STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510403	A. BUILDING: _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER VILLAGE AL	2025 E LINCOLN ST BLOOMINGTON, IL 61701

(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 Original investigation of Complaint 2565263 / IL 194169. 295.4010 g) 1) c)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan g) Service plans shall address: 1) The level of service the resident is receiving, including: C) special accommodations for the resident; VIOLATION Based on record review and interviews, the establishment failed to address specific behaviors with interventions for one of three sampled residents. (R1) Findings include: According to R1's progress notes and current service plan, R1 resides on the Memory Care Unit and was admitted to the establishment on 6/18/24. R1 has Diagnosis including Dementia and Parkinson's Disease. On 6/12/25 at 11:52 A.M., E3 (CNA) stated that R1 exhibits sexual behaviors at times. E3 stated that R1 will masturbate at times out on the unit.	A4010		

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A4010	Continued From page 1 E3 stated that he has done this for a long time. E3 stated that they have been instructed to redirect him into his private room. Review of R1's current service plan dated 5/13/25 fails to address R1's sexual behaviors and fails to provide interventions regarding these behaviors. On 6/12/25 at 12:22 P.M., E2 (Memory Care Coordinator) confirmed that R1's sexual behaviors have not been addressed on his service plans.	A4010		