

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/18/2025
NAME OF PROVIDER OR SUPPLIER BICKFORD - BLOOMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 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
A 000	Initial Comment Original investigation of Complaints 2563126 / IL 189934, 2563192 / IL 190034, 2563322 / IL 190293, 2563344 / IL 190322. 2563126 / IL 189934 - No violations cited 2563192 / IL 190034 - 295.5000 f) 2) 3) 2563322 / IL 190293 - No violations cited 2563344 / IL 190322 - No violations cited	A 000		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage f) If an establishment provides medication administration or supervision of self-administered medication, the establishment's medication policies and procedures shall be approved by a physician, pharmacist, or registered nurse and shall address: 2) Storing and controlling medication; 3) Disposing of medication; VIOLATION Based on record review, interviews and observations, the establishment failed to have policies and a system in place in order to keep appropriate count of discontinued narcotics for	A5000		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A5000	Continued From page 1 seven of eight sampled residents. (R2 through R8) Findings include: On 4/18/25 at 10:20 A.M., residents R2 through R8's discontinued controlled medications were noted locked in cabinet in E3's (Wellness Director) office ready to be destroyed. Medications: R2's - Lorazepam 31 tablets, R3's - Tramadol 43 tablets, R4's - Tramadol 58 tablets, R5's - Lorazepam 26 tablets and Tramadol 12 tablets, R6's - Lorazepam 16 tablets and Alprazolam 11 tablets, R7's - Apap / Codeine 21 tablets, R8's - Lorazepam 67 tablets. There is no record of how many of each of these medications should be in the cabinet to be destroyed. On 4/18/25 at 10:25 A.M., E3 confirmed that once these medications are discontinued out of their computer system, there is no system in place to keep count of these medications during the days from discontinuation, all the way up to disposal / destroying. E3 was unable to provide a facility policy / procedure for how they are to control and dispose of controlled medications.	A5000		