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 _____	05/29/2025

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 Annual Survey conducted on 5/29/2025 The following violations were cited: 1. 295.2040 Disaster Preparedness - a) b) 5) c) 1) 2) 3) (REPEAT) 2. 295.3010 Manager's Qualifications - f) 3. 295.3020 Employee Orientation - a) 1-6 b) 1-6 c) 1-6 d) 1-5 (REPEAT) 4. 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees - e) 1) 2) (REPEAT) 5. 295.3040 Health Care Worker Background Check - d) f) g) h) j) t) u) Section 955.145 Employment Verification a) 1) 2) 3) b) c) Section 955.165 Fingerprint-Based Criminal History Record Check a) 1) A) b) c) d) 4) 5) l) n) Section 955.220 Health Care Employee Files a) b) c) d) 6. 295.4000 Physician Assessment - a) 7. 295.4060 Alzheimer's and Dementia Programs - i) 2) A) i-v) B) i-v) c) i-x) (REPEAT)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 Violation REPEAT VIOLATION Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others	A2040		

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 _____	05/29/2025

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
A2040	Continued From page 1 present in the establishment. b) Each establishment shall: 5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative. c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks. 2) Ensure that all personnel on all shifts are familiar with the use of the firefighting equipment in the facility. 3) Evaluate the effectiveness of disaster plans, procedures, and training. These requirements are not met as evidenced by: Based on record review and interview, the establishment failed to provide orientation to residents or the resident's responsible party regarding emergency/evacuation plans, and identification and use of emergency exits within the required time frame from arrival to the establishment. The establishment also failed to conduct the required minimum number of fire	A2040		

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 _____	05/29/2025

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
A2040	Continued From page 2	A2040		

drills within the year.

This applies to 3 (R1, R3, R5) residents reviewed for Disaster Preparedness in the sample of 5.

The insufficient number of fire drills conducted within the year creates a substantial probability of harm to the residents in the building.

The findings include:

On May 27 to 29, 2025, the establishment's orientation records for the residents in the sample and the disaster plan binder were reviewed.

R1's file contained only a blank orientation checklist filled with just the name and apartment number of the resident. R3, and R5's resident files did not contain documentation the initial orientation was given to them or to their responsible party within the required time frame of 10 days from their admission to the establishment. There were only two documented fire drills for the building. One was dated March 21, 2025 at 11:15 AM for first shift, and the other was dated April 30, 2025 at 4:40 AM for 3rd shift.

On May 27, 2025 at 3:00 PM, E10 (Divisional Nurse/RN) said the presented fire drills are the only ones that were conducted. E10 explained their Maintenance Director (responsible for conducting the drills) got sick and there was no one who took over the assignment. E10 said they will make sure somebody will be designated to take over the Maintenance Director's responsibility in the event he will not be available to do it. E3 (Health and Wellness Coordinator) also stated the orientation documents they presented are the only ones they could find 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 _____	05/29/2025

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
A2040	Continued From page 3 the residents in the sample. This same violation was cited during the previous Annual survey on April 25, 2024.	A2040		
A3010	Section 295. 3010 Manager's Qualifications This Regulation is not met as evidenced by: Type 3 Violation Section 295.3010 Manager's Qualifications f) Changes in manager must be reported to the Department within 10 working days after the change. (Source: Amended at 48 Ill. Reg. 12026, effective July 29, 2024) This requirement is not met as evidenced by: Based on record review and interview, the establishment failed to notify the Department regarding a change in management/Executive Director within 10 working days after hiring of the current executive director of the building. The findings include: On May 27 to May 29, 2025, establishment's records were reviewed.	A3010		

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 _____	05/29/2025

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
A3010	Continued From page 4 The Department's records still showed the name of the previous Executive Director as the contact person. On May 27, 2025 at 2:00 PM, E3 (Health and Wellness Coordinator-HWC) and E10 (Divisional Nurse/RN) confirmed they have a new executive director (E1). E3 explained E1 used to be the Sales Manager. She recently accepted the new leadership position as executive director. The establishment's current Employee Roster showed R1's hire date as May 22, 2023. E3 (HWC) forwarded an email from the Divisional Director of Operations dated May 29, 2025 stating E1 was hired on December 16, 2024 as executive director. The email also apologized for the delayed notification of the change of leadership for the executive director position.	A3010		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Type 2 Violation REPEAT VIOLATION Section 295.3020 Employee Orientation and Ongoing Training a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes: 1) The establishment's philosophy and	A3020		

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 _____	05/29/2025

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
A3020	Continued From page 5 goals. 2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights. 3) Confidentiality of resident records and resident information. 4) Hygiene and infection control. 5) Abuse and neglect prevention and reporting requirements; and 6) Disaster procedures. b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes: 1) Orientation to the characteristics and needs of the establishment's residents. 2) The significance and location of resident service plans. 3) Internal establishment requirements and the establishment's policies and procedures. 4) The employee's job responsibilities and limitations. 5) CPR and emergency procedures for medical events, if applicable; and 6) Training in assistance with activities of daily living appropriate to the job. c) Each manager and direct care staff	A3020		

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 _____	05/29/2025

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
A3020	Continued From page 6 member shall complete a minimum of 8 hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include: 1) Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights. 2) Disaster procedures. 3) Hygiene and infection control. 4) Assisting residents in self-administering medications. 5) Abuse and neglect prevention and reporting requirements; and 6) Assisting residents with activities of daily living. d) All training shall be documented with: 1) Date. 2) Starting and ending time. 3) Instructors and their qualifications. 4) Short description of content; and 5) Staff member's written signature. These requirements are not met as evidenced by: Based on record review and interview, the	A3020		

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 _____	05/29/2025

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
A3020	Continued From page 7 establishment failed to provide orientation to employees in a timely manner from their hire dates. They failed to show who the instructor was and the qualification of the instructor. They also failed to complete the required number of hours of continuing training for the employees. This applies to 8 (E1, E2, E3, E4, E5, E6, E7, E8) employees reviewed for employee orientation in the sample of 9, and 2 (E5, E6) employees reviewed for continuing training in the same sample. The findings include: On May 27 to May 29, 2025, employee files were reviewed. The establishment's employee roster showed E4 (RN) was hired on February 19, 2025. E4's orientation form was dated April 3, 2025, which was over a month after her hire date. The employee roster also showed E5 (Caregiver Assistant-CG Asst.) was hired on June 18, 2024. However, E5's orientation was dated March 26, 2025, which was nine months after her hire date. The establishment's employee roster showed E7 (CG Asst.) was hired on December 16, 2024. There was no documentation in her file an employee orientation was given. E1's (Executive Director-ED, hired May 22, 2023) and E3's (Health and Wellness Coordinator-HWC, hired April 3, 2023) orientation forms were not dated to show when their orientation was given. The orientation forms for E1 (ED), E2 (Breadbasket Manager), E3 (HWC), E4 (RN), E5,	A3020		

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 _____	05/29/2025

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
A3020	Continued From page 8 E6 (CG Assts.), and E8 (Cert.CG) did not show who the instructor was and the instructor's qualifications. E5's continuing training recorded only 3.5 hours completion from her hire date to the current date. The establishment's employee roster showed E6 was hired on November 25, 2024. The establishment's continuing training for E6 recorded only an hour of completion from her hire date to the present. On May 29, 2025 at 2:00 PM, E3 (Health and Wellness Coordinator) explained the orientation and training record they have on file are the only ones they could find for the employees. This same violation was cited during the previous Annual survey on April 25, 2024.	A3020		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 3 Violation REPEAT VIOLATION Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames:	A3030		

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 _____	05/29/2025

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
A3030	Continued From page 9 1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or 2) The test must be commenced no more than ten days after the date of initial employment in the establishment. This requirement is not met as evidenced by: Based on interview and record review, the establishment failed to complete TB tests for employees within the required time frame from their hire dates. The establishment also failed to follow their policy and procedure regarding Tuberculosis (TB) screening at the time of hire. This applies to 4 (E1, E3, E5, E8) employees reviewed for Initial Health Evaluation/TB test in the sample of 9. The findings include: On May 27 to May 29, 2025, employee records were reviewed. The establishment's employee roster showed E1 (Executive Director-ED) was hired on May 22, 2023, E3 (Health and Wellness Coordinator-HWC) was hired on April 3, 2023, E5 (Caregiver Assistant-CG Asst.) was hired on June 18, 2024, and E8 (Certified Caregiver-Cert.CG) was hired on January 13, 2025. E1's (ED) employee file showed her TB test was given on October 4, 2024 and October 17, 2024	A3030		

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 _____	05/29/2025

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
A3030	Continued From page 10 (17 months after her hire date). E3's (HWC) file showed her TB test was given on September 30, 2024 and October 18, 2024 (17 months after her hire date). E5's (CG Asst.) file showed her TB test was given on April 14, 2025 (10 months after her hire date) and for 1st step only. E8's (Certified Caregiver) file showed her TB test was 1st step only given on January 13, 2025 and was read 5 days after on January 18, 2025, instead of within 48 to 72 hours after initial test. On May 29, 2025 at 2:00 PM, E3 (HWC) said she does not have on file the initial TB tests for the employees. She also does not know why only the 1st step TB test was conducted for E8. E3 explained she was not in management when employees in the sample were hired. She just officially started as HWC. The establishment's Policy and Procedure regarding Tuberculosis Screening - Personnel (revised April 2025) showed, "Upon hire, all Bickford Family Members must undergo a two-step Mantoux Purified Protein Derivative (PPD) testing to ensure that they are not infected with tuberculosis." This same violation was cited during the previous Annual survey on April 25, 2024.	A3030		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type 2 Violation Section 295.3040 Health Care Worker	A3040		

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 _____	05/29/2025

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
A3040	Continued From page 11 Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 36 Ill. Reg. 13632, effective August 16, 2012) d) For the purposes of this Section: "Applicant" means an individual seeking employment with an establishment who has received a bona fide conditional offer of employment. "Conditional offer of employment" means a bona fide offer of employment by an establishment to an applicant, which is contingent upon the receipt of a report from the Department of State Police indicating that the applicant does not have a record of conviction of any of the criminal offenses listed in subsections (a)(1) through (27) of this Section. "Direct care" means the provision of nursing care or assistance with feeding, dressing, movement, bathing, or other personal needs. "Initiate" means the obtaining of the authorization for a record check from a student, applicant, or employee. (Section 15 of the Health Care Worker Background Check Act) f) When the establishment makes a conditional offer of employment to an applicant who is not exempt under subsection (s) of this Section for a position with duties that involve direct care for residents, the employer must	A3040		

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 _____	05/29/2025

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
A3040	Continued From page 12	A3040		

initiate or have initiated on its behalf a Uniform Conviction Information Act (UCIA) criminal history record check for that applicant. (Section 30(c) of the Health Care Worker Background Check Act) If the applicant is on the Department's Nurse Aide Registry and has had a UCIA criminal history record check within the last 2 months, the employer need not initiate another check.

g) The establishment shall transmit all necessary information and fees to the Illinois State Police within 10 working days after receipt of the authorization. (Section 15 of the Health Care Worker Background Check Act)

h) The establishment may accept an authentic UCIA criminal history record check that has been conducted within the last 12 months rather than initiating a check as required in subsection (f) of this Section.

j) An establishment may conditionally employ an applicant to provide direct care for up to three months pending the results of a UCIA criminal history record check. (Section 30(g) of the Health Care Worker Background Check Act)

t) The establishment shall retain on file for a period of 5 years records of criminal records requests for all employees. The establishment shall retain the results of the UCIA criminal history records check and waiver, if appropriate, for the duration of the individual's employment. The files shall be subject to inspection by the Department. A fine of $500 shall be imposed for failure to maintain these records. (Section 50 of the Health Care Worker Background Check Act)

u) The establishment shall maintain a copy

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 _____	05/29/2025

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
A3040	Continued From page 13 of the employee's criminal history record check results and waiver, if applicable, in the personnel file or other secure location accessible to the Department. Section 955.145 Employment Verification a) Each health care employer or its designee shall provide an employment verification and update the demographic information for each employee no less than annually. (Section 33(i) of the Act) 1) The health care employer or its designee shall log into the Health Care Worker Registry through a secure login in a method prescribed by the Department. (Section 33(i) of the Act) 2) The health care employer or its designee shall indicate employment and termination dates (separation dates) within 30 days after hiring or terminating an employee. (Section 33(i) of the Act) 3) The health care employer shall provide the employment category and type. (Section 33(i) of the Act) b) Failure to comply with this Section constitutes a licensing violation. A fine of up to $500 may be imposed upon a health care employer for failure to maintain these records. (Section 33(i) of the Act) c) The information required in this Section shall be used by the Department of Public Health to notify any current employer of any disqualifying offenses that are reported by the Department of State Police. (Section 33(i) of the Act)	A3040		

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 _____	05/29/2025

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
A3040	Continued From page 14 (Source: Amended at 43 Ill. Reg. 3665, effective March 1, 2019) Section 955.165 Fingerprint-Based Criminal History Records Check a) educational entities, other than secondary schools, and health care employers are required to check the Health Care Worker Registry before allowing a student to enter a training program or hiring an employee to determine: 1) Whether a fingerprint-based criminal history records check has previously been conducted, which is indicated by the identifier of "FEE_APP" or "CAAPP". A) As long as the student, applicant or employee has had a background check and stays active on the Health Care Worker Registry, no further fingerprint-based criminal history record checks are required. (Section 33(g) of the Act) b) If the individual has not had a background check or is not active on the Health Care Worker Registry, then the health care employer shall initiate a fingerprint-based criminal history records check. (Section 33(g) of the Act) c) Educational entities and health care employers shall conduct Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the website of the	A3040		

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 _____	05/29/2025

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
A3040	Continued From page 15 Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or shall conduct similar searches as provided by the web-based application. (Section 15 of the Act) d) Any student, applicant, or employee to whom the Act and this Part apply and who desires to be included on the Department of Public Health's Health Care Worker Registry shall authorize the Department of Public Health or its designee to request a fingerprint-based criminal history records check to determine if the individual has a conviction for a disqualifying offense by completing and signing an authorization and disclosure form. This authorization shall allow the Department of Public Health to request and receive information and assistance from any State or local governmental agency. (Section 33(b) of the Act) 4) If the student, applicant, or employee does not go to a livescan vendor and have his or her fingerprints collected electronically within 10 working days, the individual shall be suspended from participating in a training program if a student, or suspended from working if an employee, until such time as proof is provided that the individual has had his or her fingerprints collected electronically from a livescan vendor. 5) If the student, applicant, or employee has not had his or her fingerprints collected electronically by a vendor within 30 days after being hired or beginning a training program, the employee shall be terminated, or the student shall be dropped from the training program. The educational entity or health care employer shall	A3040		

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 _____	05/29/2025

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
A3040	Continued From page 16 withdraw the background check application from the Health Care Worker Registry. l) A health care employer or long-term care facility may conditionally employ an applicant for up to three months pending the results of a fingerprint-based criminal history records check required by the Act and this Part. During this time, the employee shall have adequate supervision, which is the type and frequency of supervision required to prevent abuse, neglect, or theft regarding patients, clients, or residents. (Section 33(l) of the Act) n) If the individual is not active on the Health Care Worker Registry, then the health care employer shall initiate a fingerprint-based criminal history record check required by the Act and this Part. (Section 33(g) of the Act) (Source: Amended at 44 Ill. Reg. 18422, effective October 29, 2020) Section 955.220 Health Care Employer Files a) The health care employer shall retain on file for a period of 5 years records of criminal records requests for all employees. The health care employer shall retain a copy of the disclosure and authorization forms, a copy of the live scan request form, all notifications resulting from the fingerprint-based criminal history records check and waiver, if appropriate, for the duration of the individual's employment. The files shall be subject to inspection by the Department. A fine of $500 shall be imposed for failure to maintain these records. (Section 50 of the Act)	A3040		

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 _____	05/29/2025

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
A3040	Continued From page 17 b) If the Health Care Worker Registry indicates that the employee had no disqualifying criminal offenses or administrative findings at the time of hire, then the health care employer shall retain a screen print of this information in the employee's file. If the individual was not on the Health Care Worker Registry prior to being hired, then a screen print indicating that the worker was not found shall be retained in the employee's file. c) The health care employer shall retain a screen print of the background check initiation page, which documents that the employer did conduct an internet search of the web sites from the links provided through the Health Care Worker Registry and found no results from those web sites that would prevent the employee from being hired. No additional screen prints from those web sites shall be required in the employee's file. d) The health care employer shall maintain a copy of the documents required in this Section in the employee's personnel file or other secure location accessible to the Department. (Source: Amended at 33 Ill. Reg. 5378, effective March 26, 2009) These requirements are not met as evidenced by: Based on record review and interview, the establishment failed to show documentation health care worker background checks were initiated for employees, subsequently failed to conduct fingerprint-based criminal history record checks, failed to conduct employment verification and internet searches on the required websites, as well as failed to retain in the files of these	A3040		

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 _____	05/29/2025

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
A3040	Continued From page 18 employees their criminal record requests. This applies to 6 (E1, E2, E5, E6, E8, E9) employees reviewed for Health Care Worker Background Checks in the sample of 9. The findings include: On May 27 to May 29, 2025, employee files were reviewed. The establishment's employee roster showed E1 (Executive Director-ED) was hired on May 22, 2023, E2 (Breadbasket Manager) was hired on May 21, 2024, E5 (Caregiver Assistant-CG Asst.) was hired on June 18, 2024, E6 (CG Asst.) was hired on November 25, 2024, E8 (Certified Caregiver-Cert.CG) was hired on January 13, 2025, and E9 (CG Asst.) was hired on January 30, 2025. On May 27, 2025 at 1:00 PM, E2 (Breadbasket Manager) confirmed she was hired and worked as a caregiver and just recently accepted her current work position as breadbasket manager. The employee files for E1 (Executive Director), E2 (Breadbasket Manager), E5, E6, E9 (CG Assts.), and E8 (Cert.CG) did not contain documentation their fingerprint-based history record check was conducted. E2's, E8's, and E9's files contain a background check conducted by a private company called Hire Right. It did not show the IDPH portal/registry was accessed, and a healthcare worker background check was initiated. There was also no documentation the Department's registry and required website checks were conducted for the employees upon onboarding.	A3040		

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 _____	05/29/2025

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
A3040	Continued From page 19 A copy of E9's Hire Right Report was given during the survey process. On May 29, 2025 at 2:15 PM, E3 (Health and Wellness Coordinator) confirmed there were no other documents found in the employee files showing healthcare worker background checks were conducted for these employees.	A3040		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Violation Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition. This requirement is not met as evidenced by: Based on record review and interview, the establishment failed to ensure the Physician Certification/Assessment conducted for a resident was initiated prior to admission to the	A4000		

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 _____	05/29/2025

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
A4000	Continued From page 20 establishment. They also failed to ensure a resident's initial physician certification was conducted and signed by a physician. This applies to 1 (R3) resident reviewed for Physician Assessment/Certification in the sample of 5. The findings include: On May 27 to May 29, 2025, resident records were reviewed. The establishment's Resident Roster showed R3 was admitted to the establishment on November 8, 2024. R3's Physician Certification showed it was dated January 27, 2025 (more than two months after admission) and was signed by an APN (Advanced Practice Nurse) instead of a physician. The establishment was not able to present an earlier Physician Assessment/Certification conducted prior to or around R3's admission date. On May 29, 2025 at 2:15 PM, E3 (Health and Wellness Coordinator-HWC) said she could not find any other Physician Assessment/Certification for R3. The form presented was the only one they got in his file.	A4000		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs	A4060		

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 _____	05/29/2025

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
A4060	Continued From page 21 This Regulation is not met as evidenced by: Type 2 Violation REPEAT VIOLATION Section 295.4060 Alzheimer's and Dementia Programs i) Training requirements for individuals working in a special program: 2) Staff training: A) All staff members must receive, in addition to the training required in Section 295.3020, four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision within the Alzheimer's/dementia program. Training must cover, at a minimum, the following topics: i) basic information about the causes, progression, and management of Alzheimer's disease and other related dementia disorders. ii) techniques for creating an environment that minimizes challenging behavior. iii) identifying and alleviating safety risks to residents with Alzheimer's disease. iv) techniques for successful communication with individuals with dementia; and v) residents' rights. B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover:	A4060		

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 _____	05/29/2025

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
A4060	Continued From page 22 i) encouraging independence in and providing assistance with the activities of daily living. ii) emergency and evacuation procedures specific to the dementia population. iii) techniques for creating an environment that minimizes challenging behaviors. iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and v) techniques for successful communication. C) Direct care staff must annually complete 12 hours of in-service education regarding Alzheimer's disease and other related dementia disorders. Topics may include: i) assessing resident capabilities and developing and implementing service plans. ii) promoting resident dignity, independence, individuality, privacy, and choice. iii) planning and facilitating activities appropriate for the dementia resident. iv) communicating with families and other persons interested in the resident. v) resident rights and principles of self-determination. vi) care of elderly persons with physical, cognitive, behavioral, and social disabilities.	A4060		

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 _____	05/29/2025

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
A4060	Continued From page 23 vii) medical and social needs of the resident. viii) common psychotropics and side effects. ix) local community resources; and x) other related issues. (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) These requirements are not met as evidenced by: Based on record review and interview, the establishment failed to ensure employees were given the 4-hour dementia specific orientation prior to assumption of their job responsibilities and the 16-hours of on-the-job supervised training within the first 16 hours of employment. The establishment also failed to ensure direct care staff members completed or have an ongoing in-service education regarding Alzheimer's disease and other related dementia disorders. This applies to 7 (E3, E4, E5, E6, E7, E8, E9) employees reviewed for Alzheimer's and Dementia Programs in the sample of 9. The findings include: On May 27 to 29, 2025, employee records were reviewed. The establishment's current Employee Roster showed the hire dates of the following employees: E3 (Heath and Wellness Coordinator-HWC) was	A4060		

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 _____	05/29/2025

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
A4060	Continued From page 24 hired April 3, 2023, E4 (Registered Nurse-RN) was hired February 19, 2025, E5 (Caregiver Assistant-CG Asst.) was hired June 18, 2024, E6 (CG Asst.) was hired November 25, 2024, E7 (CG Asst.) was hired December 16, 2024, E8 (Certified Caregiver-Cert. CG) was hired January 13, 2025, and E9 (CG Asst.) was hired January 30, 2025. The training record for E5 (CG Asst) showed she only had 1.25 hours of Alzheimer's training and E6 (CG Asst) only had 2.5 hours of Alzheimer's training instead of 4 hours. E5 and E6 did not have any hours of ongoing in-service education regarding Alzheimer's disease and other related dementia disorders. E3 (HWC), E4 (RN), E5, E6, E7, E9 (CG Assts.) and E8 (Cert. CG) did not have any documentation in their file they had the 16-hour of on-the-job supervised training within the first 16 hours of their employment. On May 29, 2025 at 2:15 PM, E3 (HWC) confirmed there are no other additional training record they could find for the employees in the sample. This same violation was cited during the previous Annual survey on April 25, 2024.	A4060		