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 08/27/2025

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 2527990 / IL 197114. 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 These requirements were not met as evidenced by: Based on interviews and record review, the establishment failed to provide cares addressed in the service plan for one of threes sampled residents. (R1) Findings include: R1's current service plan dated 3/26/25 notes that R1 requires staff "Grooming" daily, which includes	A6000		

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A6000	Continued From page 1 warm washcloth to wash R1's face, comb R1's hair, apply deodorant, and shave R1's face. On 8/26/25 at 6:18 P.M., Z1 (R1's Son-in-law) stated that the family has video cameras in R1's room which can see 360 degrees around the room. Z1 stated that he has made complaints to management many times regarding care not being provided as per agreed upon service plan. Z1 stated after reviewing the recorded videos the following services were not provide on the listed dates. 08/09/2025 R1 NOT SHAVED PER CARE PLAN 08/14/2025 R1 NOT SHAVED PER CARE PLAN 08/15/2025 R1 NOT CLEANED WITH WASHCLOTH AND DID NOT HAVE DEODORANT PUT ON PER CARE PLAN 08/16/2025 R1 NOT SHAVED PER CARE PLAN 08/17/2025 R1 NOT CLEANED WITH WASHCLOTH AND DID NOT HAVE DEODORANT PUT ON PER CARE PLAN 08/18/2025 R1 NOT CLEANED WITH WASHCLOTH AND DID NOT HAVE DEODORANT PUT ON On 8/27/25 at 10:02 A.M., E1 (Executive Director) stated that these issues have been addressed with the caregivers and R1's family.	A6000		