STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5108649	A. BUILDING: _____ B. WING _____	11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELL CARE HOME NFP, INC	100 FAITH DRIVE HIGHLAND, IL 62249

(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/Closure	A 000		
A2020	Section 295.2020 Notice of Closure This Regulation is not met as evidenced by: Violation Section 295.2020 Notice of Closure a) An owner of an establishment shall give 90 days notice prior to voluntarily closing the establishment or prior to closing any part of the establishment if closing the part will require residency termination. The notice shall be given to: 1) The Department Based on observation and record review, the Establishment failed to notify The Illinois Department of Public Health of voluntarily closing. Findings include: On 10/29/2025 The Illinois Department of Public Health Assisted Living staff received Email from Z1/Senior Service that reads: "We have a weird situation at one of our buildings. We believe that Well Care of Highland has closed. Our CO had visited the building the previous month and found that there were only 2 residents in the building and those 2 residents were preparing to move out. During this visit, the CO was told that a new company was buying the building. The CO visited again to find that the foyer was unlocked and she was able to call a phone number and leave a message, but was unable to get into the building. We have gotten no	A2020		

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A2020	Continued From page 1 response from the building and returned today to do another visit only to find that the building was completely locked up, no lights were on, no cars were in the parking lot, and the phone numbers had been removed from the door. The owner of Well Care of Highland is E1 the same person who owned Skilled Nursing Home, which was the nursing home locally that was forced to close in April. The Assisted Living part of this Establishment of Highland was opened, but due to the circumstances at local Skilled Nursing Home the state refused to give a license for the skilled part to open due to pending legal matters. " 1:00PM on 11/3/2025, the Surveyor arrived at the Establishment. The main parking lot empty, the back parking lot has a sister facility transport van, unoccupied. Entered main door that was unlocked to foyer, unable to enter the next set of doors due to being locked. There are no lights on and no persons observed through windows. Attempted to enter another set of doors without success, foyer door open and main doors locked. Called the telephone number listed on sign outside 1-618-651-4060, there was a message to contact however once dialed it went to a busy signal. Attempted to reach last known Executive Director E2 via email, no response. Establishment appears closed. There is no reproducible evidence that the Establishment notified the Illinois Department of Public Health of the closing.	A2020		