STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510062	A. BUILDING: _____ B. WING _____	C 09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEORIA BICKFORD COTTAGE	2000 W WILLOW KNOLLS DR PEORIA, IL 61614

(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 Original investigation of Complaint 2427213 / IL 177759. VIOLATION 295.6000 a) 13)	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: 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; VIOLATION Based on record review and interviews, the establishment neglected to provide incontinent care, repositioning, breakfast, and general cares for an extended period of time for one of three sampled residents. (R1) Findings include: On 9/18/24 at 1:56 P.M., Z1 (R1's Daughter) stated that her mother R1 is on hospice and requires total care by staff. Z1 stated that R1 is basically bed bound and wheelchair bound. Z1 said that the family has a camera in R1's room and they are able to watch the live video or even	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510062	A. BUILDING: _____ B. WING _____	C 09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEORIA BICKFORD COTTAGE	2000 W WILLOW KNOLLS DR PEORIA, IL 61614

(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 1	A6000		

go back and watch days prior. Z1 stated that on the evening of 9/7/24 and the morning of 9/8/24, Z1 happened to look at the camera at approximately 10:30 A.M. and R1 was still in bed. When reviewing the video from the evening before Z1 noted that R1 was assisted to bed at 6:23 P.M. on 9/7/24. Z1 stated that R1 was not checked on again until 1:16 A.M., which was approximately seven hours later. Z1 stated that R1 is supposed to be repositioned and provided incontinent care every two hours due to her history of pressure sores. Z1 stated that staff did not check on R1 again until 4:45 A.M. (3 and 1/2 hours). Z1 stated that R1 then was not checked on or provided cares again until 11:00 A.M. (6 hours) when Z1 arrived at the facility. Z1 stated that they did not even get R1 up for breakfast. Z1 stated that when she arrived at the facility at around 11:00 A.M. on 9/8/24, she confronted E1 (Health and Wellness Director) in regards to R1 still being in bed and lack of care. Z1 stated that E1 told Z1 that she had been at the other building an assumed that E3 (Agency CNA) had gotten R1 up for breakfast. Z1 stated that E3 just said that "She was just Agency and did not have a key to get into R1's room". Z1 stated that E3 and E4 (Agency CNA) got R1 up at this time and R1's incontinent brief was completely saturated with urine.

On 9/19/24 at 10:10 A.M., E1 stated that she was unaware that R1 had not been provided repositioning and incontinent care every two hours on the night of 9/7/24 and morning of 9/8/24. E1 stated that on the morning of 9/8/24 she was working the as the floor nurse. E1 stated that she was getting ready to go over to the assisted living building at around 7:30 A.M. or 8:00 A.M., when E3 had told E1 that she was going to go down to R1's room and get her up. E1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510062	A. BUILDING: _____ B. WING _____	C 09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEORIA BICKFORD COTTAGE	2000 W WILLOW KNOLLS DR PEORIA, IL 61614

(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 2 stated that she didn't realize there was an issue until she returned to the memory care building at around 11:00 A.M., and she was confronted by Z1, asking why her mother (R1) had not been gotten up for breakfast. E1 stated that she asked E3 about it and E3 said that she was just agency and didn't have a key to get into R1's room and that's why she left R1 in bed. E1 stated that she did not believe E3 because she had assisted other residents up that morning, and they required the same key to get in their rooms. E3 stated that she did get R1 a snack since she was not provided breakfast. R1's current Physician's Orders for September reads, "Turn and reposition every two hours to reduce pressure." R1's current service plan notes that R1 is to be repositioned every two hours. Service plan notes that R1 is to be checked and provided incontinent care every two hours also.	A6000		