STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510054	A. BUILDING: _____ B. WING _____	C 03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - BLOOMINGTON	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 Complaint Investigation 2662493/IL200438 295.6000 a)5) cited.	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: TYPE 2 VIOLATION-Repeat 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; Based on interview and record review the establishment failed to ensure gait belt use for resident transfers for one resident (R1) of three residents reviewed for transfers in a sample of four. This failure creates a substantial probability of causing harm to a resident or residents. Findings include: The establishments' Resident Bill of Rights policy documents "While residing in a health care facility, each Resident, Guardian, Power of	A6000		

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A6000	Continued From page 1	A6000		

Attorney, and Durable Power of attorney for Health Care Decisions has certain rights protected by the state and federal constitution. This document will outline and explain these 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;"

On 3/4/26, at 11:45am, R4 (R1's family member and roommate) confirmed that R1 has fallen with staff assisting and stated "they don't always use a gait belt."

R1's current Service Plan documents for mobility that R1 is a one-person partial assist and has "Needs/Details" including but not limited to "walker, wheelchair, Gait belt."

R1's clinical record includes a note dated 2/13/26 and documented by E3 Certified Nurse Assistant/CNA. This note states the following: "I was assisting resident to walk to her chair, resident started to fall I helped lowered her to the floor, alerted nurse, and nurse helped get her off floor."

On 3/5/26, at 1:30pm, E7 Physical Therapy Assistant/PTA stated the following: After a resident fall (E7) always asks the person involved what happened. (E3 CNA) told (E7) that (E3) was not using a gait belt and had to lower (R1) to the floor. Our therapy program policy is for staff to always use gait belts.

On 3/5/26, at 1:43pm, E4 Licensed Practical Nurse/LPN stated that E4 was alerted to R1's fall and placed a gait belt on R1 to assist her off the floor. E4 stated that E3 had not used a gait belt when assisting R1.

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A6000	Continued From page 2 On 3/5/26, at 3:28pm, E1 Acting Executive Director stated that gait belts should be used if it is on the Service plan. E1 confirmed that R1's Service plan states a gait belt should be used for R1's mobility.	A6000		