STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510533	A. BUILDING: _____ B. WING _____	C 06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK DANVILLE	2215 NORTH BOWMAN AVENUE DANVILLE, IL 61832

(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 IL194677 295.2050a)b)c) 295.4000b)	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Violation Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. c) A copy of the report shall be maintained by the establishment for one year after the date of the incident or accident. (Source: Amended at 47 Ill. Reg. 13264, effective August 30, 2023) These requirements were not met as evidence	A2050		

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A2050	Continued From page 1 by: Based on interview and record review the facility failed to report a serious accident for one (R1) of three residents reviewed for accidents that caused harm to a resident or creates a substantial probability of harm to a resident or residents. Findings include: Record Review: R1's progress note document on 5/31/25 at 2:45PM, R1 went outside in her wheelchair and while being propelled, fell out of the wheelchair onto her head. A staff member was pushing the wheelchair at the time and assisted R1 back into the chair. It was noted that R1 had a large knot forming on top right of forehead where she hit the sidewalk. R1's family was contacted and R1 was sent by ambulance to the local hospital. R1's progress note dated 6/1/25, 3:41PM documents a contusion was noted to R1's forehead. R1's progress note dated 6/3/25, 5:25PM documents that R1's right side of face, right eye and right have deep, dark discolorations. On 6/25/25 at 10:00AM, E1 Executive Director provided the establishment's list of reportable events since January 2025. No record of R1's fall with injury dated 5/31/25 was found in the reportable documentation. Interviews: On 6/25/25 at 9:30AM, R1 was sitting in a	A2050		

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A2050	Continued From page 2 transfer wheelchair in her bathroom preparing for lunch. R1 has a bright blue bruise on her right cheek/forehead approximately the size of a tennis ball. R1 stated, "They were having a family fun day outside and I was being pushed on the sidewalk by a staff member and before I knew what happened, I was on the ground. They called the ambulance, and I went to the emergency room. I got this bruise, pointing to her right cheekbone. On 6/25/25 at 12:50PM, E1 Executive Director stated that he did not think that this accident required a report to the state agency because no fracture or stitches were required and he did not complete one.	A2050		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. These requirements were not met as evidence by: Based on interview and record review the facility failed to ensure that two (R2, R3) of three physician assessments were signed by physicians that caused harm to a resident or creates a substantial probability of harm to a resident or residents.	A4000		

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A4000	Continued From page 3 Findings include: Record Review: R2's facility provided physician assessment dated 12/13/24, documents the physician assessment was signed by E6 Advanced Practice Nurse. R3' facility provided physician assessment dated 9/24/24 documents the physician assessment was signed by, E7 Family Nurse Practitioner. Interview: On 6/25/25 at 12:50PM, E1 Executive Director stated that he was not aware of the regulation requiring only a physician signature on all physician assessments. On 6/25/25 at 1:00PM, E4 Regional Nurse stated that the facility was working on auditing all physician assessments to make sure that they were signed by physicians instead of mid-level practitioners.	A4000		