STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0022780	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD , URBANA, Illinois, 61801

(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) COMPLETION DATE
S0000	Initial Comments Complaint Investigation: 2569891/2639720	S0000		11/24/2025
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b)4)5) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The	S9999		11/25/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0022780	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD , URBANA, Illinois, 61801

(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) COMPLETION DATE
S9999	Continued from page 1 assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to protect one (R7) resident's right to be free from abuse and neglect by staff members (V10, V11) out of five residents reviewed for abuse and neglect in a sample list of eight residents. R7 was not provided basic cares such as repositioning and incontinence care timely. R7 was made to cry, scream and yell out in pain as staff refused to assist and reposition R7 during incontinent cares.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0022780	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD , URBANA, Illinois, 61801

(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) COMPLETION DATE
S9999	Continued from page 2 Findings include: R7's Electronic Medical Record documents medical diagnoses as Gastrointestinal Hemorrhage, Protein-Calorie Malnutrition, Alzheimer's Disease, Dementia, Anxiety, Difficulty in Walking, Need for Assistance with Personal Cares, Cognitive Communication Deficit, Crohn's Disease, Cervical Disc Degeneration, Diverticulitis of Large Intestine, Diabetes Mellitus Type II, Dysphagia, Unsteady on Feet and Repeated Falls. R7's Minimum Data Set (MDS) dated 8/28/25 documents R7 as moderately cognitively impaired. This same MDS documents R7 requires maximum assistance from staff for personal hygiene and is completely dependent on staff for assistance with eating, oral hygiene, toileting, showering, dressing, bed mobility and transfers. R7's Care Plan interventions dated 7/15/25 instructs the staff to anticipate and meet R7's needs and encourage frequent position changes as condition allows. On 10/14/25 at 10:10 AM, V16 (R7's Power of Attorney/POA) stated the facility is 'short-staffed'. V16 stated R7 has to wait 30-60 minutes sometimes for staff to answer the call light. V16 stated R7 has cameras placed in her room that record 24 hours per day. V16 stated the personal cameras are reviewed daily and 'many times' sees that staff do not enter R7's room for multiple hours at a time. V16 stated R7 is incontinent of urine and bowel and needs to be 'at least changed' (provided incontinence care) every two hours. V16 stated on 9/7/25 V10 and V11 Certified Nursing Assistants/CNAs) assisted R7 to R7's bathroom toilet. V16 stated R7 was being transported from her bed to the toilet using a total body mechanical lift using a toilet sling. V16 stated during the transport back from the toilet to the bed, R7 continued to have a bowel movement. V16 stated R7 was not positioned correctly in the sling and was 'screaming in pain'. V16 stated R7's entire buttocks and hips were showing below the sling and both of R7's arms were forced above her head due to R7 was sliding out of her sling. V16 stated R7 was about a foot away from the toilet. V16 stated she yelled at the staff (V10, V11) to assist R7 back on the toilet to readjust R7's sling, reduce R7's pain and allow R7 to finish having her bowel movement. V16 stated V11 (CNA) yelled at V16 to 'get away from us', 'you need to go sit down' and 'we (V10, V11) are not moving (R7) anywhere, we know what we are doing, now go sit down'. V16 stated V11 (CNA) then pushed a small	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0022780	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD , URBANA, Illinois, 61801

(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) COMPLETION DATE
S9999	Continued from page 3 garbage can under R7. V16 stated R7 was forced to have a bowel movement in a garbage can as she was screaming in pain due to poor positioning. V16 stated R7 would think this would be 'absolutely horrid' and be 'humiliating' to have to have a bowel movement in a garbage can. V16 stated R7 would never have a bowel movement in a garbage can and would be 'mortified' at this entire incident. V16 stated R7 was 'hysterical' and 'afraid' during this transfer back to her bed due to R7 was afraid she was going to fall and was in so much pain. V16 stated V10 and V11 CNAs left R7 on her bed without finishing incontinence care or positioning R7 safely in bed. V16 stated "They (V10, V11) just left (R7) there with p*** (expletive) on her. They (V10, V11) walked out of the room and did not come back." V16 stated the facility 'neglected' R7 by not providing perineal and/or incontinence care, not repositioning R7 for extended periods of time and refused to provide pain relief by not transferring R7 as V16 requested the staff to move R7 to a more comfortable position. V16 stated the staff are 'belligerent and confrontational' when V16 asked for assistance. V16 stated V15, V17 (R7's private caregivers) and V16 provide direct cares, repositioning, feeding assistance and administer medications to R7 due to the staff are 'neglectful' by not entering R7's room and force R7's family and caregivers to provide all of the services themselves. V16 stated "We (V15, V16, V17) have to do everything for (R7). We (V15, V16, V17) provide all the cares, we administer all of her medications, we reposition (R7), we feed (R7), we provide oral care, nail care, skin care, etc. for (R7). We have to do everything because the staff neglect (R7) on a daily basis. We turn on the call light and no one comes for hours. We have cameras in (R7's) room that shows NO staff enter for six or eight hours or more. Anything (R7) needs, we (V15, V16, V17) have to go get and bring to (R7's) room. We even have to go get her medications because the nurses won't bring them." V16 stated the facility provided packets and a gallon jug of thickener and a device for V15, V16 and V17 to crush R7's medications. V16 stated the facility allows the staff to neglect R7 by knowing that the staff are not providing R7's cares. V16 stated V16 has had multiple conversations and ongoing electronic mail (E-mail) with V2 (Interim Director of Nursing/DON). V16 stated V16 asked V2 to not have V10 and V11 (CNAs) in R7's room and/or providing any cares for R7 after the 9/7/25 incident. V16 stated both V10 and V11 have provided cares since that date (9/7) and when V2 was informed, V2 responded with '(V10, V11) are not (R7's) primary CNAs so that is okay'. V16 stated she asked if there was someone else to speak to about ongoing care concerns and the staff 'neglecting' R7 and was told by V2 that no one else would be able to do	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0022780	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD , URBANA, Illinois, 61801

(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) COMPLETION DATE
S9999	Continued from page 4 anything. On 10/14/25 at 1:20 PM, V1 (Administrator in Training/AIT) stated she was made aware of R7's family concerns on 9/7/25. V1 stated V2 (Interim DON) informed V1 that V2 is 'taking care of that situation' and nothing else needed to be discussed and/or elevated to a grievance report. V1 stated all allegations of any type of abuse should be reported and investigated. V1 stated R7's allegation was an isolated incident and has not had any other concerns brought forward by other residents or resident representatives. V1 stated the facility did not follow their abuse policy. On 10/14/25 at 2:20 PM, V2 (Interim DON) stated V2 has worked 'closely' with V16 (R7's POA). V2 stated V16 has had multiple concerns about the lack of care for R7. V2 stated all residents should be visualized every two hours. V2 stated R7 should be repositioned and offered incontinence/perineal care at least every two hours. V2 stated V16 (R7's POA) is very involved in R7's care but the facility should be providing the cares, medications, assistance with transfers, etcetera. V2 stated V10 and V11 (CNAs) came to V2 a week after V16 (R7's POA) sent V2 DON an electronic mail (E-mail) on 9/7/25 reporting V16's concerns and asking for V10 and V11 to not care for R7. V2 stated she had already responded to V16 on 9/8/25 but had not spoken with V10 nor V11. V2 stated V10 and V11 came to her stating there was an incident on 9/7 involving R7. V2 stated V10 and V11 stated they knew V16 (R7's POA) would 'tattle' on V10 and V11 and they (V10, V11) were reporting themselves. V2 stated she informed V10 and V11 at that time that neither V10 nor V11 should be R7's primary caregiver but could enter R7's room to provide cares. On 10/14/25 at 3:15 PM, V9 and V11 (Certified Nurse Assistants/CNAs) transferred R7 from her recliner to the toilet and back to R7's recliner using a total body mechanical lift with a toilet sling. On 10/14/25 at 3:50 PM, V11 (CNA) stated V10 and V11 (CNAs) transferred R7 on 9/7/25 from R7's bed to the toilet and back to R7's bed again. V11 stated during the transfer R7 was 'screaming, yelling out and carrying on'. V11 stated she did not think anything of this due to R7 'screams every time we transfer her'. V11 stated R7 was finished using the restroom so V10 and V11 began transferring R7 back to her bed. V11 stated R7 began to slide down in the sling. V11 stated R7 continued having more bowel movement during the transfer. V11 stated "(R7) was s******* (expletive) all	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0022780	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD , URBANA, Illinois, 61801

(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) COMPLETION DATE
S9999	Continued from page 5 over the floor. Some almost got on my shoe! (V16) was screaming at us (V10, V11) to lay (R7) down in bed so she could be more comfortable and finish getting cleaned up in bed. I told (V16) she needed to get out of my face and go sit down. I can't do my job if (V16) is yelling at me. I pushed a trash can under (R7) and let (R7) finish p****** (bowel movement/expletive) into the trash can so it didn't get on my shoe. Once (R7) was done p****** (expletive), we (V10, V11) transferred (R7) back to her bed and left the room. (R7) kept crying and screaming. (V16) kept yelling at us (V10, V11). We had enough of it. I guess (V16) finished getting (R7) cleaned up because we (V10, V11) were done with (V16)." On 10/14/25 at 4:00 PM, V16 (R7's POA) provided camera footage showing on 10/14/25 at 6:01 AM an unknown (CNA) provided perineal care for R7, at 8:00 AM Speech Therapy provided Speech therapy with R7 while R7 was laying in her bed, and there were no other recordings of any staff entering R7's room until 3:10 PM when V9 (CNA) answered R7's call light. Through direct observations, R7 was in her room and staff did not enter R7's room from 10:30 AM-3:10 PM. The facility policy dated February 20, 2025, titled Abuse Prevention and Prohibition documents all residents have the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, neglect, misappropriation of resident property and exploitation, including abuse facilitated or enabled through the use of technology, photographing and recording of residents. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. Residents must not be subjected to abuse by anyone, including, but not limited to facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends or other individuals. Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation. Neglect is the failure to provide goods and services necessary to avoid physical harm, mental anguish, mental illness, or in the deterioration of a resident's physical or mental condition. The facility staff should identify, correct and intervene in situations in which abuse, neglect and/or misappropriation of resident property is more likely to occur.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0022780	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD , URBANA, Illinois, 61801

(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) COMPLETION DATE
S9999	Continued from page 6 "B"	S9999		