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A 000	Initial Comment Annual Licensure Survey Violations cited. 295.2000a)c)4) 295.2040a)b)5)c)d) 295.3020c)3)6) 295.3030c)e)1)2) 295.4000a)b) 295.4010g)1)B)2) 295.4050 295.4060h)3) 295.6000a)18)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Type 2 Violation Section 295.2000 Residency Requirements a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act) c) A person shall not be accepted for residency if: 4) The person requires the assistance of more than one paid caregiver at any given time with an activity of daily living;	A2000		

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A2000	Continued From page 1 Based on observation, interview, and record review the establishment failed to ensure only one assist was needed during transfers for one (R2) resident of five residents reviewed for residency requirements in a sample of five. Findings Include: R2's Resident Assessment, dated 6/24/25, documents reason for assessment as "change in condition" and R2 has enhanced needs of two-person assistance when transferring. On 9/11/25, at 11:40pm R2 sat in a wheelchair in his room. R2's lower legs and feet/shoes were very large and appeared heavy. R2 stated that he cannot get in/out of chair/bed by himself and states it takes two staff. On 9/16/25, at 1:35pm, R2 sat in a wheelchair in his room and turned his call device on for assistance. E11 Certified Nursing Assistant/CNA came into R2's room. R2 said he wanted to get up and into his recliner. E11 stated "I got to get help because we need two people to get you up." E11 summoned for assistance via radio then placed a gait belt around R2 and placed his walker in front of his recliner. E4 CNA arrived. E11 held onto R2's gait belt at his backside while E4 stood at the front side with E4's hands on R2's walker. E4 stated this was "to stabilize it." R2 stood up holding onto the walker and awkwardly attempted to pivot his feet with a shuffling gait. R2 was having a difficult time getting his feet and body lined up with the recliner to sit down. Then E11 used the gait belt to turn R2's body as he plopped down into the recliner. On 9/16/25, at 1:51pm, E11 CNA stated "I always	A2000		

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A2000	Continued From page 2 use two (staff) for him because it is safer for him and myself. If he were to fall I cannot catch him." On 9/17/25, at 3:05pm, E3 Health & Wellness Director confirmed that R2 needs two staff assists at times for transfers.	A2000		
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. b) Each establishment shall: 5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative. 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.	A2040		

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A2040	Continued From page 3 A. Based on interview and record review the establishment failed to ensure residents received orientation to the establishments' disaster plan and emergency exits for two (R4 and R5) of five residents reviewed for disaster preparedness in the sample of five. Findings include: The establishments Move-In-Policy dated 5/2014 documents new residents shall be given a "familiarization tour of the establishment. The establishments undated Resident Orientation Checklist documents to "Ensure that the following areas are discussed with the new resident for their safety and comfort." "Explain fire drills, demonstrate emergency procedures, and location of emergency exits." 1. The Face Sheet for R4 documents R4 moved into the establishment on 4/3/24. The Medical Record for R4 does not include documentation of Resident Orientation being completed for R4. 2. The Face Sheet for R5 documents R5 moved into the establishment on 4/29/23. The Medical Record for R4 does not include documentation of Resident Orientation being completed for R4. On 9/17/25 E1 Executive Director and E3 Health Wellness Director confirmed there is no documentation for R4 and R5's orientation and were unable to provide a Resident Orientation Checklist or documentation of orientation being	A2040		

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A2040	Continued From page 4 completed. B. Based on interview and record review the establishment failed to perform and provide documentation that the facility is maintaining the required fire drills and tornado drills for the last 12 months. This failure has the potential to affect all 48 residents residing in the establishment. Findings include: The establishments "Disaster Policy and Procedure" dated 7/2012 documents "4) The Director shall conduct fire drills monthly, on alternating shifts. The fire department should be involved on at least an annual basis. Use the Fire Drill Report in the Emergency Handbook to document each fire drill." "11) The Director shall conduct tornado drills annually during the month of February. Use the Tornado Drill Report in the Emergency Handbook to document each tornado drill." On 9/16/25 at 2:30 pm, E16 Maintenance Director provided Fire Drill Reports dated 9/11/24 at 9:45 am, 11/30/24 at 4:50 pm, 3/13/25 at 10:00 am, 5/15/25 at 9:30 pm, 8/21/25 at 2:30 pm, and 9/12/25 at 2:00 pm. The Fire Drill Reports dated 9/11/24, 3/13/25, and 5/15/25 do not include signatures of staff who participated in the drill and was not signed by the Coordinator of the Drill. On 9/16/25 at 2:35 pm, E16 Maintenance Director stated he started working at the establishment on 7/24/25 and was unable to locate any Tornado Drill Reports in the last 12 months. E16 also confirmed the Fire Drill Reports were not completed per State Regulations of every other	A2040		

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A2040	Continued From page 5 month and should have been. The establishment's Resident Roster, dated 9/15/25, documents 48 residents currently reside in the establishment.	A2040		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Violation Section 295.3020 Employee Orientation and Ongoing Training c) Each manager and direct care staff member shall complete a minimum of 8 hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include: 3) Hygiene and infection control; 6) Assisting residents with activities of daily living. Based on interview and record review the establishment failed to ensure employee ongoing training was completed for two (E1 and E10) of five reviewed for staff requirements. This could affect all 48 residents currently residing in the establishment. Findings include: The establishment's personnel file for E1 Executive Director documents E1 hired on	A3020		

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A3020	Continued From page 6 12/2/2022 and does not include completion of Infection Control or Assisting residents with Activities of Daily Living/ADLs training. The establishment's personnel file for E10 Prep Cook documents E6 hired on 5/9/24 and does not include completion of Infection Control training. On 9/17/25, at 10:40am, E1 Executive Director confirmed that E1 and E10 Prep Cook did not complete Infection Control and E1 did not complete assistance with resident ADLs. E1 stated that if the (named) training does not assign it we cannot do it. The establishment's Resident Roster, dated 9/15/25, documents 48 residents currently reside in the establishment.	A3020		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Violation Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees c) The initial health evaluation shall include the employee's immunization status. e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames: 1) The test must be completed no more than 90	A3030		

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A3030	Continued From page 7 days prior to the date of initial employment in the establishment; or 2) The test must be commenced no more than ten days after the date of initial employment in the establishment. Based on interview and record review, the establishment failed to ensure employee immunizations were a part of the pre-employment health evaluations for three (E8, E9, and E11) and failed to complete TB (tuberculin) testing and/or screening for four (E1, E9, E10, and E11) of five employees reviewed for health evaluations and TB testing. This could affect all 48 residents currently residing in the establishment. Findings include: The establishments' pre-employment health evaluations filed for E8 Registered Nurse/RN, E9 Caregiver, and E11 Certified Nursing Assistant/CNA do not include their immunization status. On 9/17/25, at 12:25pm, E1 confirmed the personnel files do not include immunizations. The establishments' personnel files for E1 Executive Director, E9 Caregiver, and E10 Prep Cook do not include completion of TB testing upon hire. E11 Certified Nursing Assistant/CNA's personnel file does not include annual TB screening. On 9/17/25, at 10:35am E1 confirmed E1, E9, E10 and E11's personnel files do not include any TB testing or screening.	A3030		

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A3030	Continued From page 8 The establishment's Resident Roster, dated 9/15/25, documents 48 residents currently reside in the establishment.	A3030		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Violation 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. Based on interview and record review the establishment failed to ensure Physician Assessments were completed and signed by a physician for three (R1, R2, and R5) of five residents reviewed for Physician Assessments in a sample of five. Findings include:	A4000		

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A4000	Continued From page 9 1. R1's annual Physician Certification, dated 3/12/25, is signed by Z5 Advanced Practice Nurse/APN, Family Nurse Practitioner Certified/FNP-C. On 9/17/25, at 12:25pm, E1 Executive Director/ED confirmed R1's Physician Certification was signed by a Nurse Practitioner and not by a physician. 2. R2's admission Physician Certification, dated 4/1/25, is signed by Z2 Advanced Practice Registered Nurse/APRN. On 9/16/25, at 3:13pm, E7 Divisional Director of Operations confirmed R2's Physician Certification is not signed by a physician. 3. The Face Sheet for R5 documents R5 moved into the establishment on 4/29/2023. V1 is documented as R5's PCP (Primary Care Physician). The annual Physician's Certification for R4 was signed and dated on 10/4/24 as completed by V2 APN (Advance Practice Nurse).	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Violation 295.4010 Service Plan g) Service plans shall address:	A4010		

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A4010	Continued From page 10 1) The level of service the resident is receiving, including: B) dietary needs, if the establishment provides therapeutic diets; and 2) The amount, type, and frequency of health-related services needed by the resident; Based on interview and record review the establishment failed to ensure resident service plans were updated to include therapeutic diets, and amount, type, and frequency of health-related services for two residents (R1 and R5) of five residents reviewed for service plans in the sample of five. Findings include: The establishment's Service Planning and Agreement policy, dated 3/2025, documents "Policy: A Service Plan shall be developed and maintained for each resident that corresponds with their individual needs, preferences and expected outcomes and is based on the Resident's functional and cognitive abilities and their health status." "6) The Resident's Service Plan shall be reviewed and updated every 180 days, and as needed due to a significant change in Resident's condition or preferences, and at least annually." 1. On 9/11/25, at 11:54am, R1 sat in a reclining wheelchair with oxygen infusing via nasal cannula. R1's current Physician Order Sheet/POS, includes but is not limited to an order to administer oxygen at 2 LPM (liters per minute) per nasal cannula as needed.	A4010		

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A4010	Continued From page 11 R1's Service Plan, dated 7/22/25, does not include oxygen or cares for oxygen. 2. The Face Sheet for R5 documents R5 is on a mechanical soft diet. The current Service Plan for R5 documents R5 is on a regular diet and needs assist with cutting up his food and feeding. On 9/17/25 at :1215 pm, E3 HWD stated R5 is on a mechanical soft diet and has been since admission. E3 HWD confirmed R5's Service Plan documents a regular diet for R5 and stated (E3 HWD) may have not entered it correctly.	A4010		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: 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 TB (tuberculin) testing/screening was completed for three (R1, R4 and R5) of five residents reviewed for TB testing in a sample of five. Findings include:	A4050		

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A4050	Continued From page 12 The establishment's Move-In Policy, dated 5/2014, documents "Procedure: 8) All residents will have a Mantoux (Tuberculin) test upon move-in, unless they have previously received the test or a chest x-ray from their physician. Those individuals with a previous positive reaction shall obtain a chest x-ray." 1. R1's clinical record documents R1 was admitted on 10/21/21 and does include any documentation that TB testing or annual screenings were completed. 2. The Face Sheet for R4 documents R4 moved into the establishment on 9/29/23. The medical record for R4 does not include yearly tuberculin screening. 3. The Face Sheet for R5 documents R5 moved into the establishment on 4/3/24. The medical record for R5 does not include yearly tuberculin screening. On 9/16/25, at 2:30pm, E2 Health & Wellness Director was unable to provide any TB (tuberculin) documentation and confirmed they were not completed.	A4050		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Violation Section 295.4060 Alzheimer's and Dementia Programs	A4060		

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A4060	Continued From page 13 h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 3) Develop and implement policies and procedures that ensure the continued safety of all residents in the establishment including, but not limited to, those who: Based on observation, interview, and record review the establishment failed to ensure resident falls were investigated and interventions were put in place to prevent continued falls for one (R4) of two residents reviewed for falls in the sample of five." Findings include: The establishments undated Special Care Disclosure documents its philosophy of care "is to provide a safe environment for the individual with dementia while maintaining maximum independence, dignity and individuality." The establishments Fall Policy dated 10/2024 documents "Establishment will follow guidelines outline in policy to implement effective interventions to minimize falls." E1 ED (Executive Director) and E3 HWD (Health and Wellness Director) are responsible for ensuring this policy is carried out. "While all falls cannot be prevented, certain interventions may reduce the risk of falling." "A Post Fall Evaluation - form is completed after a resident fall and individualized interventions are considered. The Post Fall Evaluation Form is part of the resident record. Best practice includes: an evaluation of the resident and any injuries that require immediate treatment; an initial evaluation completed by the	A4060		

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A4060	Continued From page 14	A4060		

(establishment staff member) who was first on the scene of the fall; A secondary evaluation is completed by the Health & Wellness Director (HWD) or nurse; After reviewing the current fall, the HWD should review the resident's history of falls and identify any trends; Interventions identified are implemented, documented in the resident record and on the service plan."

On 9/17/25 at 10:30 am E1 ED stated all fall documentation, investigation, and interventions are documented in the residents electronic medical record.

On 9/12/25 at 11:45 am, R4 was sitting in a wheelchair at the dining room table with a scabbed laceration to the lateral corner R4's right eye with purple/red discoloration noted.

The medical record for R4 documents R4 had falls with injuries on 9/11/25 at 1:50 am, 8/16/25 at 6:40 am, and 8/10/25 at 5:39 am. These medical records do not include fall investigations or document implemented fall interventions.

The Fall Note for R4's fall on 9/11/25 at 1:50 am documents R4 rolled out of bed onto the floor resulting in a laceration to lateral right eye with bleeding and pain.

The Fall Note for R4's fall on 8/22/25 at 3:30 am, documents R4 got up from a couch, lost her balance and fell on her buttocks.

The Fall Note for R4's fall on 8/16/25 at 5:00 am, documents R4 was found on the floor next to her bed with red area above her right eye "that looked like a rug burn."

The Fall Note for R4's fall on 8/10/25 documents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510054	A. BUILDING: _____ B. WING _____	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - BLOOMINGTON	14 HEARTLAND DR BLOOMINGTON, IL 61704

(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
A4060	Continued From page 15 R4 fell forward trying to stand up while staff member was present resulting in 2-inch laceration over right cheekbone and 5 cm (centimeter) cut on right eyebrow with discoloration and swelling. The medical record for R4 does not include fall investigations or interventions implemented for the above the falls. The establishment is unable to provide investigations or interventions implemented for R5's falls. On 9/17/25 at 2:30 pm E1 ED and E3 HWD confirmed the establishment does not have any further documentation for R4's falls.	A4060		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Violation 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: 18) The right to uncensored access to the State Ombudsman or his or her designee, and the right to refuse access to a State Ombudsman or Department reviewer;	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510054	A. BUILDING: _____ B. WING _____	09/17/2025

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BICKFORD - BLOOMINGTON	14 HEARTLAND DR BLOOMINGTON, IL 61704

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A6000	Continued From page 16 Based on interview and record review the establishment failed to ensure access to the State Ombudsman contact information was available for one (R2) of five residents reviewed for Resident Rights in a sample of five. This could affect all 48 residents currently residing in the establishment. Findings include: On 9/12/25, at 2:00pm, R2 sat in a wheelchair in his room and asked how he could call in a complaint. This writer mentioned calling the State Ombudsman and R2 stated he did not know that and does not know where to find the number. On 9/12/25, at 2:02pm, this writer and E17 Nurse were unable to locate the Ombudsman information posting. On 9/12/25, at 2:05pm, E2 Assistant Director stated that the posters are not up. E2 stated she was waiting for the frames to arrive. On 9/12/25, at 2:08pm E6 Regional Director stated that the Ombudsman information should be posted. The establishment's Resident Roster, dated 9/11/25, documents 48 residents currently reside in the establishment.	A6000		