

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SHF520070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2025
NAME OF PROVIDER OR SUPPLIER BRADFORD VILLA, LLC I		STREET ADDRESS, CITY, STATE, ZIP CODE 1122 KOCH'S LN QUINCY, IL 62305		
(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 complaint investigation IL198978. 295.400 a) b) c) General	A 000		
A400	Section 295.400 License Requirement This Regulation is not met as evidenced by: General Violation Section 295.400 License Requirement a) No person may establish, operate, maintain, or offer an establishment as an assisted living establishment or shared housing establishment as defined by the Act within this State unless and until he or she obtains a valid license, which remains unsuspended, unrevoked, and unexpired. b) An entity that operates as an assisted living or shared housing establishment as defined by the Act without a license shall be subject to the provisions, including penalties, of the Nursing Home Care Act. c) No entity shall use in its name or advertise "assisted living" unless licensed as an assisted living establishment under the Act or as a shelter care facility under the Nursing Home Care Act that also meets the definition of an assisted living establishment under the Act, except a shared housing establishment licensed under the Act may advertise assisted living services. This requirement is NOT MET as evidenced by: Based on record review, the establishment failed to renew their license. This failure is a violation	A400		

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: SHF520070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/22/2025
NAME OF PROVIDER OR SUPPLIER BRADFORD VILLA, LLC I			STREET ADDRESS, CITY, STATE, ZIP CODE 1122 KOCH'S LN QUINCY, IL 62305		
(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	
A400	Continued From page 1 of (210 ILCS 9/25) sec.25. License requirement . Findings Include: a. Last Annual survey conducted: 10/1/24. b. No records of renewal application. c. No records of fees paid. d. Establishment is operational.	A400			