STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510069	A. BUILDING: _____ B. WING _____	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRADFORD PLACE	1463 BENCHMARK CT SWANSEA, IL 62226

(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 Type 2 Violations cited: Section 295.3000 a) h) 1) 2) 3) 6) 7) Personnel Requirements, Qualifications and Training Section 295.5000 b) 1) 2) 3) Medication	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Section 295.3000 Personnel Requirements, Qualifications and Training TYPE 2 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) h) The establishment shall have sufficient personnel to provide the following for its current resident population: 1) All mandatory services; 2) Services established in each resident's service plan; 3) Service to meet the needs of each resident, including 24 hour scheduled and	A3000		

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A3000	Continued From page 1 unscheduled needs, general supervision, and the ability to intervene in a crisis; 6) Evacuation of residents during emergencies; and 7) Any optional services to be provided by the establishment as stated in the service plan. These requirements were not met as evidenced by: Based on record review and interview, the Establishment failed to ensure the midnight shift, 10:00 PM to 6:00 AM, were available thorough the Establishment at all times. This failure creates a substantial probability of harm to a resident or residents. Findings include: During record review of previous two months direct care staffing schedules, it was noted that only two staff were working on the midnight shift, 10:00 PM to 6:00 AM, to work both the Assisted Living and the Memory Care areas. During interview with E1, Administrator, E1 confirmed that the Establishment only has two staff working on the midnight shift, 10:00 PM to 6:00 AM, daily. When asked how much break time these two receive nightly, E1 stated two 15 minute breaks and one 30 minute break each shift. When questioned about how these breaks are completed, E1 confirmed that the Assisted Living staff goes on break and then the Assisted Living staff relieves the Memory Care unit for each of their breaks. E1 further stated that when one staff is on break, then other staff are positioned where they can hear the residents personal alarms.	A3000		

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A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: TYPE 2 Violation Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage b) Medication reminders include: 1) Reminding residents to take pre-dispensed, self-administered medication; 2) Observing the resident; and 3) Documenting whether or not the resident took the medication. These requirements were not met as evidenced by: Based on record review and interview, the Establishment failed to ensure that R1, who living in the Memory Care Unit, are receiving their correct medications. This failure is based on the cognitive level of R1. In addition, this failure has the probability for all residents at the Establishment, based on their own personal knowledge, to receive their correct medications. This failure creates a substantial probability of harm to a resident or residents. During record review, The Individual Service Plan, ISP, for R1 states that R1 was born on 09/26/38 and was admitted to this Establishment on 08/07/24. This ISP is dated 09/01/25. Under	A5000		

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A5000	Continued From page 3 the 'Medications' section of this document reveals that R1 is to receive her medications from license medical staff on normal work days and Residential Aide after hours, weekends, and on holidays. The ISP for R1 has under 'Cognitive' has MMSE, Mini-Mental State Evaluation, with a score of '0' and handwritten 'confused all times'. Furthermore, beside 'Decision Making Ability' is written 'O'. During interview with E1, Administrator, E1 did admit that all Memory Care residents receive their medications from a licensed medical professional during normal work days and other times the medications are assisted with by the Resident Aide. Furthermore E1 stated that these times are after hours, weekends, and holidays.	A5000		