STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510056	A. BUILDING: _____ B. WING _____	04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - CHAMPAIGN COTTAGE	1002 S STALEY RD CHAMPAIGN, IL 61822

(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 Complaint 2563150/IL190023 Complaint can be substantiated. Violations cited.	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Violation Section 295.3000 Personnel Requirements, Qualifications and Training a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act) Based on record review and interview the establishment failed to ensure R1 was properly assessed after falls. The establishment failed to ensure R1's service plan was updated with new fall interventions following R1's falls. These failures resulted in R1 having unwitnessed falls on 02-12-2025, 03-01-2025, 03-03-2025, and 04-01-2025; resulting in a pelvic fracture that was discovered upon R1's emergency room visit for nausea, vomiting and diarrhea on 02-10-2025. Findings include: R1 was admitted to the establishment on 08-01-2024. R1's diagnoses include moderate	A3000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510056	A. BUILDING: _____ B. WING _____	04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - CHAMPAIGN COTTAGE	1002 S STALEY RD CHAMPAIGN, IL 61822

(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
A3000	Continued From page 1	A3000		

dementia with agitation, hypertension, and bilateral cortical senile cataracts.

R1's 02-10-2025 service plan includes documentation that R1 independent with transfers using a walker, and that R1 uses a walker independently for mobility. The service plan also includes documentation that R1 is a fall risk and is to be encouraged to use the walker with transfers and mobility. The service plan also includes documentation that R1 knows to press the call button when assistance is needed.

R1's progress notes were reviewed. R1's 02-10-2025, 2:16pm, progress note includes documentation that R1's Global Deterioration Scale, (GDS,) score of four, that R1 is a fall risk, that R1 has had a few falls since the last assessment and requires more supervision. Further documentation is that R1 states R1 can toilet self and that staff are to provide stand by assistance due to falls.

R1's 02-12-2025, 9:42am progress note includes documentation that staff found R1 lying on the floor of R1's room and that R1 was noted to be lying on the floor on R1's right side and complaining of pain to the right side and top of the head. Further documentation includes that R1 was noted to have blood on R1's eyeglasses and a hematoma to the right side of the forehead. Documentation includes that an ambulance was called and R1 was sent to the local emergency department.

R1's 02-12-2025, 5:46pm, progress note includes documentation that R1 is being admitted to the hospital; that R1 has a contusion, right frontal hematoma, spleen injury, thoracic/lumbar compression deformity, L3/L4 compression

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510056	A. BUILDING: _____ B. WING _____	04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - CHAMPAIGN COTTAGE	1002 S STALEY RD CHAMPAIGN, IL 61822

(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
A3000	Continued From page 2	A3000		

fracture, rib fracture, and sacral fracture; and that R1 is still waiting for an admission diagnosis.

R1's 02-16-2025, 9:36pm, progress note includes documentation that R1 returned to the establishment "on 02-15-2025 with several healthcare changes. Please relate to aftercare summary for important information related to (R1's) current condition."

R1's 03-01-2025, 7:51pm, progress note includes documentation that R1 had an unwitnessed fall and was found in the hallway. Further documentation is that R1 did not know what occurred. Documentation includes that R1 sustained a skin tear to the right elbow.

R1's 03-03-2025, progress notes includes documentation that R1 "had an unwitnessed fall with no injuries." Further documentation is that R1 states R1 was trying to transfer self from the wheelchair to the bed. Further documentation is that R1 was evaluated by a physical therapist and that a small wheelchair was recommended. Documentation also includes that R1 is currently wheelchair bound and has baseline confusion.

R1's 03-13-2025, 7:12pm, progress note includes documentation that R1 was moved to the memory care unit.

R1's 03-15-2025, 10:34am, progress note includes documentation that R1's right elbow injury is resolved.

R1's 04-01-2025, 2:19pm, progress note includes documentation that R1 was observed lying on the bedroom floor in the supine position. Documentation includes that R1 states R1 was leaning over the bed and fell and that R1 had no

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510056	A. BUILDING: _____ B. WING _____	04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - CHAMPAIGN COTTAGE	1002 S STALEY RD CHAMPAIGN, IL 61822

(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
A3000	Continued From page 3	A3000		

new injuries. Documentation includes that R1 complained of left hip pain and states that the pain is not new. Further documentation is that R1 was administered analgesics for pain management and that R1 was transferred back to the bed.

R1's 04-02-2025, 12:26pm, progress note includes documentation that R1 was assessed for left hip pain, that R1 states the pain is minimal and that R1 was administered analgesics as ordered for pain management with no further concerns.

R1's 04-10-2025, 2:19am, progress note includes documentation that R1 has nausea, vomiting, and loose stools. Documentation includes that R1 was given an antiemetic medication and that monitoring will continue.

R1's 04-10-2025, 2:25am, progress note includes documentation that R1 was noted to have a small skin tear to the outer left forearm, that the wound was cleansed, and steri strips were applied. Documentation includes that the injury cause in unknown.

R1's 04-10-2025, 10:46pm, progress note includes documentation that staff reported that R1 "continues to not look well (illness started last night on 4/9) Upon today's assessment, resident continues to vomit and pass large loose stools. Resident is starting to look pale. Caregivers also reported that the resident did not eat or drink much all day and is now starting to show (signs and symptoms) of dehydration." Documentation includes that R1 will be sent to the local emergency room for evaluation.

R1's 04-14-2025, 3:10pm, progress note includes

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510056	A. BUILDING: _____ B. WING _____	04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - CHAMPAIGN COTTAGE	1002 S STALEY RD CHAMPAIGN, IL 61822

(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
A3000	Continued From page 4	A3000		

documentation that the local hospital's case manager was called and informed that R1 "is ok to return to the facility."

R1's progress notes do not contain further documentation of any healthcare changes, any new injuries, or orders following R1's 02-12-2025 hospital admission. R1's progress notes do not contain any further documentation regarding R1's complaints of hip pain, and no assessments were documented as being done following R1's 04-01-2025 unwitnessed fall when R1 was administered pain medications for the hip pain on 04-01-2025 and 04-02-2025. R1's progress notes doe not contain any documentation following R1's return to the establishment following R1's 04-10-2025 hospital admission regarding any new physician orders or assessments done on R1.

R1's After Visit Summary dated 02-12-2025 through 02-15-2025 contain documentation of a subarachnoid hemorrhage. The documents also contain documentation that R1 is to start taking cefdinir, an antibiotic, on 02-16-2025 and that R1's lorazepam is discontinued.

R1's 02-15-2025 hospital paperwork contains documentation that R1's "encounter diagnosis" is urinary tract infection with hematuria, intracranial hemorrhage, fall, and subarachnoid hemorrhage.

R1's 04-14-2025 hospital paperwork contains documentation of R1's diagnoses that are urinary tract infection, acute kidney injury, hypernaremia, and pelvic fracture. The "Hospital Course" documentation is that R1 was admitted to the hospital on 04-10-2025 for acute kidney injury and hypernatremia, which was initially thought to be due to gastroenteritis. Further documentation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510056	A. BUILDING: _____ B. WING _____	04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - CHAMPAIGN COTTAGE	1002 S STALEY RD CHAMPAIGN, IL 61822

(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
A3000	Continued From page 5	A3000		

is that R1 was found to have Ecoli urinary tract infection that is likely the cause of the presenting symotoms. Documentation includes that R1 was noted to have a "mildly displaced fracture of the left inferior pubic ramus on admission." R1 was discharged with orders to start an oral antibiotic on 04-15-2025. Documentation of R1's x-rays and computed tomography (CT,) scans is included in the hospital paperwork with documentation that they were compared to the ones done on 02-12-2025.

R1's 02-12-2025 Department reportable incident contain documentation that R1 was observed in R1's room, lying on the floor. That R1 was assessed and noted to be lying on the right side, complaining of pain to the right side and top of head. Documentation also includes that R1 was sent to the local emergency department.

Z1, complainant, was interviewed on 04-16-2025. Z1 states that the R1 came to the emergency room by emergency medical services due to nausea, vomiting and diarrhea for the last two days. Z1 states that R1 had four to five episodes of diarrhea that day and was changed by staff. Z1 further states that the resident had pain with movement while hospital staff were changing the resident and that they noted a healing bruise that was yellowish in color to the pelvis area and that a purple bruise was noted to the left hip when turning R1. Z1 states that they did not receive any reports of R1 having a fall from the facility and that the emergency room physician ordered x-rays that showed a fractured pelvis.

On 04-16-2025, approximately 1:15pm, E1 (Executive Director,) states that R1 has had no other reportable incidents after the 02-12-2025 incident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510056	A. BUILDING: _____ B. WING _____	04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - CHAMPAIGN COTTAGE	1002 S STALEY RD CHAMPAIGN, IL 61822

(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
A3000	Continued From page 6 On 04-17-2025, approximately 10:20am, E1 states that R1's fractured pelvis is an old fracture. Approximately 11:30am, E1 states that R1 moved from the Assisted Living area to the memory care unit due to R1 being a fall risk and R1's confusion. E1 states that R1 has had the wheelchair for use for approximately three-four weeks now. At approximately 1:30pm, E1 states that R1's service plan was last updated on 02-10-2025.	A3000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: 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: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; C) special accommodations for the resident.	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510056	A. BUILDING: _____ B. WING _____	04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - CHAMPAIGN COTTAGE	1002 S STALEY RD CHAMPAIGN, IL 61822

(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 7 Based on record review and interview the establishment failed to ensure R1's service plan was update following each of R1's falls with new fall interventions. The establishment failed to ensure R1's service plan was updated to include all assistive devices used and the amount of assistance required with activities of daily living. These failures resulted in R1 falling multiple times resulting in a fractured pelvis. Findings include: R1 was admitted to the establishment on 08-01-2024. R1's diagnoses include moderate dementia with agitation, hypertension, and bilateral cortical senile cataracts. R1's 02-10-2025 service plan includes documentation that R1 independent with transfers using a walker, and that R1 uses a walker independently for mobility. The service plan also includes documentation that R1 is a fall risk and is to be encouraged to use the walker with transfers and mobility. The service plan also includes documentation that R1 knows to press the call button when assistance is needed. R1's progress notes were reviewed. R1's 02-10-2025, 2:16pm, progress note includes documentation that R1's Global Deterioration Scale, (GDS,) score of four, that R1 is a fall risk, that R1 has had a few falls since the last assessment and requires more supervision. Further documentation is that R1 states R1 can toilet self and that staff are to provide stand by assistance due to falls. R1's 02-12-2025, 9:42am progress note includes documentation that staff found R1 lying on the	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510056	A. BUILDING: _____ B. WING _____	04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - CHAMPAIGN COTTAGE	1002 S STALEY RD CHAMPAIGN, IL 61822

(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 8	A4010		

floor of R1's room and that R1 was noted to be lying on the floor on R1's right side and complaining of pain to the right side and top of the head. Further documentation includes that R1 was noted to have blood on R1's eyeglasses and a hematoma to the right side of the forehead. Documentation includes that an ambulance was called and R1 was sent to the local emergency department.

R1's 02-12-2025, 5:46pm, progress note includes documentation that R1 is being admitted to the hospital; that R1 has a contusion, right frontal hematoma, spleen injury, thoracic/lumbar compression deformity, L3/L4 compression fracture, rib fracture, and sacral fracture; and that R1 is still waiting for an admission diagnosis.

R1's 02-16-2025, 9:36pm, progress note includes documentation that R1 returned to the establishment "on 02-15-2025 with several healthcare changes. Please relate to aftercare summary for important information related to (R1's) current condition."

R1's 03-01-2025, 7:51pm, progress note includes documentation that R1 had an unwitnessed fall and was found in the hallway. Further documentation is that R1 did not know what occurred. Documentation includes that R1 sustained a skin tear to the right elbow.

R1's 03-03-2025, progress notes includes documentation that R1 "had an unwitnessed fall with no injuries." Further documentation is that R1 states R1 was trying to transfer self from the wheelchair to the bed. Further documentation is that R1 was evaluated by a physical therapist and that a small wheelchair was recommended. Documentation also includes that R1 is currently

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510056	A. BUILDING: _____ B. WING _____	04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - CHAMPAIGN COTTAGE	1002 S STALEY RD CHAMPAIGN, IL 61822

(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 9	A4010		

wheelchair bound and has baseline confusion.

R1's 03-13-2025, 7:12pm, progress note includes documentation that R1 was moved to the memory care unit.

R1's 03-15-2025, 10:34am, progress note includes documentation that R1's right elbow injury is resolved.

R1's 04-01-2025, 2:19pm, progress note includes documentation that R1 was observed lying on the bedroom floor in the supine position. Documentation includes that R1 states R1 was leaning over the bed and fell and that R1 had no new injuries. Documentation includes that R1 complained of left hip pain and states that the pain is not new. Further documentation is that R1 was administered analgesics for pain management and that R1 was transferred back to the bed.

R1's 04-02-2025, 12:26pm, progress note includes documentation that R1 was assessed for left hip pain, that R1 states the pain is minimal and that R1 was administered analgesics as ordered for pain management with no further concerns.

R1's 04-10-2025, 2:19am, progress note includes documentation that R1 has nausea, vomiting, and loose stools. Documentation includes that R1 was given an antiemetic medication and that monitoring will continue.

R1's 04-10-2025, 2:25am, progress note includes documentation that R1 was noted to have a small skin tear to the outer left forearm, that the wound was cleansed, and steri strips were applied. Documentation includes that the injury cause in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510056	A. BUILDING: _____ B. WING _____	04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - CHAMPAIGN COTTAGE	1002 S STALEY RD CHAMPAIGN, IL 61822

(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 10 unknown. R1's 04-10-2025, 10:46pm, progress note includes documentation that staff reported that R1 "continues to not look well (illness started last night on 4/9) Upon today's assessment, resident continues to vomit and pass large loose stools. Resident is starting to look pale. Caregivers also reported that the resident did not eat or drink much all day and is now starting to show (signs and symptoms) of dehydration." Documentation includes that R1 will be sent to the local emergency room for evaluation. R1's 04-14-2025, 3:10pm, progress note includes documentation that the local hospital's case manager was called and informed that R1 "is ok to return to the facility." R1's progress notes do not contain further documentation of any healthcare changes, any new injuries, or orders following R1's 02-12-2025 hospital admission. R1's progress notes do not contain any further documentation regarding R1's complaints of hip pain, and no assessments were documented as being done following R1's 04-01-2025 unwitnessed fall when R1 was administered pain medications for the hip pain on 04-01-2025 and 04-02-2025. R1's progress notes doe not contain any documentation following R1's return to the establishment following R1's 04-10-2025 hospital admission regarding any new physician orders or assessments done on R1. R1's After Visit Summary dated 02-12-2025 through 02-15-2025 contain documentation of a subarachnoid hemorrhage. The documents also contain documentation that R1 is to start taking cefdinir, an antibiotic, on 02-16-2025 and that	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510056	A. BUILDING: _____ B. WING _____	04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - CHAMPAIGN COTTAGE	1002 S STALEY RD CHAMPAIGN, IL 61822

(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 11 R1's lorazepam is discontinued. R1's 02-15-2025 hospital paperwork contains documentation that R1's "encounter diagnosis" is urinary tract infection with hematuria, intracranial hemorrhage, fall, and subarachnoid hemorrhage. R1's 04-14-2025 hospital paperwork contains documentation of R1's diagnoses that are urinary tract infection, acute kidney injury, hypernaremia, and pelvic fracture. The "Hospital Course" documentation is that R1 was admitted to the hospital on 04-10-2025 for acute kidney injury and hypernatremia, which was initially thought to be due to gastroenteritis. Further documentation is that R1 was found to have Ecoli urinary tract infection that is likely the cause of the presenting symotoms. Documentation includes that R1 was noted to have a "mildly displaced fracture of the left inferior pubic ramus on admission." R1 was discharged with orders to start an oral antibiotic on 04-15-2025. Documentation of R1's x-rays and computed tomography (CT,) scans is included in the hospital paperwork with documentation that they were compared to the ones done on 02-12-2025. R1's 02-12-2025 Department reportable incident contain documentation that R1 was observed in R1's room, lying on the floor. That R1 was assessed and noted to be lying on the right side, complaining of pain to the right side and top of head. Documentation also includes that R1 was sent to the local emergency department. Z1, complainant, was interviewed on 04-16-2025. Z1 states that the R1 came to the emergency room by emergency medical services due to nausea, vomiting and diarrhea for the last two days. Z1 states that R1 had four to five episodes	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510056	A. BUILDING: _____ B. WING _____	04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - CHAMPAIGN COTTAGE	1002 S STALEY RD CHAMPAIGN, IL 61822

(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 12	A4010		

of diarrhea that day and was changed by staff. Z1 further states that the resident had pain with movement while hospital staff were changing the resident and that they noted a healing bruise that was yellowish in color to the pelvis area and that a purple bruise was noted to the left hip when turning R1. Z1 states that they did not receive any reports of R1 having a fall from the facility and that the emergency room physician ordered x-rays that showed a fractured pelvis.

On 04-16-2025, approximately 1:15pm, E1 (Executive Director,) states that R1 has had no other reportable incidents after the 02-12-2025 incident.

On 04-17-2025, approximately 10:20am, E1 states that R1's fractured pelvis is an old fracture. Approximately 11:30am, E1 states that R1 moved from the Assisted Living area to the memory care unit due to R1 being a fall risk and R1's confusion. E1 states that R1 has had the wheelchair for use for approximately three-four weeks now. At approximately 1:30pm, E1 states that R1's service plan was last updated on 02-10-2025.

R1's 02-10-2025 service plan does not include documentation that R1 utilizes a wheelchair, requires assistance with transfers, requires more supervision, and does not include updated fall interventions following each of R1's falls.