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A 000	Initial Comment Annual Licensure Survey - Violations Cited: 295.2000 a) 3) 5) 295.2040 a) 5) c) 1) 2) 3) d) 295.2050 a) b) c) 295.4060 b) c) g) 295.3000 a) b) 2) A) f) 1) 3) 295.3020 b) 5) 295.3040 295.4050 295.7000 b) 5) 295.9040 a)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Type One Violation Section 295.2000 Residency Requirements a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of s service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act) 3) The person requires total assistance with 2 or more activities of daily living; 5) The person requires more than minimal	A2000		

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assistance in moving to a safe area in an emergency. For the purpose of this Section, minimal assistance means that the resident is able to respond, with or without assistance, in an emergency to protect themselves, given the staffing and construction of the building;

Based on observation, interview and record review the establishment failed to ensure the residency requirements for one (R1) of two residents reviewed for assisted living residency requirements. This failure creates a substantial probability of severe harm to R1.

Findings include:

On 3/26/26 at 12:50PM, R1 was sitting in the private dining room alone, with her back to the main dining room where the other residents were eating. E1 Executive Director stated that she is in there so that she can be fed. E8 Caregiver stated that R1 cannot feed herself. R1 was admitted to hospice care on 2/5/26.

On 3/26/26 at 2:30PM R1 was calling from inside her assisted living apartment, "Help me, Help me." Upon entering R1's apartment, she was found lying sideways in her recliner, confused, yelling for help, unable to articulate what she was upset about. R1 was unable to move herself when asked and could not identify how to call for assistance.

R1's medical record documents that she was admitted to the establishment as an assisted living resident on 6/5/25 with the diagnoses of Dementia, Congestive Heart Failure, Weakness, Stage 4 Chronic Kidney Disease, and Anxiety.

R1's progress notes document from admission on

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A2000	Continued From page 2 6/5/25 to present that R1 continues to be confused, refuse care, refuses to eat most meals, hallucinates, has been dehydrated, has had seven falls since admission resulting in multiple skin tears and on 10/1/26, R1's progress notes document that she took a bag of vomit to the dining room to "prove" that she was being poisoned. While being confused and hallucinating, R1 has continued to heat up liquids in her apartment microwave at severe risk for burns as was documented in her progress note dated 10/1/26. On 3/30/26 at 2:35PM, E1 Executive Director stated that the establishment does not have the staffing to supervise R1 given her behaviors and inability to call for assist.	A2000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type One 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 present in the establishment. 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	A2040		

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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 fire fighting equipment in the facility;

3) Evaluate the effectiveness of disaster plans, procedures and training.

d) The establishment shall conduct a tornado drill on each shift during February of each year for employees.

Based on interview and record review the establishment failed to orient residents R1-R5 to the emergency evacuation plans and failed to conduct fire drills and tornado drills for the establishment per regulation. These failures create a substantial probability of severe harm to all 48 residents who reside in the establishment.

Findings include:

The establishment provided Mandatory Drill Schedule Cover Page dated 6/2015 documents that fire drills shall be performed monthly, evacuation drills shall be performed quarterly, and tornado drills shall be performed annually on each shift in February.

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A2040	Continued From page 4 A review of R1, R2, R3, R4 and R5's records did not include orientation to emergency evacuation procedures. On 3/26/26 at 1:00PM E1 Executive Director, E2 Regional Executive Director, and E3 Corporate Nurse confirmed that no emergency evacuation procedures had been signed off for R1-R5, and provided a blank resident orientation checklist as an example of what should have been completed. The establishment fire drills were reviewed. Fire drills were documented on 8/21/25 at 2:30PM,, 9/12/25 at 2:00PM, and 11/11/25 at 11:10AM. On 3/26/26 at 2:00PM, E1 Executive Director, E2 Regional Executive Director, and E3 Corporate Nurse confirmed that these were the only fire drills that were completed. The establishment tornado drills were reviewed. One tornado drill was conducted on 3/19/26 at 2:35PM. E1 Executive Director, E2 Regional Executive Director, and E3 Corporate Nurse confirmed that this was the only documented tornado drill. On 3/26/26 at 3:15PM, E1 Executive Director stated that it is important to perform disaster drills so that both staff and residents know what to do in case of an emergency.	A2040		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by:	A2050		

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A2050	Continued From page 5 Type Two Violation Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of then ncident or accident. c) A copy of the report shall be maintained by the establishment for one year after the date of the incident or accident. Based on interview and record review the establishment failed to report incidents and accidents for two (R3 and R5) of five residents reviewed for incidents and accidents. This failure creates a substantial probability of harm to a resident or residents. Findings include: 1.) The establishment provided incident and accident list documents that on 3/21/26 at 4:50AM , R3 fell and sustained a laceration to the front of the head requiring emergency room care and sutures.	A2050		

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A2050	Continued From page 6 2.) The establishement provided incident and accident list documents that on 1/14/26 at 10:00PM, R5 fell and hit his head resulting in a laceration to the back of his head requiring emergency room care and staples. On 3/25/26 at 11:18AM, E1 Executive Director stated that he did not submit a report to the state agency for R3's incident and that no report could be located for R5's incident either. No documentation to the state agency of R3 nor R5's incidents were made prior to this survey.	A2050		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type Two 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) b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in	A3000		

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A3000	Continued From page 7 CPR. 2) Documentation of: A) Freedom from pulmonary tuberculosis; f) In addition to the information required in subsection (e) of this Section, the file for each direct care employee shall contain documentation of: 1) Current certification in CPR, if applicable; 3) Compliance with the Health Care Worker Background Check Act; Based on interview and record review the establishment failed to ensure that four staff members (E4 Licensed Practical Nurse, E5 Certified Nursing Assistant, E9 Housekeeper, and E11 Dietary Manager) had documented CPR training and freedom from tuberculosis, and failed to ensure that E5 Certified Nursing Assistant, E9 Housekeeper, and E11 Dietary Manager had documentation of compliance with the Health Care Worker Background Check Act. These failures create a substantial probability of harm to all 48 residents who reside in the establishment. Findings include: E4 Licensed Practical Nurse's file was reviewed and did not contain Cardiopulmonary Resucitation (CPR) training, nor did it contain a tuberculosis test, with proof of negative result. E4's documented hire date was 12/8/25. E5 Certified Nursing Assistant (CNA)'s file was reviewed and did not contain Cardiopulmonary Resuscitation (CPR) training, nor did it contain a	A3000		

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A3000	Continued From page 8 tuberculosis test, with proof of negative result, and it did not include background checks as required by the Act. E5's documented hire date was 10/4/22. E9 Housekeeper's file was reviewed and did not contain Cardiopulmonary Resuscitation (CPR) training, nor did it contain a tuberculosis test, with proof of negative result, and it did not include background checks as required by the Act. E9's documented hire date was 1/7/26. E11 Dietary Manager's file was reviewed and did not contain Cardiopulmonary Resuscitation (CPR) training, nor did it contain a tuberculosis test, with proof of negative result, and it did not include background checks as required by the Act. E11's documented hire date was 12/16/24. On 3/26/26 at 3:00PM, E1 Executive Director stated that no documentation was found for any staff member's CPR certification and that currently did not know who was certified and who was not. Addtionally, E1 stated that no documentation of E4 Licensed Practical Nurse, E5 Certified Nursing Assistant (CNA), E9 Housekeeper, nor D11 Dietary Manager existed for tuberculosis testing. Finally, E1 stated that not all background checks were completed for E5 CNA, E9 Housekeeper, nor E11 Dietary Manager.	A3000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Type Two Violation	A3020		

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A3020	Continued From page 9 Section 295.3020 Employee Orientation and Ongoing Training b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes: 5) CPR and emergency procedures for medical events, if applicable Based on interview and record review the establishment failed to ensure that Cardiopulmonary (CPR) Certification was obtained and documented for all employees of the establishment including E4 Licensed Practical Nurse, E5 Certified Nursing Assistant, E9 Housekeeper, and E11 Dietary Manager. This failure creates a substantial probability of harm to all 48 residents who reside in the establishment. Findings include: The establishment provided "BFM New Hire Checklist" documents an area to complete if the employee has completed CPR/First Aid Certification. On 3/30/26 at 2:36PM, E1 Executive Director stated that no documentation was found for any staff member's CPR certification and that currently he did not know who was certified and who was not.	A3020		
A3040	Section 295.3040 Health Care Worker Background Check	A3040		

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A3040	Continued From page 10 This Regulation is not met as evidenced by: Type Two Violation Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. Based on interview and record review the establishment failed to ensure that three (E5 Certified Nursing Assistant, E9 Housekeeper, and E11 Dietary Manager) of five employees reviewed for Health Care Worker Background Checks had been completed. This failure creates a substantial probability of harm to all 48 residents who reside in the establishment. Findings include: The establishment provided blank "BFM New Hire Checklist" provides a space for documenting background checks. E5 Certified Nursing Assistant (CNA)'s file was reviewed and did not include background checks as required by the Act. E5's documented hire date was 10/4/22. E9 Housekeeper's file was reviewed and did not include background checks as required by the Act. E9's documented hire date was 1/7/26. E11 Dietary Manager's file was reviewed and did not include background checks as required by the Act. E11's documented hire date was 12/16/24. On 3/26/26 at 3:00PM, E1 Executive Director	A3040		

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A3040	Continued From page 11 stated that not all background checks were completed for E5 CNA, E9 Housekeeper, nor E11 Dietary Manager and that they should have been done.	A3040		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Type Two Violation Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Based on interview and record review the establishment failed to ensure that four (E4 Licensed Practical Nurse, E5 Certified Nursing Assistant, E9 Housekeeper, and E11 Dietary Manager) of five employees reviewed for tuberculin skin tests had them completed and documented. This failure creates a substantial probability of harm to all 48 residents who reside in the establishment. Findings include: The establishment provided blank "BFM New Hire Checklist" provides a space for documenting TB testing. 1.) E4 Licensed Practical Nurse's file was reviewed and did not contain a tuberculosis test, with proof of negative result. E4's documented	A4050		

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A4050	Continued From page 12 hire date was 12/8/25. 2.) E5 Certified Nursing Assistant (CNA)'s file was reviewed and did not contain a tuberculosis test, with proof of negative result. E5's documented hire date was 10/4/22. 3.) E9 Housekeeper's file was reviewed and did not contain a tuberculosis test, with proof of negative result. E9's documented hire date was 1/7/26. 4.) E11 Dietary Manager's file was reviewed and did not contain a tuberculosis test, with proof of negative result. E11's documented hire date was 12/16/24. On 3/26/26 at 3:00PM, E1 Executive Director stated that no documentation of E4 Licensed Practical Nurse, E5 Certified Nursing Assistant (CNA), E9 Housekeeper, nor E11 Dietary Manager existed for tuberculosis testing.	A4050		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type One Violation Section 295.4060 Alzheimer's and Dementia Programs b) No person shall be admitted or retained in an assisted living or shared housing establishment if the establishment cannot provide or secure appropriate care, if the resident requires a level of service or type of service for	A4060		

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A4060	Continued From page 13 which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 150(b) of the Act) c) No persons shall be accepted for residency or remain in residence if the person's mental or physical condition has so deteriorated to render residency in such a program to be detrimental to the health, welfare or safety of the person or of other residents of the establishment. The assessment must be approved by the resident's physician and shall occur prior to acceptance for residency, annually, and at such time that a change in the resident's condition is identified by a family member, staff of the establishment, or the resident's physician. (Section 150(c) of the Act) g) If an establishment accepts any individuals with cognitive impairments that prevent them from safely evacuating the establishment independently, sufficient staff members shall be present and awake 24 hours a day to assist in evacuation. Based on observation, interview, and record review the establishment failed to ensure the residency requirements in their secure memory care for two (R2 and R3) of three residents reviewed for alzheimer's and dementia programs. These failure create a substantial probability of severe harm to R2 and R3. Findings include: 1.) On 3/25/26 at 10:30AM R2 was sittting by himself at a table facing a wall in the memory care dining room in a high backed wheel chair. A	A4060		

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A4060	Continued From page 14	A4060		

blanket was spread on the floor next to R2. R2 appeared disheveled and dirty. E6 Certified Nursing Assistant stated that R2 is over there because he spits on people. E6 stated that he screams, cusses and spits at residents and caregivers. E4 Licensed Practical Nurse stated that he has had these behaviors ever since she started working in December 2025.

On 3/30/26 at 2:02PM, E1 Executive Director confirmed that R2 was admitted to the establishment on 12/12/24, already on hospice care.

On 3/25/26 at 2:35PM observed R2 laying in bed. E7 Caregiver stated that R2 spits and cusses and will spit at other residents if he is allowed to be close to them.

R2's service plan dated 9/9/25 documents that R2 is a total assist for grooming, dressing, bathing, toileting, and mobility including evacuation.

R2's progress notes document diagnoses including Dementia, Congestive Heart Failure, and a history of a stroke.

R2's progress notes document behaviors include punching, spitting, throwing food and drink and swearing.

2.) R3's service plan dated 1/28/26 documents total assistance is required for grooming, dressing, and toileting. R3 is not on hospice care.

R3's progress notes document the following: 4/17/25 bruise of unknown origin, 5/12/25 left foot swollen of unknown origin, 5/13/25 fall, 7/23/25 fall, 8/2/25 fall, 8/17/25 fall, 9/17/25 random

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 _____	03/30/2026

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
A4060	Continued From page 15 bruising on body, 9/27/25 bruise on left forearm, 9/30/25 bruising on top of thighs, 11/7/25 swollen feet appearing blue, 12/6/25 large yellow bruise on breast, 2/13/26 fall, 2/20/26 fall with skin tear on hip, 2/25/26 bruising to face, 2/27/26 rash, 3/7/26 scratched left hip, and on 3/21/26 a fall with a head laceration that required staples. On 3/25/26 at 2:30PM observed R3 sitting in a wheel chair in the common area of the memory care. E7 Caregiver stated that R1 is a total assist for bathing, grooming, toileting, dressing, and evacuation. 3/26/26 observed R3 sitting in the common area of the memory care unit. E1 confirmed that R3 is a total assist for care. On 3/26/26 at 3:00PM, E1 Executive Director stated, "In an emergency, there is no way that we could get all of our residents out in 13 minutes or less. We have a multi-story building and at night and there are only four staff in the building." On 3/30/26 at 2:37PM, E1 Executive Director stated that the establishment cannot provide the amount of supervision that R2 and R3 require to be safe, based on R2's behaviors that affect others and R3's falls and injuries.	A4060		
A7000	Secton 295.7000 Resident Records This Regulation is not met as evidenced by: Violation Section 295.7000 Resident Records	A7000		

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	ASL510054	A. BUILDING: _____ B. WING _____	03/30/2026

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A7000	Continued From page 16 b) An establishment shall maintain a resident's record that contains at least the following: 5) Documentation of orientation to the evacuation plan; Based on interview and record review, the facility failed to maintain documentation of a resident's orientation to emergency evacuation procedures for five residents (R1, R2, R3, R4 and R5). Findings include: A review of R1, R2, R3, R4 and R5's records did not include orientation to emergency evacuation procedures. On 3/26/26 at 1:00PM E1 Executive Director, E2 Regional Executive Director, and E3 Corporate Nurse confirmed that no emergency evacuation procedures had been signed off for R1-R5, and provided a blank resident orientation checklist as an example of what should have been completed.	A7000		
A9040	Section 295.9040 Environmental Requirements This Regulation is not met as evidenced by: Type Two Violation Section 295.9040 Environmental Requirements a) The establishment shall be kept in a clean, safe and orderly condition and in good	A9040		

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 _____	03/30/2026

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A9040	Continued From page 17 repair. Based on observation and interview the establishment failed to ensure the cleanliness of ceilings, walls, flooring, doors, and carpet throughout the establishment. These failures creates a substantial probability of harm to all 48 residents. Findings include: On 3/25/26 at 10:30AM, on the first floor of the establishment, trash was noted in the hallways, broken furniture was located in the hallways and the carpet was dirty and stained. On 3/26/26 at 3:00PM, the North exit door closest to the private dining room was not able to be opened to the exterior without shoving it open and the opening to the interior did not open at all. The carpets in the dining room hallways, first floor hallways, and memory care were stained and the memory care carpet was frayed. The tile was broken in the dining room outside of the private dining room and outside of room 222, the ceiling tiles were stained. On 3/26/26 at 2:00PM, E1 Executive Director stated that the carpets needed to be replaced. On 3/26/26 at 3:00PM, E2 Regional Executive Director stated that the broken door and tile, along with the carpets should all be clean and in good repair.	A9040		