

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/08/2025
NAME OF PROVIDER OR SUPPLIER BICKFORD - MOLINE COTTAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 3650 41ST ST MOLINE, IL 61265		
(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 Complaint Investigation IL 197872: Section 295.1040 Technical Infractions: violations related to 295.2000 a) and 295.4060 (all).	A 000		
A1040	Section 295.1040 Technical Infractions Fountain View This Regulation is not met as evidenced by: Section 295.1040 Technical Infractions a) A technical infraction is a situation in which the establishment's failure to meet a requirement of this Part does not result in harm and does not have a significant negative impact on the delivery of services to residents. A technical infraction may include a Type 3 violation that is identified and corrected during the on-site survey review process. b) The establishment shall be required to correct a technical infraction. If the establishment has taken steps to correct the technical infraction, no fine, violation, or sanction shall be imposed. c) Repeat of the same technical infraction during subsequent on-site surveys may result in a Type 3 violation. Based on record review and observation the establishment failed to provide an appropriate number of staff for its resident population. The establishment only has 10 memory care beds. The egress door settings can only apply to	A1040		

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: ASL510059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/08/2025
NAME OF PROVIDER OR SUPPLIER BICKFORD - MOLINE COTTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 3650 41ST ST MOLINE, IL 61265		
(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	
A1040	Continued From page 1 the 10 memory care residents. All other residents must be able to enter and exit the facility when they desire and have 24 hour access in and out of the building and its common areas.	A1040			