STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5102956	A. BUILDING: _____ B. WING _____	C 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - CRYSTAL LAKE COTTAGE	717 MCHENRY AVE CRYSTAL LAKE, IL 60014

(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 Facility Reported Incident 11/11/2025/IL198826 - 295.4010d)e) & 295.2050b) Facility Reported Incident 11/15/2025/IL198823 - 295.4010d)e) & 295.2050b)	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: TYPE 3 VIOLATION Section 295.2050 Incident and Accident Reporting b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. These requirements are not met as evidenced by: Based on interview, and record review the establishment failed to report a fall requiring an Emergency Room (ER) visit within 24 hours to the department. This applies to 2 of 3 (R1 - R2) reviewed for accident/incidents in the sample of 3. Findings include: On 12/10/2025 at 10:26AM, E2 (Health & Wellness Director) said [R1] fell on 11/11/2025 and [R2] fell on 11/15/2025. E2 said she tries to send in incidents within the 24-hour window.	A2050		

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A2050	Continued From page 1 On 12/10/2025 at 10:30AM, E1 (Executive Director) said reports should be sent in even if its over a weekend. If someone has to come in or someone else has to take over that responsibility it should be completed. The establishment provided Assisted Living and Shared Housing Incident and Accident Report states R1 had a fall on 11/11/2025 at 12:26AM and was set out to the hospital. The establishment provided fax confirmation has a date of 11/17/2025 at 3:30PM. The establishment provided Assisted Living and Shared Housing Incident and Accident Report states R2 had a fall on 11/15/2025 at 8:37PM and was sent to the hospital and was found to have an intercranial hemorrhage. The establishment provided fax confirmation has a date of 11/17/2025 at 3:10PM.	A2050		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: TYPE 2 VIOLATION Section 295.4010 Service Plan 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)	A4010		

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A4010	Continued From page 2 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). These requirements are not met as evidenced by: Based on interview, and record review the facility failed to update a resident's service plan following a resident fall, resulting in a resident sustaining an injury. This applies to 3 of 3 (R1 - R3) residents reviewed for service plans in the sample of 3. This failure resulted in harm and has the substantial probability to casue harm to other residents. Findings include: On 12/10/2025 at 10:51AM, E2 (Health & Wellness Director) said any changes, including falls we update the service plan with interventions. R1's progress notes show the resident has had multiple falls including falls with injury. R1's fall dates listed are 11/21/2025, 11/11/2025, 8/4/2025. For the falls listed on 11/21/2025, and 11/11/2025 R1 was sent out to the hospital for evaluation. R1's 11/11/2025 progress notes state the resident was found sitting on the floor against her bed, bleeding from above her left eye with a bruise. The establishment provided Service Plan's for R1 were dated 11/20/2025 and 9/15/2025. The establishment failed to provide an updated Service Plan following R1's 11/11/2025 fall.	A4010		

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A4010	Continued From page 3 R2's progress notes show the resident has had multiple falls including falls with injury. R2's fall dates are 11/15/2025, 9/11/2025, 9/9/2025, 7/19/2025, 7/15/2025. For the fall listed on 11/15/2025 R2 was sent out to the hospital for evaluation. R2's 11/15/2025 progress notes state the resident was found in her room next to her bed, with a discolored bump on the left side of her forehead, and a bleeding skin tear on her left cheek area. The establishment provided Service Plan's for R2 were dated 11/18/2025 and 7/8/2025. The establishment failed to provide an updated Service Plan following R2's 11/15/2025, 11/15/2025, 9/11/2025, 9/9/2025, 7/19/2025, 7/15/2025 falls. R3's progress notes show the resident has had multiple falls. R3's fall dates are 10/23/2025, 10/25/2025, and 12/9/2025. The establishment provided Service Plan's for R3 were dated 10/14/2025, and 11/20/2025. The establishment failed to provide an updated Service Plan following R3's 10/23/2025, and 10/25/2025 falls. The establishment provided Fall Policy dated 10/2024 states, . . . interventions identified are implemented, documented in the resident record and on the service plan. . .	A4010		