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 _____	C 04/29/2026

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 Facility Reported Incident IL201471 to incident of 4/17/26. 295.6000a)13) 295.6010a)1)2)b)1)3)4)5)6)7)	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; Type 1 Violation Based on observation, interview, and record review the establishment failed to prevent financial exploitation for one resident (R1) of three residents reviewed for abuse in the sample of three. This failure resulted in severe mental anguish and anxiety for R1. This failure creates a substantial probability of severe harm to a resident or residents. Findings include: The establishments undated Abuse, Neglect and Exploitation policy and procedure documents "Resident abuse, neglect, and exploitation are prohibited. The term abuse as used in this policy also includes, but is not limited to, neglect,	A6000		

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 _____	C 04/29/2026

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
A6000	Continued From page 1 abandonment, exploitation, and any other form of abuse. Staff must take seriously any resident comments about potential abuse or unusual physical/mental signs/conditions that may indicate possible abuse. Upon the notice of reported, observed, suspected, or at imminent risk of any form of abuse: a. Immediate steps will be taken to ensure the resident is protected from potential future abuse and neglect while the investigation is conducted. c. A thorough investigation will be conducted by the Director of Health and Wellness or Executive Director. d. The resident is interviewed, and responses documented. e. Witnesses or other persons will be interviewed as part of the investigation process, as necessary. i. Reporting of any suspected, alleged, or witnessed abuse will be completed according to state reporting requirements. The Executive Director will notify the Illinois Department of Public Health Division of Assisted Living within twenty-four (24) hours of notification." The establishments undated Resident Bill of Rights documents Every Resident of the establishment shall have "the right to be free of abuse or neglect or financial exploitation or to refuse to perform labor." 1. On 4/28/26 at 11:00 am, R1 sat in a stationary chair in the dining area with a distressed face and furrowed brow. R1 stated her cell phone (cellular telephone) was stolen sometime after 4/13/26. "Money apps" were added, bank account and card passwords were changed, and her account was used to purchase stuff. R1 stated money was taken from her account but does not yet know how much because the police are still investigating. R1 stated she was told E3 Housekeeper was arrested and would not be returning to establishment. R1 stated she never	A6000		

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 _____	C 04/29/2026

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
A6000	Continued From page 2 thought this would happen to her and has caused "havoc in my life." R1 stated it has caused so much inconvenience for her at the age of 84 having to get a new cell phone, change accounts, change passwords, and not feeling as safe as she used to. On 4/28/26 at 9:19 am, E1 ED/Executive Director stated R1 reported her cellular telephone missing on 4/17/26 and was found on a shelf outside of R1's apartment on 4/18/26. On 4/19/26 E1 ED received a call from V1 Detective that he had video of R1's cell phone being used at a local sports store to attempt a $1,400.00 to $2,500.00 purchase, and an investigation was being conducted. E1 ED stated the police arrived at the establishment on the morning of 4/22/26 and E3 Housekeeper was arrested at the establishment and charged with Burglary, Fraud and Financial Exploitation of Elderly. E3 Housekeeper's employment at the establishment was terminated on 4/23/26. The establishment provided multiple emails dated 4/14/26 through 4/17/26 indicating R1's bank account password was changed, cash money apps were added, and fraudulent activity were occurring. E1 ED provided police case number 2026-21627 for the theft and use of R1's cellular phone. The arrest document from the local county Illinois.arrests.org website documents E3 Housekeeper was arrested on 4/22/26 and charged with Burglary, Financial exploitation of elderly/disabled of $300.00 to $5,000.00, and Possession/Display Fraud ID/Account.	A6000		
A6010	Section 295.6010 Abuse, Neglect, and Financial Exploitation Pr	A6010		

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 _____	C 04/29/2026

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
A6010	Continued From page 3 This Regulation is not met as evidenced by: Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting a) When the establishment has a reasonable belief that a resident has been the victim of abuse, neglect, or financial exploitation, the establishment shall: 1) Notify the Department within 24 hours after receiving the allegation, by contacting the Assisted Living Complaint Registry by telephone, fax, or other electronic means. The establishment shall document this report and maintain documentation on the premises for 12 months after the date of the report. 2) Investigate and develop a written report within 14 days after the initial report. The establishment shall send the written report to the Department within 24 hours after it is completed and shall maintain a copy of the written report on the premises for 12 months after the date of the report. b) A written report of the investigation conducted pursuant to subsection (a)(2) shall contain at least the following: 1) Dates, times, and description of the alleged abuse, neglect or financial exploitation; 2) Description of any injury to the resident; 3) Description of any change in the resident's physical, cognitive, functional, or emotional condition; 4) Any actions taken by the licensee; 5) A list of individuals and agencies interviewed or notified by the establishment; 6) Names of witnesses to the alleged abuse, neglect, or financial exploitation; and 7) If the abuse, neglect, or financial exploitation is substantial, a description of the action to be taken	A6010		

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 _____	C 04/29/2026

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
A6010	Continued From page 4 by the establishment to prevent the abuse, neglect or financial exploitation from occurring in the future. Type 1 Violation Based on observation, interview, and record review the establishment failed to investigate and report allegations of abuse for two residents (R1 and R2) of three residents reviewed for abuse in the sample of three. These failures caused harm to residents or creates a substantial probability of severe harm to a resident or residents. Findings include: The establishments undated Abuse, Neglect and Exploitation policy and procedure documents "Resident abuse, neglect, and exploitation are prohibited. The term abuse as used in this policy also includes, but is not limited to, neglect, abandonment, exploitation, and any other form of abuse. Staff must take seriously any resident comments about potential abuse or unusual physical/mental signs/conditions that may indicate possible abuse. Upon the notice of reported, observed, suspected, or at imminent risk of any form of abuse: a. Immediate steps will be taken to ensure the resident is protected from potential future abuse and neglect while the investigation is conducted. c. A thorough investigation will be conducted by the Director of Health and Wellness or Executive Director. d. The resident is interviewed, and responses documented. e. Witnesses or other persons will be interviewed as part of the investigation process, as necessary. i. Reporting of any suspected, alleged, or witnessed abuse will be completed according to state reporting requirements. The Executive Director will notify the Illinois Department of Public Health	A6010		

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 _____	C 04/29/2026

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
A6010	Continued From page 5 Division of Assisted Living within twenty-four (24) hours of notification." The establishments undated Resident Bill of Rights documents Every Resident of the establishment shall have "the right to be free of abuse or neglect or financial exploitation or to refuse to perform labor." 1. On 4/28/26 at 11:00 am, R1 sat in a stationary chair in the dining area with a distressed face and furrowed brow. R1 stated her cell phone (cellular telephone) was stolen sometime after 4/13/26, used to get into her bank accounts, and she reported it to staff on 4/17/26. R1 stated she never thought this would happen to her and has caused "havoc in my life." R1 stated it has caused so much inconvenience for her at the age of 84 having to get a new cell phone, change accounts, change passwords, and not feeling as safe as she used to. The State Agency Regional Office verified the establishment made their initial report to the State Agency of R1's missing cell phone on 4/20/26 at 7:34 am and the Final Report was sent on 4/23/26 at 10:44 am. The establishments Initial and Final Reports do not include dates and time of alleged abuse, description of R1's emotional condition, names of witnesses or individuals interviewed. The establishment was unable to provide any other documentation as of 4/28/26 at 4:30 pm. The EHR (electronic health record) and paper chart for R1 reviewed with no documentation regarding R1's missing cellular telephone. On 4/28/26 at 9:19 am, E1 ED/Executive Director	A6010		

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 _____	C 04/29/2026

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
A6010	Continued From page 6	A6010		

stated she was notified on 4/17/26 that R1 reported her cellular telephone was missing. E1 ED stated she does not have much for investigation due to the police doing an investigation. E1 ED stated she did not send the initial report to the State Agency until after V1 Detective informed her on 4/20/26 of the video showing E3 Housekeeper using R1's cell phone at the local sports store.

On 4/28/26 at 12:30 pm E1 ED/Executive Director stated there have been no other allegations of abuse in the past three months and is not aware of any other complaints of theft.

On 4/28/26 at 4:30 pm, E1 ED confirmed she does not have any documented staff interviews, resident interviews, or documentation regarding timeline of events for this allegation.

2. On 4/28/26 at 1:38 pm, R2 was sitting outside smoking with V2 (R2's) Family Member. R2 stated about two weeks ago, R2 reported to a caregiver (unknown) that a brand-new carton of cigarettes was missing from her room. V2 stated she put the carton in a mirrored tray in R2's room. V2 stated E1 ED/Executive Director called her about the missing carton of cigarettes and V2 verified the purchase and that they were missing. V2 stated the carton of cigarettes cost $173.00 and they have not heard anything back from anyone at the establishment. V2 stated E1 ED encouraged R2 to keep her door locked when not in room.

On 4/28/26 at 1:55 pm, E1 ED verified knowing that R2 had reported to a caregiver that R2 was missing a brand-new carton of cigarettes. E1 stated a caregiver reported to E1 that R2 had reported the missing carton of cigarettes. E1

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 _____	C 04/29/2026

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
A6010	Continued From page 7 stated she called R2's daughter to follow up. R2's daughter stated that they were missing, and her sister was coming to the facility. E1 stated that she did not follow up anymore regarding the missing carton of cigarettes and verified that she should have. The EHR (electronic health record) does not include any documentation regarding R1 reporting a missing carton of cigarettes from her apartment.	A6010		