each shift. On 3/24/26 at 2:45 pm E1 ED/Executive Director stated she was unaware of tornado drills having to be done in February and has added the drills to the calendar for February 2027. E1 ED stated the establishment does not have a policy and procedure for the evacuation drills however, they follow the State guidelines.	A2040		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and	A4000		

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A4000	Continued From page 2	A4000		

psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition.
b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician.
c) A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition.

Based on interview and record review the establishment failed to ensure physician assessments were completed and signed by a physician for four (R1, R6, R7, and R9) of 10 residents reviewed for physician certifications in the sample of 10.

Findings include:

The establishments Medical Assessment/Physician Report policy and procedure dated 11/1/24 documents "A medical assessment/physician report is obtained and evaluated prior to move-in and per Illinois regulations updated annually and upon significant changes in condition." "Each resident will have an annual physician's assessment completed per state regulations." "At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition."

1. The Physician's Assessment Form for R1 dated 12/9/25 documents the Significant Change

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A4000	Continued From page 3 in Condition assessment was completed and signed by Z1 PA/Physician Assistant 2. The Physician's Assessment Form for R6 dated 8/8/25 documents the Annual assessment was completed and signed by Z2 APN/Advance Practice Nurse. 3. The Physician's Assessment Form for R7 dated 1/2/26 documents the Significant Change in Condition assessment was completed and signed by Z1 PA. 4. They Physician's Assessment Form for R9 dated 1/27/26 documents the Prior to Admission assessment was completed and signed by Z3 NP/Nurse Practitioner. On 3/24/26 at 2:50 pm E1 ED confirmed R1, R6, R7, and R9 Physician Assessments were not completed or signed by a physician and was not aware that the form had to be completed by an actual physician.	A4000		