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 _____	C 08/21/2026

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 Facility Reported Incident IL203411 to 7/30/26 incident. 295.3000a) 295.6000a)13)	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 1 Violation Section 295.3000 Personnel Requirements, Qualifications and Training a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act) Based on observation, interview, and record review the establishment failed to use a safe method of transportation to prevent a fall for one (R1) of three residents reviewed for falls in the sample of four. This failure caused harm to a resident and creates a substantial probability of severe harm to a resident or residents. Findings include: The establishments Fall Risk Management policy and procedures dated 10/26/2023 documents "The Executive Director or designee should ensure staff members are trained on what can be done to prevent falls and identify fall risks."	A3000		

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 _____	C 08/21/2026

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
A3000	Continued From page 1 The Incident Report for R1 dated 7/30/26 at 1:00 pm documents R1 had an unwitnessed fall outside in the courtyard and found lying on concrete. E3 LPN/Licensed Practical Nurse assessed R1 and called emergency medical transport to take R1 to the hospital due to R1 hitting (R1's) head and being on blood thinners. R1 refused to go to the hospital after being assessed. E3 LPN assisted R1 up and walked with R1 using (R1's) walker. After a few steps R1 "stopped walking and was spacing out." R1 told E3 LPN she was not feeling well and E3 LPN had R1 sit down on (R1's) walker seat. R1 requested that E3 LPN push (R1) to (R1's) apartment. E3 LPN agreed and began pushing R1 seated on the seat of the walker. "The wheels of the walker hit a groove in the sidewalk, and the walker began to tip backwards with the resident on it. (E3 LPN) grabbed (R1) to prevent (R1) from hitting (R1's) head. (R1) and (E3 LPN) hit the ground." "Previous skin tear on (R1's) left leg had torn open even more." Z1 (R1's) Family Member arrived, assessed and took R1 to a local hospital for evaluation and treatment. On 8/19/26 at 12:30 pm R1 stated she has had a couple of falls outside on the patio. Last fall she was outside for the cookout on the patio, stood up, got dizzy, lost her balance trying to get to her walker and fell on the concrete hitting her head. R1 stated she is on blood thinners but didn't want to go to the hospital and signed a refusal to go. R1 stated (E3 LPN) helped her up to her walker and then (R1) started feeling dizzy and (E3) had (R1) sit on the seat of (R1's) walker. R1 stated she asked (E3) to push her back to her apartment while (R1) was sitting on the seat and then the walker tipped backward, and she fell back onto the concrete and (E3) fell on top of her. E3 stated (Z1) Family Member and PCP/Primary Care	A3000		

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 _____	C 08/21/2026

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
A3000	Continued From page 2	A3000		

Physician came to the facility, assessed her, and took (R1) to the hospital to be checked out. R1 stated after that fall (R1) had facial cancer removed and that same evening (R1) was in the dining room. R1 stated (R1) was too weak to walk and asked an unknown staff member to assist (R1) back to (R1's) apartment. The unknown staff member had R1 sit on the seat of (R1's) walker and pushed R1 back to her apartment without any problems.

On 8/19/26 at 1:00 pm R1's wheeled walker with seat was observed with two manufacturer caution stickers, one to each leg of the walker. The right leg sticker is a photo of a person sitting on the seat of the walker and a person pushing the walker. This photo is circled with a diagonal line through it. Below the photo is the wording "This is a walking aid only and is not to be used as a transportation device." The left leg sticker documents "Warning: do not move (wheeled walker) while seated."

On 8/19/26 at 12:15 pm E3 LPN stated (E3) was called outside to the patio on 7/30/26 due to R1 falling. R1 said she lost her balance and fell, hit (R1's) head on the concrete, and is on a blood thinner. Upon assessment, it was noted that a small skin tear to R1's left palm of hand and R1 complained of head pain so (E3)called emergency services to transport R1 to the hospital but R1 refused to go. R1 said she was ok and was assisted up to (R1's) walker. R1 took a few steps with her walker and then stopped and appeared disoriented so (E3) had R1 turn around and sat on (R1's) walker seat. (R1) stated she was not feeling well and asked (E3) to push her back to her apartment. E3 LPN stated she started pushing R1's walker and (R1's) walker wheels hit a groove in the concrete and started to tip (R1)

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 _____	C 08/21/2026

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
A3000	Continued From page 3 backward. E3 LPN stated (E3) tried to "bear hug" (R1) so R1's head didn't hit the ground and we both fell. (R1's) left shin skin tear reopened larger and was bleeding significantly and had a new skin tear to her right shin. Z1 (R1's) Family Member arrived and took (R1) to the hospital for an evaluation. E3 LPN stated, "At the time I didn't know we weren't supposed to push people in their walkers." E3 stated she was in-serviced that it's not safe to do this. The manufactures (wheeled walker with seat) manual documents under "Important Safety Notice: Do not have anyone push you while you are seated on the (walker). This is a walking aid only and is not to be used as a transportation device." The In-Service Training Log dated 7/31/26 documents training Topic as: "Walker Safety - It is unsafe to push a resident on the 'seat' of a walker. Best Practice." E3 LPN signed the Log indicating she received the education. On 8/20/26 at 9:10 am E2 HWD/Health and Wellness Director confirmed R1's fall on 7/30/26 was due to E3 LPN pushing R1's walker with R1 while R1 was sitting on the seat of the walker. E2 HWD stated E3 LPN was in serviced on best practice for transporting a resident. E2 HWD verified E3 LPN should have used a wheelchair to transport R1.	A3000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 1 Violation-Repeat	A6000		

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 _____	C 08/21/2026

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
A6000	Continued From page 4 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; Based on observation, interview and record review the establishment neglected to safely transport a resident after a fall with injury and experiencing physical distress resulting in a second fall with further injury for one (R1) of three residents reviewed for falls in the sample of four. This failure caused harm to a resident or creates a substantial probability of severe harm to a resident or residents. Findings include: The establishments Resident Rights policy and procedure dated 3/26/2019 documents: "The Community will guarantee the resident his/her rights as mandated by state regulations." "The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor." The manufacture wheeled walker with seat manual documents under "Important Safety Notice: Do not have anyone push you while you are seated on the (walker). This is a walking aid only and is not to be used as a transportation device." The Incident Report for R1 dated 7/30/26 at 1:00 pm documents R1 had an unwitnessed fall	A6000		

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 _____	C 08/21/2026

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
A6000	Continued From page 5 outside in the courtyard and found lying on concrete. E3 LPN/Licensed Practical Nurse assessed R1 and called emergency medical transport to take R1 to the hospital due to R1 hitting (R1's) head and being on blood thinners. R1 refused to go to the hospital after being assessed. E3 LPN assisted R1 up and walked with R1 using (R1's) walker. After a few steps R1 "stopped walking and was spacing out." R1 told E3 LPN she was not feeling well and E3 LPN had R1 sit down on (R1's) walker seat. R1 requested that E3 LPN push (R1) to (R1's) apartment. E3 LPN agreed and began pushing R1 seated on the seat of the walker. "The wheels of the walker hit a groove in the sidewalk, and the walker began to tip backwards with the resident on it. (E3 LPN) grabbed (R1) to prevent (R1) from hitting (R1's) head. (R1) and (E3 LPN) hit the ground." "Previous skin tear on (R1's) left leg had torn open even more." R1's Family Member arrived, assessed and took R1 to a local hospital for evaluation and treatment. On 8/19/26 at 12:30 pm R1 stated she has had a couple of falls outside on the patio. Last fall she was outside for the cookout on the patio, stood up, got dizzy, lost her balance trying to get to her walker and fell on the concrete hitting her head. R1 stated she is on blood thinners but didn't want to go to the hospital and signed a refusal to go. R1 stated (E3 LPN) helped her up to her walker and then (R1) started feeling dizzy and (E3) had (R1) sit on the seat of (R1's) walker. R1 stated she asked (E3) to push her back to her apartment while (R1) was sitting on the seat and then the walker tipped backward, and she fell back onto the concrete and (E3) fell on top of her. E3 stated (Z1) Family Member and PCP/Primary Care Physician came to the facility, assessed her, and took (R1) to the hospital to be checked out. R1	A6000		

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 _____	C 08/21/2026

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
A6000	Continued From page 6	A6000		

stated after that fall (R1) had facial cancer removed and that same evening (R1) was in the dining room. R1 stated (R1) was too weak to walk and asked an unknown staff member to assist (R1) back to (R1's) apartment. The unknown staff member had R1 sit on the seat of (R1's) walker and pushed R1 back to her apartment without any problems.

On 8/19/26 at 1:00 pm R1's wheeled walker with seat was observed with two manufacturer caution stickers, one to each leg of the walker. The right leg sticker is a photo of a person sitting on the seat of the walker and a person pushing the walker. This photo is circled with a diagonal line through it. Below the photo is the wording "This is a walking aid only and is not to be used as a transportation device." The left leg sticker documents "Warning: do not move (wheeled walker) while seated."

On 8/19/26 at 12:15 pm E3 LPN stated (E3) was called outside to the patio on 7/30/26 due to R1 falling. R1 said she lost her balance and fell, hit (R1's) head on the concrete, and is on a blood thinner. Upon assessment, it was noted that a small skin tear to R1's left palm of hand and R1 complained of head pain so (E3)called emergency services to transport R1 to the hospital but R1 refused to go. R1 said she was ok and was assisted up to (R1's) walker. R1 took a few steps with her walker and then stopped and appeared disoriented so (E3) had R1 turn around and sat on (R1's) walker seat. (R1) stated she was not feeling well and asked (E3) to push her back to her apartment. E3 LPN stated she started pushing R1's walker and (R1's) walker wheels hit a groove in the concrete and started to tip (R1) backward. E3 LPN stated (E3) tried to "bear hug" (R1) so R1's head didn't hit the ground and we

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 _____	C 08/21/2026

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
A6000	Continued From page 7 both fell. (R1's) left shin skin tear reopened larger and was bleeding significantly and had a new skin tear to her right shin. (R1's) Family Member arrived and took (R1) to the hospital for an evaluation. E3 LPN stated, "At the time I didn't know we weren't supposed to push people in their walkers." E3 stated she was in-serviced that it's not safe to do this. The In-Service Training Log dated 7/31/26 documents training Topic as: "Walker Safety - It is unsafe to push a resident on the 'seat' of a walker. Best Practice." E3 LPN signed the Log indicating she received the education. On 8/20/26 at 9:10 am E2 HWD/Health and Wellness Director confirmed R1's fall on 7/30/26 was due to E3 LPN pushing R1's walker with R1 while R1 was sitting on the seat of the walker. E2 HWD stated E3 LPN was in serviced on best practice for transporting a resident. E2 HWD verified E3 LPN should have used a wheelchair to transport R1.	A6000		