

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009583	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER VILLA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 100 STARDUST DRIVE SHERMAN, IL 62684		
(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
S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 3 330.3330a) 330.3330b) Section 330.3330 Fire Protection a) In addition to this Subpart N, the provisions of Fire Prevention and Safety (41 Ill. Adm. Code 100), Office of the State Fire Marshal, shall apply. b) Upon request by the Department, the Division of Fire Prevention of the Office of the State Fire Marshal shall make inspection for fire safety and compliance with these standards. It shall call to the attention of the Department any violations of these standards which pertain to fire protection. The Division of Fire Prevention shall be privileged to make as many subsequent visits as deemed necessary for assurance of compliance. This requirement was NOT by: Based on observation, interview and record review the facility failed to provide safe and effective heating for 6 of 12 residents (R5, R7, R8, R17, R18, R20) reviewed for fire hazards in the sample of 27. Findings include. 1. On 3/17/2026 at 1:03 PM R7's portable heater in living room of apartment temperature from	S9999		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009583	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER VILLA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 100 STARDUST DRIVE SHERMAN, IL 62684		
(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
S9999	Continued From page 1 portable heater 203 degrees Fahrenheit (F). Front of heater hot to touch. 2. On 3/17/2026 at 9:25AM R5 in recliner in room with heater on floor. R5's floor heater checked per infrared thermometer 197 degrees F. Heater hot to touch. 3. On 3/17/2026 at 9:30 am, R8's space heater was on. Using a handheld infrared thermometer, the air temperature was 83 degrees Fahrenheit (F), Heater temp 81F and the heater was cool to touch. R8 was not in her room. 4. On 3/17/2026 at 9:35 AM, R17's space heater was on. Using a handheld infrared thermometer, the air Temperature was 77F, Heater was 90F and it was hot to touch. R17 stated that she was comfortable. 5. On 3/17/2026 at 9:50 AM, R18's space heater was on. Using a handheld infrared thermometer, the air Temperature was 82F, Heater was 216F and it was very hot to touch R18 stated that she was comfortable. 6. On 3/17/2026 at 10:30 AM, R20's space heater was on. Using a handheld infrared thermometer, the air temperature was 80F, Heater was 86F and it was hot to touch. R20 stated that she was comfortable. On 3/17/2026 at 12:10PM V15, corporate vice president stated if residents bring a space heater to the facility the facility, they cannot remove them as it is their right, V15 stated they do not have a policy on space heaters as the facility allows them. V15 stated everyone's preference of temperature is different and the system at the facility does not allow for each person to adjust	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009583	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER VILLA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 100 STARDUST DRIVE SHERMAN, IL 62684		
(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
S9999	Continued From page 2 the temperature in their apartment. On 3/17/2026 1:23PM V1, stated there are 44 portable electric heaters in the building. On 3/18/2026 at 11:10AM V8, Maintenance stated the goal for resident rooms is 75 degrees F. V8 stated the facility should be able to maintain adequate heat without the use of portable heaters. (B) 2 of 3 330.3170a) Section 330.3170 Heating and Cooling Areas of a nursing home used by residents of the nursing home shall be air conditioned and heated by means of operable air-conditioning and heating equipment. The areas subject to this air-conditioning and heating requirement include, without limitation, bedrooms or common areas such as sitting rooms, activity rooms, living rooms, community rooms, and dining rooms. (Section 3-202(8) of the Act) a) The mechanical system shall be capable of maintaining a temperature of at least 75 degrees Fahrenheit, pursuant to the requirements of Section 330.770(j). This requirement was NOT by: Based on observation, interview and record review, the facility failed to maintain room temperatures at 75 degrees Fahrenheit (F), for 5 of 12 (R5, R7, R19, R21, R24) residents reviewed for comfortable environment, in a sample of 27.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009583	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER VILLA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 100 STARDUST DRIVE SHERMAN, IL 62684		
(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
S9999	Continued From page 3 Findings include: 1. On 3/17/2026 at 10:15 AM, R19's space heater was on. Using a handheld infrared thermometer, the air temperature was 66 degrees Fahrenheit (F), Heater was 69F and was cool to touch. R19 stated that she was comfortable. 2.R21's Face sheet documented that she was admitted to the facility on 2/25/22. On 3/17/26 at 11:38 AM, R21's room was cold and at 11:59 AM, with the use of an infrared handheld thermometer, R21's room read to be 65.7 degrees Fahrenheit. 3. On 3/16/2026 at 9:48AM R5 sitting in recliner in his apartment with his feet elevated. R5 stated the only concern he has is the heat is out on his side of the hall. R5 pointed to small electric heater plugged into a wall outlet. R5 stated sometimes the heater is not enough because the air leaks around the windows. R5 stated "I guess they are waiting till spring because the whole thing has to be replaced." 4. On 3/17/2026 at 12:56PM R24 stated "it was cold in here last night. R24 stated I turned heaters on before I went to bed and turned them off when I got up. R24 has a 2-room apartment with a portable heater in each room. Stated both heaters belong to her. The heater in living area of apartment set at a temperature of 64 degrees. Temperature is 65 degrees F per infrared thermometer in living area room. 5. On 3/17/2026 at 1:03 PM R7 stated it is cool in her room. R7's room temperature is 72 degrees F with portable heater running in the room.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009583	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER VILLA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 100 STARDUST DRIVE SHERMAN, IL 62684		
(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
S9999	Continued From page 4 The facility's resident room ambient temps when HVAC fails dated 3/17/2026 documents temp in R24's room at 11:00AM on 3/17/2026 documents Temp 73.5 with heater off. On 3/16/2026at 11:15AM V8, maintenance stated there is a heat exchange valve out. V8 stated it affects the heat in room A, B, C, D, E, F, G, and H. V8 stated has been out for couple days, and outside heating company in last week and part ordered but takes a while. On 3/17/2026 at 1:59PM V16, HVAC technician for Name of Private plumbing and heating company, V16 stated the pressure switches have failed and need to be replaced. V16 stated he had other switches on it now. V16 stated he was at the facility for the same issue with the same furnace in February. On 3/17/2026 at 3:22 PM V1, administrator stated the facility does not have a policy on room temps. V1 administrator stated he follows the administrative code. On 3/18/2026 at 11:10AM V8, Maintenance stated the goal for resident rooms is 75 degrees F. V8 stated the facility should be able to maintain adequate heat without the use of portable heaters. On 3/18/2026 at 11:12 AM, V1, Administrator, stated that he would expect the heat to be maintained between 65F and 75F, but residents may like their rooms cooler. (B) 3 of 3 330.715a)	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009583	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER VILLA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 100 STARDUST DRIVE SHERMAN, IL 62684		
(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
S9999	Continued From page 5 Section 330.715 Request for Resident Criminal History Record Information a) A facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) This Requirement was NOT MET as evidenced by: Based on interview and record review the facility failed to complete a Criminal History Information Response Process (CHIRP) within 24 hours after admission on 4 of 10 residents (R16, R25, R26 and R27) in a sample of 27. Findings include: 1.R27's Facesheet documented he was admitted to the facility on 2/3/26. R27's CHIRP was documented to be completed on 3/3/26. 2.R26's Facesheet documented she was admitted to the facility on 2/2/26. R26's CHIRP was documented to be completed on 3/16/26. 3.R25's Facesheet documented he was admitted to the facility on 3/10/26. R25's CHIRP was documented to be completed on 3/16/26. 4.R16's Facesheet documented she was	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009583	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER VILLA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 100 STARDUST DRIVE SHERMAN, IL 62684		
(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
S9999	Continued From page 6 admitted to the facility on 8/11/25. R16's CHIRP was documented to be completed on 8/19/25. On 3/17/26 at 1:28 PM, V10 (Admission Services Coordinator) stated she completes the resident background searches and V14 (Community Relations Director) completes the sex offender search for her. V14 stated she only completes the sex offender portion then she will provide the results to V10. V10 stated that after a resident is admitted she will notify the corporate department to complete a CHIRP on the resident. V10 stated the CHIRPS are completed after the resident is admitted. V10 stated she completes a form on the day she notifies corporate to complete the CHIRPs and they complete them on that date. On 3/18/26 at 8:59 AM, V1 (Administrator) stated resident background checks are supposed to be done prior to moving in or as soon as possible; maybe the day of move in. V1 stated he would expect them to be done before here, if he was completing them because anything could happen, what if it popped up after they were here. V1 stated there was no regulation on a time frame for completing them. The facility's Abuse policy last revised on 1/29/26 documented for screening of residents, the facility will request a Criminal History Background Check within 24 hours after admission of a new resident. (C)	S9999		