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 _____	C 12/11/2025

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 Original investigtaion of Complaint 25611577 / IL198761. 295.2000 c) 4)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Section 295.2000 Residency Requirements c) A person shall not be accepted for residency if: 4) The person requires the assistance of more than one paid caregiver at any given time with an activity of daily living; TYPE 2 VIOLATION Based on record review and interviews, the establishment admitted one of three residents that exceeded the residency requirements the establishment is licensed for. (R1) This violation has the substantial probability to cause harm. Findings include: R1's Face Sheet, Service Plan and hospital records note that R1 was admitted to the establishment from the hospital on 11/26/25. R1's Service Plan dated 11/27/25 notes that R1 requires the assistance of two caregivers for bathing, dressing, toileting, transfers, and mobility. R1's hospital records dated 11/24/25 notes that the last memory care facility he resided in was unwilling to readmit R1 due to R1. "requiring 2 - 3 people to do all tasks."	A2000		

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A2000	Continued From page 1 On 12/11/25 at 1:05 P.M., E2 (Wellness Director) stated that she was the one that did the pre-screening when R1 was at the hospital. E2 stated that she did not feel R1 was appropriate for placement at their facility due to his level of care needs, but that the decision to admit was at the corporate level. On 12/11/25 at 11:10 A.M., E3 Caregiver stated that R1 has been a two assist with bathing, transfers, mobility, and toileting since he was admitted on 11/26/25.	A2000		