

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/22/2026
NAME OF PROVIDER OR SUPPLIER PEORIA BICKFORD COTTAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 W WILLOW KNOLLS DR PEORIA, IL 61614		
(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 2620839 / IL 199759 and 2620822 / IL 199739. Complaint IL 199759 - No violations cited. Complaint IL 199739 - VIOLATION TYPE 2 295.6000 a) 5) 295.9040 a)	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: 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: 1) The right to live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice and to be treated with consideration and respect; 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; VIOLATION Type 2 Based on observations, record review, and interviews, the establishment failed to follow the	A6000		

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

TITLE

(X6) DATE

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A6000	Continued From page 1 service plan for shaving and dressing for one of four sampled residents. (R1) The Establishment also failed to use proper silverware for resident meals. This creates a substantial probability of harm to a resident or residents. Findings include: R1's face sheet and service plan notes that R1 requires staff to assisted with all of his activities of daily living. R1 requires staff to assist with changing his clothes and shaving R1. On 1/20/26 at 5:35 P.M., Z1 (Complainant) stated that they have a camera in R1's room which allows the family to review cares by staff to make sure they are following R1's service plan. Z1 stated that R1 was left in the same red shirt from 1/5/26 at 8:30 A.M. until he brought it to staffs attention on 1/6/26 at 10:30 A.M.. Total of 26 hours. Z1 said this was verified through review of the video recording. On 1/20/26 at 5:35 P.M., Z1 stated that was not shaven on the following dates as service planned for : 12/17/26, 12/20/25, and 12/29/26. Z1 stated this was verified through video and visiting. Z1 stated that he brought these issues to management. On 1/20/26 at 5:35 P.M., Z1 stated that when visiting on 12/23/26 the residents were using plastic silverware because the regular silverware was not clean. Z1 stated that this has been an on going issue. On 1/21/26 at 2:35 P.M., E3 (Divisional Director of Operations) stated that Z1 had bought these issue to their attention and she reassured Z1 that these issues would be addressed.	A6000		

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A9040	Section 295.9040 Environmental Requirements This Regulation is not met as evidenced by: Section 295.9040 Environmental Requirements a) The establishment shall be kept in a clean, safe and orderly condition and in good repair. VIOLATION Type 2 Based on interviews and record review, the establishment failed to keep one of four sampled residents rooms clean and orderly. (R1) Findings include: R1's face sheet and service plan notes that R1 requires staff to perform most activities of daily living and keeping his room clean. This creates a substantial probability of harm to a resident or residents. On 1/20/26 at 5:35 P.M., Z1 (Complainant) stated that they have a camera in R1's room to make sure staff are following R1's service plan and providing the cares R1 needs. Z1 stated that on 12/30/25, staff just left urine soaked clothes and a towel covered in feces in R1's laundry basket. Z1 stated that the facility is responsible for doing R1's laundry and should not leave filthy laundry in R1's room. Z1 stated that on 1/4/26, staff left clothes covered in feces on R1's floor in his closet. Z1 stated that he brought this to management's attention. On 1/21/26 at 2:35 P.M., E3 (Divisional Director of Operations) stated Z1 did bring these issues to	A9040		

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A9040	Continued From page 3 their attention and that these issues are being addressed so they do not continue to occur.	A9040			