STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510395	A. BUILDING: _____ B. WING _____	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF SOUTH PARK	10000 SOUTH MAIN STREET CHATHAM, IL 62629

(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 295.3020 c) 2) 3)	A 000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Type 3 Violation Section 295.3020 Employee Orientation and Ongoing Training c) Each manager and direct care staff member shall complete a minimum of 8 hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include: 2) Disaster procedures; 3) Hygiene and infection control; Based on record review and interview the establishment failed to ensure staff completed the required ongoing training. Findings include: E6's, (Resident Aide,) date of hire is 02-14-2025. E6's online training transcript was reviewed. The transcript did not include training for the past year on disaster procedures or infection control. On 03-09-2026, at approximately 12:45pm, E2, (Business Office Manager,) states that E6 is an	A3020		

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A3020	Continued From page 1 as needed, (PRN,) staff member and that they are always working with E6 to get the required training completed. E2 agrees that E6 does not have all of the required training done.	A3020		