STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106270	A. BUILDING: _____ B. WING _____	C 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF GURNEE	301 S HUNT CLUB ROAD GURNEE, IL 60031

(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 Survey IL198142 295.4010 d)e)g)1)C) 295.6000 a)513) 295.9040 k) IL199307-Substantiated, no deficiencies written. Facility Reported Incident Survey: IL199002-Substantiated, no deficiencies written. IL199409 - 295.4010 d)e)g)1)C)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Section 295.4010 Service Plan ... d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000) ... g) Service plans shall address:	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106270	A. BUILDING: _____ B. WING _____	C 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF GURNEE	301 S HUNT CLUB ROAD GURNEE, IL 60031

(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
A4010	Continued From page 1 1) The level of service the resident is receiving, including: ... C) special accommodations for the resident; This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to follow their service plan policy when they did not update and/or adequately address life sustaining choices and safety needs for residents. This applies to 2 of 4 residents (R1, R4) reviewed for this requirement and has the probability to affect all residents that reside in the establishment. This creates a substantial probability of harm to a resident or residents. The findings include: The following concerns were identified during resident record review: -R1's Service Plan, dated 1/31/25, showed "No POLST (Practitioner Order for Life-Sustaining Treatment)". R1's POLST, dated 2/5/25, showed R1 selected "Do Not Resuscitate (DNR)". -R1's Progress Notes and Incident/Accident reports showed R1 had multiple incidents where R1 dug through the garbage for food to eat, and ingested hazardous chemicals on 3/11/25, 6/7/25, and R1's service plan was not updated to address these concerns. R1's Incident/Accident report, dated 10/19/25, showed R1 drank disinfectant that was stored in a unlocked closet and was	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106270	A. BUILDING: _____ B. WING _____	C 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF GURNEE	301 S HUNT CLUB ROAD GURNEE, IL 60031

(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
A4010	Continued From page 2	A4010		

hospitalized with acute respiratory failure and pneumonia.

R1's Service Plan showed:

-Special Care Needs: Frequent and ongoing assistance with addressing special care needs. Safety check four times per shift.
-Cognitive: The care team supports me with orientation, redirection, and wayfinding.

During interview, on 2/23/26 at 10:00 AM, E2 (Health and Wellness Director), indicated service plans were not updated as needed, as it prompted for resident/representative signatures each time an update was made. E2 indicated, the Care Summary, which staff is able to access, was updated and then that information was transferred to the Service Plan for the six-month review.

R1's Care Summary, printed 2/24/26, showed:

-Special Care Needs: Frequent and ongoing assistance with addressing special care needs. (R1) has anxiety and tries to eat everything she is able to. This includes material items along with food items.
-(Establishment) staff to make sure cabinets all locked in (memory care).

The care summary did not address R1 would eat out of the garbage and provide interventions, or that hazardous chemicals should be kept in locked cabinets due to previous incidents of ingestion.

-R3's Service Plan, dated 8/1/25, showed "Full

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106270	A. BUILDING: _____ B. WING _____	C 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF GURNEE	301 S HUNT CLUB ROAD GURNEE, IL 60031

(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
A4010	Continued From page 3	A4010		

Code", when R3 had a DNR.

R3's Electronic Medical Record (EMR) showed R3 was on hospice and R3's POLST, dated 12/4/25, showed R3 selected "Do Not Resuscitate".

-R3's Service Plan, showed R3 "may need assist with cutting up food" and was not changed to reflect an order to cut R3's food into small pieces, as R3's Progress Note, dated 12/12/25 at 12:23 PM, showed.

R3's Incident/Accident report, date/time of occurrence 1/1/26 at 17:30 (5:30 PM), showed R3 had a choking incident, where the stomach thrusts were required, and eventually cardiopulmonary resuscitation, after R3's representative requested emergency services be involved. Interviews conducted with E3 and E5 (both Licensed Practical Nurses), the nurses involved in the incident, were aware of R3's DNR status but inconsitencies in status could cause the wrong measure to be taken during emergency situations.

Concerns were reviewed and confirmed with E1 (Executive Director) and E2 (HWD) on 2/24/26 at 3:55 PM.

The establishment policy titles Service Planning and Agreements (revised: March 2024) showed: Policy: A service plan shell be developed and maintained for each resident that corresponds with their individual needs and preferences ...Procedure: 4) (Establishment) family members shall provide services according to the information contained in the service plan. 5) Resident's service plan/level of care shall be reviewed and updated every 180 days, or as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106270	A. BUILDING: _____ B. WING _____	C 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF GURNEE	301 S HUNT CLUB ROAD GURNEE, IL 60031

(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
A4010	Continued From page 4 needed, due to the resident's needs or preferences ...	A4010		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 1 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: ... 5) The right to receive the services specified in the service plan, to review and renegotiate the service plan at any time; and to be informed of the cost of the changes;... 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; ... This requirement was not met, as evidenced by: Based on observation, interview, and record review, the establishment failed to ensure a resident's right to receive services in their service plan, and to be free from neglect by not following their policy for storing hazardous materials and a resident, with past similar incidents, drank a disinfectant that was brought into the establishment by an employee and stored in an	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106270	A. BUILDING: _____ B. WING _____	C 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF GURNEE	301 S HUNT CLUB ROAD GURNEE, IL 60031

(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 5	A6000		

unlocked cabinet in the memory care unit kitchenette. As a result, the resident was harmed and hospitalized, and the employee was terminated. This applies to 1 of 4 residents (R1) reviewed for this requirement and has the probability to affect all residents that reside in the establishment. Due to the conduct of the establishment or its staff, either by an improper action or the failure to take an action, this resulted in severe harm to the resident and creates a substantial probability of severe harm to a resident or residents.

The findings include:

R1's Electronic Medical Record (EMR) showed R1 moved into the establishment on 1/22/25, resided in the memory care unit, and had multiple diagnoses, including Alzheimer's disease and dementia. R1's EMR showed R1 never returned to the establishment, with a move out date of 10/31/25.

R1's Service Plan, dated 1/31/25, showed R1's goal was to be safe and healthy. The plan showed R1 had poor safety awareness. The plan showed "The care team supports me with orientation, redirection, and wayfinding."

R1's Incident/Accident report, date/time of occurrence, 10/19/25 at 11:15 AM, showed a nurse observed R1 drink a disinfectant and proceed to vomit. The report showed the nurse assessed R1 and R1 was sent to the hospital for observation. The report showed R1 was admitted to the hospital with a diagnosis of acute respiratory failure and pneumonia.

R1's Progress Note, date/time 10/19/25 at 11:49

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106270	A. BUILDING: _____ B. WING _____	C 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF GURNEE	301 S HUNT CLUB ROAD GURNEE, IL 60031

(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 6	A6000		

AM, written by E3 (Licensed Practical Nurse - LPN), confirmed the incident and that E3 was the nurse that made the observation.

During interview with E3, on 2/23/26 at 10:48 AM, E3 indicated that they were down one caregiver that shift. E3 indicated the remaining caregiver left to use the bathroom and while E3 attended to another resident, R1 got into an unlocked cabinet and E3 observed R1 drink the disinfectant and rushed to R1.

R1's Care Summary, which E2 (Health and Wellness Director - HWD) indicated is updated for care needs and interventions related to the service plan, showed:

-Special Care Needs: Frequent and ongoing assistance with addressing special care needs. (R1) has anxiety and tries to eat everything (R1) is able to. This includes material items along with food items.

-(Establishment) staff to make sure cabinets all locked in (memory care).

R1's hospital record History and Physical, dated 10/19/25, written by Z2 (Advanced Practice Nurse), showed:...Assessment/Plan: Acute respiratory failure with hypoxia (low blood oxygen) secondary to likely aspiration from nausea/vomiting post ingestion of (disinfectant). Acute sepsis likely due to aspiration pneumonia due to above ...

R1's EMR showed R1 had previous similar incidents:

-R1's Progress Note, date/time 3/11/25 at 9:44 PM, showed R1 drank some cleaning supplies from the kitchen and was sent out for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106270	A. BUILDING: _____ B. WING _____	C 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF GURNEE	301 S HUNT CLUB ROAD GURNEE, IL 60031

(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 7	A6000		

evaluation, after R1's mouth was rinsed out. The establishment provided documentation that showed they received a violation from the Department on 4/4/25 and the plan of correction was to remove all chemicals to a locked location and in-service all employees on the importance of locking all chemicals when not in use.

-R1's Progress Note, date/time 6/7/25 at 11:07 PM, showed a caregiver observed R1 put a cleaning towel in R1's mouth, in the kitchenette, that was part water and part cleaning solution. The establishment provided documentation to show an in-service was conducted on 6/12/25 to address the establishment policy titled Hazardous Materials (Revised: July 2012).

Interview with E2 (HWD), on 2/23/26 at 10:00 AM, and review of E6's (Previous Caregiver) Disciplinary/Counseling Report, dated 10/30/25, showed E6 was part of the 6/12/25 in-service but continued to bring chemicals to the establishment and left them in an unlocked cabinet in the memory care unit kitchenette. They showed E6 had a bag of cleaning supplies labeled, "Belongs to (E6), Keep in (memory care unit), you didn't pay for it, so don't take it." The report showed E6 was terminated.

During observations of the memory care unit and assisted living unit kitchenettes with E2 (HWD), on 2/23/26 from 1:15 PM - 1:30 PM, there were no concerns with memory care, but in an unlocked lower cabinet, to the left of the ice maker machine in the assisted living kitchenette, there was a bottle of soft cleanser and a small tub of cleaning paste.

Concerns were reviewed and confirmed with E1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106270	A. BUILDING: _____ B. WING _____	C 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF GURNEE	301 S HUNT CLUB ROAD GURNEE, IL 60031

(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 8 (Executive Director) and E2 (HWD) on 2/24/26 at 3:55 PM. The establishment policy titled Hazardous Materials (Revised: July 2012) showed: Policy: All chemicals, poisons or combustible material shall be stored and disposed of in accordance with the manufacturer's directions and all applicable regulations...Procedure: 1) All hazardous materials shall be properly labeled and stored in a locked storage area. The establishment policy titles Service Planning and Agreements (revised: March 2024) showed: Policy: A service plan shell be developed and maintained for each resident that corresponds with their individual needs and preferences ...Procedure: 4) (Establishment) family members shall provide services according to the information contained in the service plan. 5) Resident's service plan/level of care shall be reviewed and updated every 180 days, or as needed, due to the resident's needs or preferences ...	A6000		
A9040	Section 295.9040 Environmental Requirements This Regulation is not met as evidenced by: Type 1 Violation Section 295.9040 Environmental Requirements ... k) All cleaning compounds, insecticides, and other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms separate from food preparation and	A9040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106270	A. BUILDING: _____ B. WING _____	C 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF GURNEE	301 S HUNT CLUB ROAD GURNEE, IL 60031

(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
A9040	Continued From page 9 storage, dining areas, and medications ... This requirement was not met, as evidenced by: Based on observation, interview, and record review, the establishment failed to follow their policy when they stored hazardous compounds or agents in unlocked cabinets. This failure resulted in a resident hospitalized for aspiration pneumonia and acute respiratory failure, after the resident drank a disinfectant that was stored in an unlocked cabinet in the memory care kitchenette. This applies to 1 of 4 residents (R1) reviewed for this requirement and has the probability to affect all residents that resident in the establishment. Due to the conduct of the establishment or its staff, either by an improper action or the failure to take an action, severe harm came to a resident, and it creates a substantial probability of severe harm or death to other residents. The findings include: R1's Incident/Accident report, date/time of occurrence, 10/19/25 at 11:15 AM, a nurse observed R1 drink a disinfectant and proceed to vomit. The report showed the nurse assessed R1 and R1 was sent to the hospital for observation. The report showed R1 was admitted to the hospital with a diagnosis of acute respiratory failure and pneumonia. R1's Progress Note, date/time 10/19/25 at 11:49 AM, written by E3 (Licensed Practical Nurse - LPN), confirmed the incident and that E3 was the nurse that made the observation. During interview with E3, on 2/23/26 at 10:48 AM,	A9040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106270	A. BUILDING: _____ B. WING _____	C 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF GURNEE	301 S HUNT CLUB ROAD GURNEE, IL 60031

(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
A9040	Continued From page 10 E3 indicated that they were down one caregiver in the memory care unit that shift. E3 indicated that the caregiver left to use the bathroom and while E3 attended to another resident, R1 got into an unlocked cabinet and E3 observed R1 drink the disinfectant and rushed to R1. R1's hospital record History and Physical, dated 10/19/25, written by Z2 (Advanced Practice Nurse), showed: ...Assessment/Plan: Acute respiratory failure with hypoxia (low blood oxygen) secondary to likely aspiration from nausea/vomiting post ingestion of (disinfectant). Acute sepsis likely due to aspiration pneumonia due to above ... R1's EMR showed R1 previously had similar incidents: -R1's Progress Note, date/time 3/11/25 at 9:44 PM, showed R1 drank some cleaning supplies from the kitchen and was sent out for evaluation, after R1's mouth was rinsed out. The establishment provided documentation that showed they received a violation from the Department on 4/4/25 and the plan of correction was to remove all chemicals to locked location and in-service all employees on the importance of locking all chemicals when not in use. -R1's Progress Note, date/time 6/7/25 at 11:07 PM, showed a caregiver observed R1 put a cleaning towel in R1's mouth, in the kitchenette, that was part water and part cleaning solution. The establishment provided documentation to show an in-service was conducted on 6/12/25 to address the establishment policy titled Hazardous Materials (Revised: July 2012). Interview with E2 (Health and Wellness Director),	A9040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106270	A. BUILDING: _____ B. WING _____	C 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF GURNEE	301 S HUNT CLUB ROAD GURNEE, IL 60031

(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
A9040	Continued From page 11 on 2/23/26 at 10:00 AM, and review of E6's (Previous Caregiver) Disciplinary/Counseling Report, dated 10/30/25, showed E6 was part of the 6/12/25 in-service but continued to bring chemicals to the establishment and left them in an unlocked cabinet in the memory care unit kitchenette. They showed E6 had a bag of cleaning supplies labeled "Belongs to (E6), Keep in (memory care unit), you didn't pay for it, so don't take it." The report showed E6 was terminated. During observations of the memory care unit and assisted living unit kitchenettes, with E2 (HWD) on 2/23/26 from 1:15 PM - 1:30 PM, there were no concerns with memory care, but in an unlocked lower cabinet, to the left of the ice maker machine in the assisted living kitchnette, there was a bottle of soft cleanser and a small tub of cleaning paste. Concerns were reviewed and confirmed with E1 (Executive Director) and E2 (HWD) on 2/24/26 at 3:55 PM. The establishment policy titled Hazardous Materials (Revised: July 2012) showed: Policy: All chemicals, poisons or combustible material shall be stored and disposed of in accordance with the manufacturer's directions and all applicable regulations...Procedure: 1) All hazardous materials shall be properly labeled and stored in a locked storage area.	A9040		