STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510478	A. BUILDING: _____ B. WING _____	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK TOWANDA BARNES	1815 N TOWANDA BARNES ROAD 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 Annual Licensure Survey 295.2040d) 295.4010a)1)2)3)c)d) 295.8000a)1) Complaint Investigation of IL202290 - unsubstantiated	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type One Violation Section 295.2040 Disaster Preparedness d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. Based on interview and record review the establishment failed to conduct a tornado drill on each shift in the month of February. This failure has a substantial probability of severe harm to a resident or residents. Findings include: The establishment provided one tornado drill conducted in the month of February dated 2/27/26 at 10:00AM. On 6/16/26 at 10:00AM, E1 Executive Director confirmed that the February 27, 2026 tornado drill was the only drill that the establishment could	A2040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510478	A. BUILDING: _____ B. WING _____	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK TOWANDA BARNES	1815 N TOWANDA BARNES ROAD 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
A2040	Continued From page 1 provide for February 2026.	A2040		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type Two Violation-Repeat Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. d) The service plan, which shall be reviewed annually, or more often as the resident's	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510478	A. BUILDING: _____ B. WING _____	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK TOWANDA BARNES	1815 N TOWANDA BARNES ROAD 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
A4010	Continued From page 2 condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) Based on interview and record review the establishment failed to ensure all required members of the service plan collaborate and sign the service plans annually or more often as needed for four (R1, R6, R7 and R8) of eight residents reviewed for service plans. These failures create a substantial probability of harm to a resident or residents. Findings include: 1) R1's establishment provided service plan dated 4/23/26 documents a change of condition for R1. R1 nor R1's representatives signed or dated this service plan indicating their participation in its development. 2) R6's establishment provided service plan dated 6/1/25 documents no annual assessment of the service plan. 3) R7's establishment provided service plan dated 3/13/26 documents a change of condition for R7. R7 nor R7's representatives signed or dated this service plan indicating their participation in its development. 4) R8's establishment provided service plan dated 7/12/25 documents an annual assessment for R8. R8 nor R8's representatives signed or dated this service plan indicating their participation in its development. On 6/17/26 at 3:00PM, E9 Regional Director of Operations confirmed that no annually reviewed,	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510478	A. BUILDING: _____ B. WING _____	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK TOWANDA BARNES	1815 N TOWANDA BARNES ROAD 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
A4010	Continued From page 3 signed care plans could be provided for R1, R5, R7, or R8. "We don't have them."	A4010		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: Type One Violation Section 295.8000 Food Service a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met: 1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements. Section 750.315 Equipment a) Equipment shall be located and installed in a way that facilitates cleaning the establishment and that prevents food contamination. Based on observation, interview, and record review the establishment failed to ensure the dishwashing sanitizer was working and effectively sanitizing resident dishes. This failure creates a substantial probability of severe harm to a resident or residents. Findings include: On 6/15/26 at 10:45AM, E5 Dietary Manager tested the dishwasher sanitizer and it was not	A8000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510478	A. BUILDING: _____ B. WING _____	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK TOWANDA BARNES	1815 N TOWANDA BARNES ROAD 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
A8000	Continued From page 4 reading as having any sanitizer in the dishwasher water. Multiple attempts were made without success. On 6/15/26 at 12:45PM, E5 Dietary Manager stated that there was a tear in the sanitizer line and that it had to be replaced. On 6/15/26 at 12:46PM, E5 Dietary Manager stated that she could confirm that the last time the sanitizer was correct and used on the dishware and utensils was on Friday, June 12, 2026, when she last tested it. Additionally, E5 confirmed that the reason for sanitizer was to keep residents from getting sick.	A8000		