STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510542	A. BUILDING: _____ B. WING _____	07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS OF HOLLY BROOK BELLEVUE	5301 WEST DIRKSEN PARKWAY PEORIA, IL 61607

(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 295.2040a)c)d)e)h) 295.3030c) 295.4050	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. e) Drills shall include residents, establishment personnel, and other persons in the establishment. h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation.	A2040		

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A2040	Continued From page 1 Based on interview and record review the establishment failed to perform required tornado drills in the month of February, failed to perform fire/evacuation drills in varied locations or on the memory care unit, and failed to complete required documentation for drills conducted. These failures have the potential to affect all 83 residents residing in the establishment and creates a substantial probability of severe harm to a resident or residents. Findings include: 1. The establishments Tornado policy and procedures dated 3/26/2019 documents "The Community shall conduct a tornado drill on each shift during February of each year for staff and residents." This policy documents announce the drill, participants should relocate to a safe area, crouch as low as possible to the floor and cover head with hands. "Once everyone has been accounted for in a designated area, announce that the drill is over." After the drill review for any changes or improvements to procedures. A written evaluation of each drill shall be submitted to the Executive Director and "shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation." "The evaluation shall include the date and time of the drill, name of employees participating in the drill, and identification of any residents who received assistance for evacuation." The establishment was unable to provide documentation of required tornado drills having been completed in the month of February.	A2040		

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A2040	Continued From page 2 On 7/15/26 at 2:30 pm E3 Maintenance Director stated he does not perform a typical tornado drill. (E3) does one-on-one with the staff. (E3) will say to the staff member "Tornado drill, what do you do," have staff tell him what they will do, and have staff sign the in-service form. E3 confirmed no Tornado Drills were conducted in the month of February because he did not know he was supposed to do them in February. 2. The establishments undated "Perform a fire drill" policy and procedure documents "File written documentation in the safety binder: 1. Ask staff for feedback on drill; 2. Note time of drill and staff involved; 3. Not any problems or discrepancies; and 4. List recommendations for future drills and training." The disaster Fire Drill Forms provided are dated 8/31/25 at 3:00 pm, 9/18/25 at 10:30 am, 10/30/25 at 5:30 am, 11/6/25 at 2:30 pm, 12/3/25 at 5:40 am, 1/30/26 at 3:32 pm, 2/20/26 at 4:50 am, 3/5/26 at 9:26 am, 4/10/26 at 5:30 pm, 5/7/26 at 9:20 am, and 6/7/26 at 6:40 am. This form has areas to document the following: "Resident census up to date and attached;" "Residents unable/unwilling to participate, and reasons area attached;" "Employees working/participating in fire drill;" and "List of residents in need of assistance to evacuate are attached." There are no fire drills documented having been conducted on the Memory Care unit. The disaster Fire Drill Forms dated 8/31/25, 9/18/25, 10/30/25, 11/6/25, 12/3/25, 2/20/26, and 6/7/26 are incomplete and do not include staff or resident names who participated, residents who refused, or residents who required assistance.	A2040		

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A2040	Continued From page 3 The disaster Fire Drill Forms dated 1/30/26, 3/5/26, 4/10/26 and 5/7/26 are incomplete and do not include resident names who refused to participate or resident names who required assistance. The disaster Fire Drill Forms dated 10/30/25, 3/5/26, and 5/7/26 are incomplete and do not include total "time it took to evacuate." The disaster Fire Drill Forms dated 9/18/25, 11/6/25, and 1/30/26 document "Fire Panel room" as the location of the fire. Forms dated 3/5/26 and 5/7/26 document "Front" office area as location of fire. Forms dated 2/20/26 and 6/7/26 do not document the location of the fire. The disaster Fire Drill Forms dated 8/31/25, 10/30/25, 11/6/25, 12/3/25, 1/30/26, 2/20/26, 4/10/26, 5/7/26, and 6/7/26 are incomplete without documented staff feedback. On 7/15/26 at 2:35 pm E3 Maintenance Director reviewed Fire Drill Forms with surveyor and confirmed forms are incomplete, without required documentation, and without documentation of staff and residents who participated, residents who refused, and residents who required assistance. E3 stated he does not do fire drills on the Memory Care unit so as not to disrupt the residents. Fire/Evacuation drills are conducted monthly, and he usually uses the front office area and fire panel room as the fire location. The current Resident Roster documents there are 83 residents currently residing in the establishment.	A2040		

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A3030	Continued From page 4	A3030		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 3 Violation Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors. c) The initial health evaluation shall include the employee's immunization status. Based on interview and record review the establishment failed to ensure employee immunizations were a part of the pre-employment health evaluation for six of six employees (E5, E6, E7, E8, E9, and E10) reviewed for health evaluations. Findings include: The establishments' pre-employment health evaluations filed for E5 CG/Caregiver dated 5/18/26, E6 CG dated 6/25/26, E7 CNA/Certified Nursing Assistant dated 2/14/24, E8 RN/Registered Nurse dated 6/14/21, E9 Activity Aide dated 6/12/24, and E10 Housekeeper dated 9/28/23 do not include their immunization status. On 7/15/26 at 11:45 am E2 HWD/Health and Wellness Director confirmed E5 and E6 CG, E7 CNA, E8 RN, E9 Activity Aide, and E10 Housekeeper initial health evaluations do not	A3030		

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A3030	Continued From page 5 address immunization status.	A3030		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Type 2 Violation Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Based on interview and record review the establishment failed to ensure annual tuberculin symptom screenings were completed for four of six employees (E7, E8, R9, and E10) reviewed for tuberculin skin testing. This failure creates a substantial probability of harm to a resident or residents. Findings include: The establishments Communicable Diseases and TB (tuberculin) policy and procedure dated 2/7/2023 documents "All staff members and residents will be screened in an attempt to prevent any spread of communicable diseases." "For staff screening, see subsequent policy." Annually signs/symptoms of TB will be completed. On 7/16/26 at 1:53 pm E1 ED/Executive Director stated the Communicable Diseases and TB policy is used for both Staff and Residents. A two-step	A4050		

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A4050	Continued From page 6 upon hire or move in and then annual TB signs and symptoms every year after. E7 CNA's/Certified Nursing Assistant's employee file documents E7's initial TB screening and two step TB skin test were completed on 2/7/2024 and 2/22/2024. E7's employee file does not contain any annual TB screening being completed since 2024. E8 RN/Registered Nurse's employee file documents E8's initial TB screening and two step TB skin test were completed on 6/15/2020 and 6/30/2020. E8's employe file does not contain any annual TB screening being completed since 2020. E9 Activity Aide's employee file documents E9's initial TB screening and two step TB skin test was completed on 4/1/2024 and 4/11/2024. E9's employee file does not contain any annual TB screening being completed since 2024. E10 Housekeeper's employee file documents E10's initial TB screening and two step TB skin test was completed on 1/10/2024 and 1/17/2024. E10's employee file does not contain any annual TB screening being completed since 2024. On 7/15/26 at 11:47 am E2 HWD/Health and Wellness Director stated the establishment has not been doing employee annual TB screenings.	A4050		