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BICKFORD COTTAGE - ST CHARLES	2875 CAMPTON RD SAINT CHARLES, IL 60175

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A 000	Initial Comment Annaul Licensure Survey Conducted 295.2000 a) b) 1) 2) A) B) C) 3) f) 2) g) 295.3000 a) e) 1) 2) A) B) C) 3) f) 2) g) 295.4010 a) b) c) d) e) g) 1) A) B) C) 2) 3) Facility Reported Investigation : IL 197054 295. 6000 a) 1) 8) 13) Complaint Investigation IL 195724 No deficiency cited.	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: General 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 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)	A2000		

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A2000	Continued From page 1 b) Only adults may be accepted for residency. (Section 75(b) of the Act) c) A person shall not be accepted for residency if: 3) The person requires total assistance with 2 or more activities of daily living. 4) The person requires the assistance of more than one paid caregiver at any given time with an activity of daily living. 5) The person requires more than minimal assistance in moving to a safe area in an emergency. To this Section, minimal assistance means that the resident can respond, with or without assistance, in an emergency to protect themselves, given the staffing and construction of the building. 12) The person requires treatment of stage 3 or stage 4 decubitus ulcers or exfoliative dermatitis; or This requirement was not met, as evidenced by: Based on observation, home health record review and staff interview the facility failed to implement a preventative plan of care to address R6's wound issue. The facility failed to find an appropriate home health to care for R6's wound. The facility should not have taken a resident due to stage 3 pressure ulcer, and total assistance with all ADL care. This was found in 1 of 3 residents (R6) reviewed. This failure has the probability to affect all	A2000		

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A2000	Continued From page 2	A2000		

residents in the facility.

Findings include:

R6 was admitted 4/14/25 to the facility with following diagnoses cystitis, Dementia, Parkinson's disease, hypertension, hyperlipidemia, recurrent falls, edema lower extremities.
Per home health notes:
4/28/25 admitted to home health services (Accent Care)
" On 4/30/35 wound was staged at a level 3 to coccyx area treatment was done (no documentation of what type of treatment was given)
" 5/7/25 Wound coccyx 1.5cm x 1.0cm slough. Scant drainage alginate with dressing applied.
" 5/12/25 no dressing change by home health nurse
" 5/27/25 documentation noted coccyx wound dressing in place dressing not changed.
" 6/3/25 documentation noted dressing not changed by home health nurse.
6/9/25, 7/1/25, 7/14/25, 8/1/25, 8/12/25, 8/25/25 Home Health saw R6 but did not do dressing change.
" 8/28/25 Rn here from Home Health, dressing changed unstageable wound coccyx area, ordered metronidazole powder from pharmacy.

" 9/3/25 LPN from Home Health changed dressing wound with black eschar moderate odor Seriam pharmacy noted they do not carry metronidazole powder they will have to order from Ivanata pharmacy. Nurses' notes read unstageable wound to coccyx cleanse with wound cleanser, pat dry cover with comfort foam, change daily and or prn if dislodged.
On 9/3/25 surveyor went with home Health nurse

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A2000	Continued From page 3 and DON E2 into R6's room for wound Care, The following was noted: unstageable wound to coccyx. Size was approximately 5x6 inches in diameter with necrotic tissue eschar, moderate odor with scant drainage. 9/3/25 E2 DON noted that ADON E7 assessed resident prior to admission and did not document that the resident had a stage 3 coccyx pressure ulcer and decided to admit her to the facility with Corporate ok. E2 stated if she would have done the assessment and noted the wound and high acuity level, she would have refused the admit. On 9/2/25 E5 E8 (Caregiver) noted that R6 is a total assist for all ADL's care, it takes two caregivers to always care for her. R6 is unable to feed self and usually the husband will feed resident.	A2000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 3 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) e) A file shall be maintained for each	A3030		

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A3030	Continued From page 4 employee containing the following: 1) The employee's name, date of birth, home address, Social Security number and telephone number. 2) Documentation of: A) Freedom from pulmonary tuberculosis. B) Employee orientation; and C) Ongoing training. 3) An employee's starting date of employment and ending date, if applicable. f) In addition to the information required in subsection (e) of this Section, the file for each direct care employee shall contain documentation of: 2) Initial health evaluation. g) All records required by this Section shall be maintained throughout the individual's employment or service and for at least 12 months after the individual's last date of employment or service, unless required for a longer period by State or federal law. This requirement was not met, as evidenced by: Based on interview, and record review the facility failed to have complete and accurate employee files at the facility. This involves 7 of 9 employee files (E1,E9,E10,E11,E12,E13,E14) reviewed.	A3030		

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A3030	Continued From page 5 Findings include: On 8/29/25 Surveyor requested 9 employee files for review. The following was noted. " E1 Executive Director hire date 8/24 was missing initial health evaluation. " E9 Prep Cook hire date 12/4/23 missing TB testing, and initial health evaluation " E10 Wellness Nurse hire date 7/7/20 missing TB testing, and initial health evaluation " E11 Housekeeper hire date 7/8/23 missing TB testing, and initial health evaluation " E12 Certified Caregiver hire date 11/28/23 missing initial health evaluation. " E13 Server hire date 11/27/24 missing testing, and initial health evaluation " E14 Maintenance Director hire date 4/17/25 missing TB testing, and initial health evaluation On 9/3/25 E2 (DON) was unable to obtain the above needed information for employee files. E2 noted that the E1 (Executive Director) was on maternity leave, and she is the person who oversees the employee files. Corporate personnel were at the facility and where unable to get needed information for annual survey.	A3030		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Section 295.4010 Service Plan	A4010		

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A4010	Continued From page 6 a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident. 2) The manager or manager's designee; and c) The service plan shall be signed and dated by all individuals involved in its development. d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised, if necessary, immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living. B) dietary needs, if the establishment provides therapeutic diets; and C) special	A4010		

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A4010	Continued From page 7 accommodations for the resident. 2) The amount, type, and frequency of health-related services needed by the resident. 3) Staff responsible for the provisions of the service plan. h) The service plan shall include all support services provided or arranged for by the establishment. This requirement was not met, as evidenced by: Based on interview and record review, the facility failed to revise residents service plan. Failed to develop and implement an individual service plan addressing outside venders what services they render to residents. This was found in 3 of 3 residents (R2,R4,R6) reviewed. These failures creates a probability of harm to a resident or residents Findings Include: 1) R2 admitted to facility on 8/10/23 with following diagnoses anxiety, depression hyperlipidemia, hypothyroidism, pseudodementia. Facility service plan dated 4/7/25 no signature showed under coordination with outside agencies R2 is receiving PT/OT did not document name of company, and what type of services PT/OT, who was rendering the service, how often a week she was receiving theses services. 2) R4 admitted to facility on 7/26/16 with following diagnoses psychotic features, delusional disorder.	A4010		

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A4010	Continued From page 8 Facility service plan dated 9/2/25 shows R4 is receiving hospice service from Lighthouse hospice. Service plan does not document what types of service R4 is receiving from hospice, ie Nursing visits how often and what services do they render. If R4 is receiving assistance from an aide how often and what services, they provide. On 9/2/25 E2 noted that R4 is receiving from hospice. E2 noted hospice nurse comes once a week does full assessment with vital signs and reports to the nurse. Also receives caregiver 2 times a week with bathing, grooming, dressing, and spending time with resident. This documentation was not evident in service plan. 3) R6 was admitted to facility on 4/14/25 with following diagnoses cystitis dementia, Parkinson's disease, hyperlipidemia, recurrent falls edema. Facility service plan with no date or signature did not have documentation that R6 was receiving home health care for unstageable coccyx wound. No documents of how often the nurse comes what type of care she is rendering and description of wound. On 9/2/25 E2 DON noted that she did not realize that documentation was not the above files. E2 also noted that R6 was admitted with a state 3 wound and ADON and Corporate Nurse allowed the resident to be admitted to facility against guidelines.	A4010		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by:	A6000		

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A6000	Continued From page 9 General Violation 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. 8) The right to exercise free choice in selected activities, schedules, and daily routine. 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor. This requirement was not met, as evidenced by: Based on observation, record review, and interviews, the facility failed to 1) develop a preventative plan of care for R6 who was identified as having wounds. 2) develop and implement an individualized service plan for R6 to promote healing and comfort and provide consistent care and services to resident. These failures resulted in R6 acquiring unstageable wound to the coccyx area. This involve 1 of 1 resident (R6) reviewed. This failure has the probability to affect all residents in the facility.	A6000		

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A6000	Continued From page 10 Findings include: R6 was admitted 4/14/25 to the facility with following diagnoses cystitis, Dementia, Parkinson's disease, hypertension, hyperlipidemia, recurrent falls, edema lower extremities. Per home health notes: 4/28/25 admitted to home health services (Accent Care) " On 4/30/35 wound was staged at a level 3 to coccyx area treatment was done (no documentation of what type of treatment was given) " 5/7/25 Wound coccyx 1.5cm x 1.0cm slough. Scant drainage alginate with dressing applied. " 5/12/25 no dressing change by home health nurse " 5/27/25 documentation noted coccyx wound dressing in place dressing not changed. " 6/3/25 documentation noted dressing not changed by home health nurse. 6/9/25, 7/1/25, 7/14/25, 8/1/25, 8/12/25, 8/25/25 Home Health saw R6 but did not do dressing change. " 8/28/25 Rn here from Home Health, dressing changed unstageable wound coccyx area, ordered metronidazole powder from pharmacy. " 9/3/25 LPN from Home Health changed dressing wound with black eschar moderate odor Seriam pharmacy noted they do not carry metronidazole powder they will have to order from Ivanata pharmacy. Nurses' notes read unstageable wound to coccyx cleanse with wound cleanser, pat dry cover with comfort foam, change daily and or prn if dislodged. On 9/3/25 surveyor went with home Health nurse	A6000		

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A6000	Continued From page 11 and DON E2 into R6's room for wound Care, the following was noted: unstageable wound to coccyx. Size was approximately 5x6 inches in diameter with necrotic tissue eschar, moderate odor with scant drainage. 9/3/25 E2 DON noted that ADON E7 assessed resident prior to admission and did not document that the resident had a stage 3 coccyx pressure ulcer and decided to admit her to the facility. E2 stated they would never have taken her in for admission due to her high acuity.	A6000		