STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510062	A. BUILDING: _____ B. WING _____	C 06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEORIA BICKFORD COTTAGE	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 Complaint # 2525528 / IL 194761. VIOLATION - 295.6000 a) 5)	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: 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 Based on record review and interviews, the establishment failed to administer a prescribed medication in a timely manner to one of three sampled residents. (R1) Findings include: R1's current service plan dated 4/11/25, notes that R1 relies on staff for total care, medication administration, and is receiving hospice services. On 6/24/25 at 9:25 P.M., Z2 (R1's Niece) stated	A6000		

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A6000	Continued From page 1	A6000		

that Z1 (R1's sister and POA) had been contacted on 6/8/25 regarding R1 having drainage and redness from his eyes. Z1 was informed that they were ordering eye medications (Gentamicin Solution 0.3 % into each eye, twice a day for seven days). So Z1 picked up R1's eye medication at the local pharmacy the next day (6/9/25) and dropped it off at 5:00 P.M. to the second shift nurse with instructions to give the medication twice a day for seven days. Z1 and Z2 were then notified on 6/17/25 by Z3 (Hospice RN) that R1 had not received his medication as ordered but his eye was cleared up.

On 6/25/25 at 1:00 P.M., Z3 stated that Hospice had ordered R1's eye medication on 6/8/25. Z3 stated that Z1 had dropped R1's eye medication off to the facility nurse on 6/9/25. Z3 stated that she visited R1 on 6/17/25 and Z3 asked the facility nurse about R1's eye medication. The nurse told Z3 that the mediation was not on R1's medication sheet. Z3 stated that they both looked in the medication cart and R1's eye medication was in there with a little solution missing. Its Z3's understanding that the medication was not started for almost a week after it was ordered.

On 6/25/25 at 1:34 P.M., E2 (Divisional Nurse) stated that E3 (LPN) that received R1's medication from Z1 on 6/9/25, failed to call the Director of Nursing to find out how to get R1's medication started right away through their pharmacy. Due to this, the medication was not started until 6/16/25.

Hospice "Medication Order Confirmation" sheet notes R1's eye medication was ordered on 6/8/25.

R1's "Medication Administration Record" for June

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A6000	Continued From page 2 2025 confirmed that R1's eye medication was not started until 6/16/25	A6000		