STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510056	A. BUILDING: _____ B. WING _____	10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - CHAMPAIGN COTTAGE	1002 S STALEY RD CHAMPAIGN, IL 61822

(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 10/25/24 Violations cited: 295.2040 Type 2 295.3000 b) Type 1 295.3030 e) Type 2 295.4050 Type 2	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 Violation Section 295.2040 Disaster Preparedness 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. These requirements were not met as evidenced by: Based on interview and record review the establishment failed to conduct 2 of the 6 required drills. This creates a substantial probability of harm to a resident or residents. Findings include:	A2040		

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A2040	Continued From page 1 Record Review: No documents were provided for fire drills during the months of April, May, June, July and August of 2024. Interview: E1 stated that the maintenance position was not filled for several months and the drills were not completed.	A2040		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 1 Violation Section 295.3000 Personnel Requirements, Qualifications and Training 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 CPR. These requirements were not met as evidenced by: Based on interview and record review the establishment failed to have a CPR certified care staff on duty for 8 partial shifts in the month of October 2024. This creates a substantial probability of severe harm to a resident or residents. Findings include:	A3000		

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A3000	Continued From page 2 Record Review: The October schedule showed 8 partial shifts that were not covered by a CPR certified care staff. The time periods which were not covered by a CPR certified care staff were 10/7, 10/9, 10/11, 10/11 10/13, 10/15, 10/17, and 10/17 from 19:00 to 23:00. Note that the establishments calendar has two 10/11/24 and does not reflect the actual date. Interview: Interview with E1 was completed and E1 agrees with the finding. CPR certificates could not be produced for the care staff available to work on the dates their calendar reflects.	A3000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 2 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: 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. These requirements were not met as evidenced by:	A3030		

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A3030	Continued From page 3 Based on interview and record review the establishment failed to have a completed a tuberculin skin test in accordance with the Control of Tuberculosis Code. This creates a substantial probability of harm to a resident or residents. Findings include: Review of 6 employee files show that the TB skin test was not completed. No documents were available to review. Interview: E1 was interviewed and stated that records could not be produced to verify that the TB code was followed. Record Review: Review of 6 employee files show that the TB skin test was not completed. No documents were available to review.	A3030		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Type 2 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). These requirements were not met as evidenced by: Based on interview and record review the establishment failed to have a completed a tuberculin skin test in accordance with the Control of Tuberculosis Code. This creates a substantial	A4050		

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A4050	Continued From page 4 probability of harm to a resident or residents. Findings include: Review of 4 resident files show that the TB skin test was not completed. No documents were available to review. Interview: E1 was interviewed and stated that records could not be produced to verify that the TB code was followed.	A4050		