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BICKFORD OF GURNEE	301 S HUNT CLUB ROAD GURNEE, IL 60031

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A 000	Initial Comment Annual Licensure Survey conducted. Violations: 295.2030 d) 295.2040 b) 1) c) e) g) h) (REPEAT) 295.3000 b) 295.3020 a) b) c) 1-6) (REPEAT) 295.3040 (REPEAT) Section 955.145 Employment Verification a)1 -3), b), c) Section 955.165 Fingerprint-Based Criminal History Records Check a)1), a)2), b-c), d)1), f), h), i)4-5), m) 295.4010 d-e) g) 1) A-C) g) 2-3) 295.4060 i) 2) A) i-v) Section 295.600 h)	A 000		
A2030	Section 295.2030 Establishment Contacts This Regulation is not met as evidenced by: Type 3 Violation Section 295.2030 Establishment Contracts ... d) An establishment contract that has been signed shall be maintained on the premises throughout the resident's residency at the establishment .... This requirement was not met, as evidenced by: Based on interview and record review, the establishment could not provide a signed assisted	A2030		

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A2030	Continued From page 1 living establishment contract for a resident. This applies to 1 of 5 residents (R2) reviewed for this requirement. Requirements of this Part were not met due to the conduct of the establishment or its staff, either by an improper action or the failure to take an action. The findings include: On 5/4/26, an Annual Licensure Survey was initiated. During the survey Establishment Contracts were requested for residents that moved in since the last survey was conducted. The contract for R2 was not provided. On 5/4/26 at 3:50 PM, E2 (Health and Wellness Director) indicated E2 could not find R2's contract. E2 indicated E2 was not sure if the previous Family Advocate completed it.	A2030		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness (REPEAT) ... b) Each establishment shall: 1) Have a written plan for protection of all persons in the event of disasters, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan shall	A2040		

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A2040	Continued From page 2 address the physical and cognitive needs of residents and include special staff response, including the procedures needed to ensure the safety of any resident. The plan shall be amended or revised whenever any resident with unusual needs is admitted. The plan shall also: ... 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: ... e) Drills shall include residents, establishment personnel, and other persons in the establishment ... g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply. h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation. This requirement was not met, as evidenced by:	A2040		

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A2040	Continued From page 3 Based on interview and record review, the establishment's written plan was not updated to ensure the protection of all persons in the event of a disaster. They failed to ensure drills were conducted on a bi-monthly basis. They failed to ensure residents were included and evacuated with each drill. They failed to ensure evaluations included the time of the drill and clearly identified staff from residents, and residents that received assistance with evacuation. This has the probability to affect all residents that reside at and staff that work at the establishment. These failures create a substantial probability of severe harm to a resident or residents, as in the event of an emergency situation, if residents and staff did not practice how to respond, and the establishment does not have a way to ensure all staff and residents were evacuated, lack of preparedness may increase the risk of injury or death. The findings include: On 5/4/26, an Annual Licensure Survey was conducted. During the survey, tornado and fire drills were reviewed. The Emergency Handbook did not provide up to date information, used to ensure all persons are protected in the event of an emergency: The Emergency Telephone Directory (Revised: 06/2015) showed phone numbers for director, assistant director, and other staff, that are no longer employed at the establishment. The employee roster appeared to be last updated	A2040		

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A2040	Continued From page 4 on 2020. The Facility Census showed date, as of 11/30/23. It could not be determined that the establishment had the tools ready and available to ensure all staff and residents were accounted for, in the event of an actual emergency. There was no documentation to show that drills were conducted on a bi-monthly basis: No drills were conducted between 10/9/25 (an actual event) and 2/25/26. There was no documentation to show the following drills involved or evacuated residents: Fire: 5/30/25 2:15 PM 2/26/26 9:00 AM 3/27/26 3:00 PM The following drill evaluations did not identify residents who received assistance with evacuation: 5/30/25 2:15 PM 8/29/25 5:00 AM 9/11/25 7:05 AM 10/9/25 5:30 AM 2/26/26 9:00 AM 3/27/26 3:00 PM 4/16/26 6:45 (unclear if AM or PM) The following drill evaluation did not indicate AM	A2040		

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A2040	Continued From page 5 or PM for time of drill: 4/16/26 6:45 The following drill evaluationss did not differentiate the staff from residents involved in the drill: Tornado - 2/24/26 9:00 AM, 2/25/26 5:45 AM, and 2/25/26 2:15 PM During interview, on 5/4/26 at 12:43 PM, E11 (Maintenance Director), with this surveyor, observed that the Emergency Telephone Directory, employee roster, and Facility Census provided in the Emergency Handbook were not up to date. E11 indicated E1 (Executive Director) likely maintained the Emergency Handbook. E11 indicated E11 provided all the drills E11 could find. E11 indicated, since E11 started on 12/15/25, drills were started in February. E11 indicated all residents participated in drills and were evacuated to exits, except with the third shift drills. E11 was not aware to document residents who received assistance with evacuation.	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 ...	A3000		

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A3000	Continued From page 6 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 ... (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to have a direct care staff person certified in CPR on duty at all times. This has the probability to affect all residents that reside in the establishment. This failure creates a substantial probability of severe harm to a resident or residents, as in the event of a medical emergency, it cannot be ensured that there is a qualified direct care staff person to adequately or correctly provide CPR The findings include: On 5/4/26, an Annual Licensure Survey was initiated. During the survey, direct care staff CPR certifications were reviewed and compared to the Nursing schedule for March-May 2026. The following dates/times could not be verified for a direct care CPR certified staff person on duty: 2:00 PM-6:00 PM - 3/19, 3/20, 4/9, 4/10, 4/16, 4/17, 4/20, 4/23, 4/24, 4/30, 5/1, 5/3 2:00 PM-10:00 PM - 3/5, 3/6, 3/13, 3/21, 3/22, 10:00 PM-6:00 AM - 3/1, 3/5, 3/6, 3/12, 3/13,	A3000		

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A3000	Continued From page 7 3/14, 3/22 On 5/4/26 at 2:23 PM, E2 (Health and Wellness Director) confirmed all CPR cards were provided. On 5/5/26 at 3:36 PM, E2 agreed the establishment should follow state regulation.	A3000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Type 2 Violation Section 295.3020 Employee Orientation and Ongoing Training (REPEAT) a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes: ... b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes: ... c) Each manager and direct care staff member shall complete a minimum of 8 hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include: 1) Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights; 2) Disaster procedures;	A3020		

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A3020	Continued From page 8 3) Hygiene and infection control; 4) Assisting residents in self-administering medications; 5) Abuse and neglect prevention and reporting requirements; and 6) Assisting residents with activities of daily living ... This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure new employees completed the required training topics within 10 and 30 days after starting employment. This applies to 5 of 9 employees (E1, E2, E4, E6, E9) reviewed for this requirement. This failure has the potential to affect all residents that reside in the community and creates a substantial probability of harm to a resident or residents, as the required training ensures staff have the skills and knowledge critical to resident safety and well-being The findings include: On 5/4/26, an Annual Licensure Survey was initiated. During the survey, employee records were reviewed for orientation and ongoing training. The following new employees did not complete the noted training topics, within 30 days after their starting date of employment:	A3020		

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A3020	Continued From page 9 E1 (Executive Director) - Date of Hire (DOH) 10/6/25 - 30 days after start was 11/5/25 E1's Initial Orientation Checklist was signed and dated 11/19/25. E6 (Server) - DOH 1/9/26 - 30 days after start was 2/8/26 E6's Initial Orientation Checklist was signed and dated 4/9/26 On 5/5/26, E2 (Health and Wellness Director - HWD) verified E6's start date. The following employees did not complete the required ongoing training topics: E2 (HWD) - DOH 4/3/23 - Review period of 4/3/25-4/2/26 There was no documentation the following training topics were completed: -Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights -Assisting residents in self-administering medications -Abuse and neglect prevention and reporting requirements E4 (Wellness Nurse) - DOH 7/30/20 - Review period of 7/30/24-7/29/25 There was no documentation the following training topics were completed: -Hygiene and infection control E9 (Wellness Nurse) - DOH 1/24/18 - Review period of 1/24/25-1/23/26 There was no documentation the following training topics were completed: -Promoting resident dignity, independence, self-determination, privacy, choice, and resident	A3020		

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A3020	Continued From page 10 rights -Hygiene and infection control -Assisting residents in self-administering medications -Abuse and neglect prevention and reporting requirements -Assisting residents with activities of daily living On 5/4/26 at 10:23 AM, E2 indicated all training is done through their (online training) program. On 5/5/26 at 3:36 PM, E2 agreed the establishment should follow state regulation.	A3020		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type 1 Violation Section 295.3040 Health Care Worker Background Check (REPEAT) An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 36 Ill. Reg. 13632, effective August 16, 2012) Section 955.145 Employment Verification a) Each health care employer or its designee shall provide an employment verification and update the demographic	A3040		

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A3040	Continued From page 11	A3040		

information for each employee and each contracted or subcontracted worker no less than annually. (Section 33(i) of the Act)

1) The health care employer or its designee shall log into the Health Care Worker Registry through a secure login in a method prescribed by the Department. (Section 33(i) of the Act)

2) The health care employer or its designee shall indicate employment and termination dates (separation dates) within 30 days after hiring or terminating an employee. (Section 33(i) of the Act)

3) The health care employer shall provide the employment category and type. (Section 33(i) of the Act)

b) Failure to comply with this Section constitutes a licensing violation. A fine of up to $500 may be imposed upon a health care employer for failure to maintain these records. (Section 33(i) of the Act)

c) The information required in this Section shall be used by the Department of Public Health to notify any current employer of any disqualifying offenses that are reported by the Illinois State Police. (Section 33(i) of the Act)

(Source: Amended at 49 Ill. Reg. 7999, effective May 22, 2025)

Section 955.165 Fingerprint-Based Criminal History Records Check

a) Educational entities, other than

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A3040	Continued From page 12 secondary schools, and health care employers are required to check the Health Care Worker Registry before allowing a student to enter a training program or hiring an employee to determine: 1) Whether a fingerprint-based criminal history records check has previously been conducted, which is indicated by the identifier of "FEE_APP" or "CAAPP" ... 2) Whether the individual is active on the Health Care Worker Registry ... b) If the individual has not had a background check or is not active on the Health Care Worker Registry, then the health care employer shall initiate a fingerprint-based criminal history records check. (Section 33(g) of the Act) c) Educational entities and health care employers shall conduct Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the website of the Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or shall conduct similar searches as provided by the web-based application. (Section 15 of the Act) d) Any student, applicant, or employee to whom the Act and this Part apply and who desires to be included on the	A3040		

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A3040	Continued From page 13 Department of Public Health's Health Care Worker Registry shall authorize the Department of Public Health or its designee to request a fingerprint-based criminal history records check to determine if the individual has a conviction for a disqualifying offense by completing and signing an authorization and disclosure form. This authorization shall allow the Department of Public Health to request and receive information and assistance from any State or governmental agency. (Section 33(b) of the Act) 1) A health care employer may initiate a fingerprint-based criminal history records check required by the Act or this Part for any of its employees or volunteers to whom the Act and this Part apply, but may not use this process to initiate background checks for residents or for employees or volunteers not covered by the Act and this Part. The results of any fingerprint-based criminal history records check required by the Act and this Part shall be entered in the Health Care Worker Registry. (Section 33(f) of the Act) ... f) A health care employer who makes a conditional offer of employment to an applicant who is not exempt under Section 955.130, for a position as an employee, shall initiate a fingerprint-based criminal history records check on the applicant, if such a background check has not been previously conducted. A health care employer shall not use the fingerprint-based criminal history records check process provided in the Act and this Part to initiate background checks for applicants for employment positions to which the Act and this Part do not apply. (Section 33(d) of the Act) ... h) When initiating a background	A3040		

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A3040	Continued From page 14 check, an educational entity, health care employer, staffing agency, workforce intermediary, or organization that provides pro bono legal services shall electronically submit to the Department of Public Health the student's, applicant's, or employee's social security number, demographics, disclosure and authorization information in a format prescribed by the Department of Public Health within 2 working days after the authorization is secured. (Section 33 (e) of the Act) i) The student, applicant, or employee shall go to a livescan vendor and have his or her fingerprints collected electronically and transmitted to the Illinois State Police within 10 working days after signing the authorization and disclosure form. Each individual shall submit his or her fingerprints in an electronic manner prescribed by the Illinois State Police. (Section 33(e) of the Act) ... 4) If the student, applicant, or employee does not go to a livescan vendor and have his or her fingerprints collected electronically within 10 working days, the individual shall be suspended from participating in a training program if a student, or suspended from working if an employee, until such time as proof is provided that the individual has had his or her fingerprints collected electronically from a livescan vendor. 5) If the student, applicant, or employee has not had his or her fingerprints collected electronically by a vendor within 30 days after being hired or beginning a training program, the employee shall be terminated or the student shall be dropped from the training program. The educational entity or health care employer shall	A3040		

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BICKFORD OF GURNEE	301 S HUNT CLUB ROAD GURNEE, IL 60031

(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
A3040	Continued From page 15 withdraw the background check application from the Health Care Worker Registry ... m) If the individual is not active on the Health Care Worker Registry, then the health care employer shall initiate a fingerprint-based criminal history record check required by the Act and this Part. (Section 33(g) of the Act) ... (Source: Amended at 49 Ill. Reg. 7999, effective May 22, 2025) This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to provide employment verification and update the demographic information for each employee within 30 days of hire and annually in the Health Care Worker Registry (HCWR). They failed to search the HCWR before hiring an employee to determine if they were eligible or required fingerprints. They failed to show documentation that registry sites were searched to determine if the applicant was adjudicated a sex offender, been a prison inmate, or committed Medicare or Medicaid fraud. They failed to electronically submit to the Department the applicant's or employee's social security number, demographics, disclosure and authorization information in a format prescribed by the Department of Public Health within two working days after the authorization was secured, to initiate fingerprinting. They failed to ensure the applicant or employee	A3040		

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A3040	Continued From page 16 went to a livescan vendor for fingerprinting, within ten working days after they signed the authorization and disclosure form. When the employee was not fingerprinted within ten days, they failed to suspend the employee from working until such time as proof was provided that the individual had their fingerprints collected electronically from a livescan vendor. When the employee was not fingerprinted within 30 days after being hired, they failed to terminate the employee and the background check application from the Health Care Worker Registry. This applies of 22 of 29 employees (E3, E5-E8, E10-E11, E14-E20, E22-E23, E26-E31) reviewed for this requirement and has the probability to affect all residents that reside in the establishment. The requirements of this Part were not met due to the conduct of the establishment or its staff, either by an improper action or the failure to take an action. These failures createe a substantial probability of severe harm to a resident or residents, in that the establishment failed to ensure they took the steps to prevent abuse, neglect, or theft regarding residents. The findings include: On 5/4/26 an Annual Licensure Survey was conducted. The following concerns were found with employee records. The following employees did not have employment verification and demographic information entered in the HCWR within 30 days	A3040		

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A3040	Continued From page 17 of hire: -E3 (Breadbasket Manager) - Date of Hire (DOH) 1/23/26 - E3's HCWR Employment Verification was blank -E5 (Certified Caregiver - CG) - DOH 1/23/26 - E5's HCWR Employment Verification was blank -E6 (Server) - DOH 1/9/26 - E6's HCWR Employment Verification showed date 5/29/25, prior to DOH -E10 (Engagement Coordinator) - DOH 9/8/25 - E10's HCWR Employment Verification showed date 1/6/25, prior to DOH -E11 (Maintenance Coordinator) - DOH 12/15/25 - E11's HCWR Employment Verification was blank -E14 (Caregiver Assistant - CA) - DOH 8/11/25 - E14's HCWR Employment Verification was blank -E15 (CG) - DOH 1/6/26 - E15's HCWR Employment Verification showed date 8/15/25, prior to DOH -E16 (CG) - DOH 11/20/25 - E16's HCWR Employment Verification showed date 8/15/25, prior to DOH -E17 (CG) - DOH 10/21/25 - E17's HCWR Employment Verification showed date 8/15/25, prior to DOH -E18 (CG) - DOH 11/17/25 - E18's HCWR Employment Verification showed date 8/15/25, prior to DOH -E20 (CG) - DOH 6/9/25 - E20's HCWR Employment Verification was blank -E22 (CG) - DOH 12/19/25 - E22's HCWR Employment Verification showed date 7/16/25, prior to DOH -E23 (CG) - DOH 9/22/25 - E23's HCWR Employment Verification was blank -E26 (CG) - DOH 10/28/25 - E26's HCWR Employment Verification was blank -E27 (Server) - DOH 10/30/25 - E27's HCWR	A3040		

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A3040	Continued From page 18 Employment Verification was blank -E28 (CG) - DOH 2/25/26 - E28's HCWR Employment Verification showed date 11/26/24, prior to DOH -E29 (CG) - DOH 10/13/25 - E29's HCWR Employment Verification was blank -E30 (CA) - DOH 5/19/25 - E30 was not found in the HCWR -E31 (CG) - DOH 3/11/26 - E31's HCWR Employment Verification showed date 9/30/25, prior to DOH The following employees did not have employment verification and demographic information entered in the HCWR annually: -E8 (CA) - DOH 2/19/25 - E8 was not found in the HCWR -E19 (CG) - DOH 3/3/25 - E19's HCWR Employment Verification was blank The HCWR was not searched prior to employment: E6 (Server) - DOH 1/9/26 E6's HCWR was dated 4/9/26 E7 (Family Advocate) - DOH 12/29/25 E7's HCWR was dated 1/26/26 There was no documentation that the six required registry sites were searched prior to employment for these employees: E3 (Breadbasket Manager) - DOH 1/23/26 E5 (Certified Caregiver) - DOH 1/23/26 E6 (Server) - DOH 1/9/26 E7 (Family Advocate) - DOH 12/29/25 On 5/5/26 at 9:43 AM, E1 (Executive Director)	A3040		

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A3040	Continued From page 19 indicated, registry sites were searched and checked off as completed in the HCWR, but E1 did not print the searches or save/print the HCWR page, so documentation could not be provided. Due to concerns found during the review for annual employment verification, all employees hired in 2025, except for nurses, were searched in the HCWR. The following employees were not found in the HCWR, which means the establishment failed to electronically submit to the Department the applicants' or employees' social security number, demographics, disclosure and authorization information, within two working days after the authorization was secured, to initiate the fingerprinting process: E8 (Caregiver Assistant) - DOH 2/19/25 - E8's HCWR search, saved on 5/6/26 at 12:19 PM, showed "no workers found" E30 (Caregiver Assistant) - DOH 5/19/25 - E30's HCWR search, saved on 5/6/26 at 5:46 PM, showed "no workers found" When the employee was not fingerprinted within ten days, they failed to suspend the employee from working until such time as proof was provided that the individual had their fingerprints collected electronically from a livescan vendor: E8 (Caregiver Assistant) - DOH 2/19/25 - E8's HCWR search, saved on 5/6/26 at 12:19 PM, showed "no workers found" E30 (Caregiver Assistant) - DOH 5/19/25 - E30's HCWR search, saved on 5/6/26 at 5:46 PM, showed "no workers found" E14 (Caregiver Assistant) - DOH 8/11/25 - E14's	A3040		

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A3040	Continued From page 20 HCWR, saved on 5/7/26 at 4:53 PM, showed "Not Yet Determined" E19 (Certified Caregiver) - DOH 3/3/25 - E19's HCWR, saved on 5/7 26 at 5:24 PM, showed "Note Yet determined" When the following employees were not fingerprinted within 30 days after being hired, they failed to terminate the employee and the background check application from the Health Care Worker Registry: E8 (Caregiver Assistant) - DOH 2/19/25 E14 (Caregiver Assistant) - DOH 9/8/25 E19 (Caregiver Assistant)) - DOH 3/3/25 E30 (Caregiver Assistant) - DOH 5/19/25 The above findings were confirmed during interviews and email communication with E2 (Health and Wellness Director) during this survey. The establishment took steps to terminate E8, E14, E19, and E30 and restart the applicant process.	A3040		
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,	A4010		

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A4010	Continued From page 21 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) 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) ... g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; B) dietary needs, if the establishment provides therapeutic diets; and C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; ... h) The service plan shall include all support services provided or arranged for by the establishment ... This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to follow their policy and state regulation when they did not individualize	A4010		

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A4010	Continued From page 22 service plans to the resident's needs and preferences. This applies to 5 of 5 residents (R1, R2, R3, R4, R5) reviewed for this requirement and has the probability to affect all residents that reside in the establishment. This failure creates a substantial probability of harm to a resident or residents, in that it cannot be determined if the establishment is aware of or addressed the needs and safety concerns of the residents. The findings include: On 5/4/26, an Annual Licensure Survey was conducted. During the survey, resident records were reviewed. The following concerns were found with service plans: 1) R1's medical record showed R1 moved into the establishment on 11/20/21, is on hospice, and has multiple diagnoses, including atrial fibrillation, atherosclerotic heart disease, effusion of right hip, hypertension, heart failure, osteoarthritis, and presence of cardia pacemaker. R1's Service Plan, dated 3/16/26, did not address the use of blood thinners and opioids. R1's Physician's Orders, print date 4/23/26, showed R1 takes scheduled Eliquis (blood thinner) and as needed Tramadol (analgesic opioid). These medications increase the risk of falls and injury with falls. R1's service plan showed R1 is a fall risk level three. R1's service plan showed R1 has chronic hip pain. R1's service plan did not address the need to monitor for nose bleeds. R1's Progress Notes, reviewed for 5/30/25-5/4/26, showed multiple	A4010		

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A4010	Continued From page 23 episodes of nose bleeds, to the point medical intervention was needed, and R1 takes a blood thinner. R1's service plan did not address the use of compression stockings (TED hose) and who is responsible for the provision. R1's Physician's Orders, print date 4/23/26, showed TED hose, apply every morning and remove every night. R1's service plan did not address the level of assistance required for evacuation. 2) R2's medical record showed R2 moved into the establishment on 8/8/25, is on hospice, and has multiple diagnoses, including atrial fibrillation, cardiomyopathy, femur fracture, osteoarthritis, hypertension, malignant neoplasm of bladder, muscle weakness, rod in leg, and spinal stenosis. R2's Service Plan, dated 2/9/26, was not updated for increased toileting and safety checks. R2's Progress Note, dated 4/23/26 at 5:07 PM, showed toileting was increased to 14 times per day and safety checks to hourly. R2's service plan did not address the use of opioids and blood thinners and need to monitor for bleeding. R2's Physician's Orders, print date 5/5/26, showed R2 takes scheduled Eliquis (blood thinner), scheduled Norco (analgesic opioid), scheduled and as needed morphine (analgesic opioid), and as needed Tramadol (analgesic opioid). These medications increase the risk of falls or injury with falls, and R2 has a history of falls. R2 has a malignant neoplasm of the bladder. R2's Progress Notes, reviewed since August 2025, showed R2 had sever groin pain and blood in urine.	A4010		

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A4010	Continued From page 24 R2's service plan did not address R2's dietary needs. R2 is on a No Added Salt diet. R2's service plan did not address the use of TED hose and who is responsible for the provision. R2's Physician's Orders, print date 5/5/26, showed TED hose, apply every morning and remove every night. 3) R3's medical record showed R3 moved into the establishment on 2/27/26 and has multiple diagnoses, including hypertension, chronic obstructive pulmonary disease, neuropathy, depression, irritable bowel syndrome, assist with personal care, and unsteadiness on feet. R3's Service Plan, dated 2/28/26, did not address the use of opioids, psychotropics, and blood thinners/monitor for blood. R3's Physician's Orders, print date 4/23/26, showed R3 takes scheduled Tramadol (analgesic opioid), as needed Oxycodone (analgesic opioid), scheduled aripiprazole, bupropion, and desvenlafaxine (all antidepressants), and Enoxaparin (injectable blood thinner). These medications increase the risk of falls and is a fall risk level three. 4) R4's medical record showed R4 moved into the establishment on 8/25/22, is on hospice, and has Huntington's disease. R4's Service Plan, dated 3/3/26, did not address the use of opioids and psychotropics. R4's Physician's Orders, print date 5/4/26 showed R4 has orders for scheduled clonazepam (antianxiety) for anxiety, scheduled and as needed lorazepam (antianxiety) for	A4010		

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A4010	Continued From page 25 anxiety/involuntary movements, scheduled risperidone (for Huntington's disease), scheduled sertraline (antidepressant) for depression, as needed haloperidol (antipsychotic) for agitation, as needed morphine (analgesic opioid) for pain/shortness of breath. These medications increase the risk of falls and R4 has a history of multiple falls. R4's service plan did not address the use of electronic monitoring. R4 had a signed Resident Consent to Fall Detection Program, dated 11/22/22. 5) R5's medical record showed R5 moved into the establishment on 10/7/25 and has multiple diagnoses, including abnormal gait, anxiety, degenerative brain disease, dysphagia, hypertension, and Lewy body dementia. R5's Service Plan, dated 3/23/26, did not address the use of psychotropic medication. R5's Physician's Orders, print date 5/4/26, showed R5 takes scheduled bupropion (antidepressant) for depression and buspirone (antianxiety) for anxiety. These medications increas the risk of falls and R5 is a fall risk with a history of multiple falls. R5's service plan did not address the amount, type, and frequency of psychiatric services. R5's medical record showed a Neuropsych note, dated 4/22/26, for follow-up psych services. R5's service plan did not address the use of electronic monitoring. R5 had a signed Recording Device Agreement, dated 1/29/26.	A4010		

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A4010	Continued From page 26 During interview, on 5/5/26 at 3:36 PM, E2 (Health and Wellness Director) agreed, service plans should be individualized and consider any disease, medications, cognitive, psychological, and safety needs of the resident. E2 indicated the electronic monitoring is installed by the establishment in all memory care unit apartments to monitor for falls. E2 agreed their policy and procedure and state regulation should be followed. The establishment policy titled PP-619000-Service Planning and Agreements (Revised 03/2024) showed: Policy: A service plan shall be developed and maintained for each resident that corresponds with their individual needs and preferences ...Procedure: ...4) (Establishment) family members shall provide services according to the information contained in the service plan. 5) Resident's service plan/level of care shall be reviewed and updated every 180 days, or as needed, due to the resident's needs or preferences ...	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 3 Violation Section 295.4060 Alzheimer's and Dementia Programs (REPEAT) ... i) Training requirements for individuals working in a special program: ... 2) Staff training:	A4060		

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A4060	Continued From page 27 A) All staff members must receive, in addition to the training required in Section 295.3020, four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision within the Alzheimer's/dementia program. Training must cover, at a minimum, the following topics: i) basic information about the causes, progression, and management of Alzheimer's disease and other related dementia disorders; ii) techniques for creating an environment that minimizes challenging behavior; iii) identifying and alleviating safety risks to residents with Alzheimer's disease; iv) techniques for successful communication with individuals with dementia; and v) residents' rights ... (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure new staff received four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision. This applies to 2 of 5 employees (E3, E6) reviewed for this requirement.	A4060		

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A4060	Continued From page 28 The findings include: On 5/4/26, an Annual Licensure Survey was conducted. During the survey, employee records were reviewed. Documentation showed the following new employees did not have four hours of dementia-specific orientation: -E3 (Breadbasket Manager) - Date of Hire (DOH) 1/23/26 E3's (online training) Transcript, print date 5/4/26, showed one and a half hours of dementia-specific orientation. The following courses were counted: 1/23/26 - Dementia Care: Activities for people with memory problems 1/23/26 - Dementia Care: CMS Hand in Hand Module (one) ... -E6 (Server) - DOH 1/9/26 E6's (online training) Transcript, print date 5/4/26, showed one hour of dementia-specific orientation. The following courses were counted: 1/9/26 - Dementia Care: CMS Hand in Hand Module (one) ... On 5/4/26 at 2:13 PM, E2 (Health and Wellness Director) responded to a note on where to find the four hours of dementia training, which indicated it was completed through their (online training program). On 5/4/26 at 1:43 PM, E2 indicated dementia training must be done before the employee ever goes to the floor.	A4060		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF GURNEE	301 S HUNT CLUB ROAD GURNEE, IL 60031

(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
A600	Section 295.600 Issuance of an Initial Regular License This Regulation is not met as evidenced by: Type 3 Violation Section 295.600 Issuance of an Initial Regular License ... h) The license shall be posted in public view in the establishment. (Source: Amended at 48 Ill. Reg. 12026, effective July 29, 2024) This requirement was not met, as evidenced by: Based on observation and interview, the establishment failed to post their Department assisted living license in public view in the establishment. The findings include: On 5/4/26 at 10:52 AM, the establishment assisted living license was not observed posted in public view. At 5/4/26 at 11:57 AM, when E2 (Health and Welfare Director) was asked where the license was posted, E2 was not aware. E2 and E7 (Family Advocate) searched for the license and did not see it posted. E7 found the license, with expiration date 4/26/26 in E1's (Executive Director's) office.	A600		