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	ASL5102956	A. BUILDING: _____ B. WING _____	06/08/2026

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

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A 000	Initial Comment Annual survey conducted Violations cited: 295.2040 a) e) g) h) 295.4000 a) b) c) f) 295.4060 a) i) 2) B) i) ii) iii) iv) v) 295.9000 a)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: TYPE 1 VIOLATION Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. 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	A2040		

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A2040	Continued From page 1 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: Based on record review and interview, the establishment failed to include a list of residents who participated in the fire drill, were actually evacuated during the drill as well as the resident's level of evacuation assistance. This failure creates the substantial probability of severe harm or death to a resident or residents. Finding include: On 6/4/26 the fire drill documentation was reviewed and showed the following: -9/29/25: 1:15pm, in AL (assisted living), evaluation completed, drill lasted 21 minutes, 17 staff participated, no resident list included 2pm: AL drill lasted 10 minutes, 9 staff participated, no resident list included 11:40pm in AL, evaluation completed, drill lasted 16 minutes, 9 staff participated, no resident list included 1:45pm in Mary B, evaluation completed but no	A2040		

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A2040	Continued From page 2 name or date of who conducted the fire drill. No list of residents included 11:30pm in Mary B, evaluation completed, drill lasted 6 minutes 9 staff participated, no resident list included-12/1/25: 1:30pm, 1st and 2nd shifts in AL (assisted living), , evaluation completed, 32 drill lasted 15 minutes staff signed in, no resident list included 1st and 2nd shift, 1:30pm in Mary B (memory care unit), evaluation completed, drill lasted 11 minutes, 6 staff signed in, no resident list included 3rd shift at 10:30pm, evaluation completed, drill lasted 12 minutes, 4 staff signed in, no resident list attached -1/29/26: 1st & 2nd shift,1:30pm, evaluation completed, drill lasted 10 minutes, 13 staff participated, no resident list included 1st & 2nd shift at 1:30pm in Mary B, evaluation completed, drill lasted 15 minutes, 6 staff participated, no resident list included 3rd shift at 10:30pm in Mary B and AL, evaluation completed, drill lasted 10 minutes, 4 staff participated, no resident list included On 6/4/26 at 2:20pm E1 (executive director) said she would get the resident list from E11 (maintenance coordinator). E11 is responsible for conducting the fire and tornado drills. On 6/8/26 at 3:30pm via telephone, E1 stated, "E11 did not have any additional documentation to present for the fire drills. Moving forward I will review the fire drill evaluations more closely and check if a resident list of those who participated is attached."	A2040		

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A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: TYPE 2 VIOLATION Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. c) A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition. f) It is the responsibility of the resident or his/her representative to have physician's assessments and reassessments completed. This requirement was not met as evidenced by: Based on record review and interview the establishment failed to ensure the physician's assessment form was completely filled out and	A4000		

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A4000	Continued From page 4	A4000		

signed completed by a physician. This failure occurred for 4 out of 5 residents in the sample (R1, R3, R4, R5).
This failure creates the substantial probability of harm to a resident or residents.

Findings include:

1. R1 is a 81 year old resident who moved into the establishment on 8/13/25. R1 has a diagnosis of Dementia. The physician's assessment dated 8/11/25 was signed by Z1 (PA-C/physician's assistant certified). There was no physician's name listed on this assessment.

2. R3 is a 76 year old resident who moved into the establishment on 9/18/25. The physician's assessment dated 9/17/25 was signed by Z2 (PA-C). The assessment was not completed. There is no physician's name listed on this assessment.

3. R4 is a 82 year old resident who moved into the establishment on12/29/25. R4 has diagnoses including Alzheimer's Dementia, type 2 Diabetes Mellitus, Hypertension and Hyperlipidemia. The top portion of the physician's assessment dated 12/18/25 was not completed by Z3 (physician).

4. R5 is a 76 year old resident who moved into the establishment on 2/20/25. R5 has diagnoses including Stroke, Acute Renal Failure Rhabdomyolysis, Septicemia and TIA (transient ischemic attack), The physician's assessment dated 2/19/26 top portion was not completed by Z3 (physician).

On 6/8/26 at 3:15pm via telephone, these concerns were shared with E1 (executive director). E1 said she was unaware of this and

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A4000	Continued From page 5 would ensure the physician's assessments were completely filled out. E1 said she was aware that the physician's assessment is only to be completed by the physician.	A4000		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: VIOLATION Section 295.4060 Alzheimer's and Dementia Programs a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of the Act. (Section 150(a) of the Act) i) Training requirements for individuals working in a special program: 2) Staff training: B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover: i) encouraging independence in and providing assistance with the activities of daily living; ii) emergency and evacuation procedures specific to the dementia population;	A4060		

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A4060	Continued From page 6 iii) techniques for creating an environment that minimizes challenging behaviors; iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and v) techniques for successful communication. This requirement was not met as evidenced by: Based on record review and interview, the establishment failed to present 16 hours of the required on-the-job training documentation for 6 newly hired direct care staff (E3, E4, E5, E6, E8, E10). The documents presented did not show what the16 hours of in person training covered. This failure has the probability to affect all residents in the establishment. Findings include: On 6/4/26, the personnel files of 8 newly hired staff, which 6 are direct care was reviewed. E1 (executive director) showed the document for the 16 hours of in person training. The document showed the following: The dementia training sheet for E3 CNA (certified nurse aide) hired 4/7/26, E4 (caregiver assistant) hired 1/5/26, E5 (caregiver assistant), hired 11/3/25, E6 (LPN) hired 9/8/25, E8 (CNA) hired 12/2/25, E10 (CNA) hired 9/29/25 shows the dates. The area (Mary B/Assisted Living) and the first name of the mentor. This sheet does not show the training: encouraging independence in and providing assistance with the activities of daily living, emergency and evacuation procedures specific to the dementia population,	A4060		

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A4060	Continued From page 7 techniques for creating an environment that minimizes challenging behaviors, resident rights and choice for persons with dementia, working with families, caregiver stress; and techniques for successful communication. On 6/5/26 these concerns were shared with E1. E1 said the form would be revised to show what the employee in training covered in specific topics related to dementia.	A4060		
A9000	Section 295.9000 Physical Plant This Regulation is not met as evidenced by: TYPE 1 VIOLATION Section 295.9000 Physical Plant a) The establishment shall comply with the residential board and care occupancies chapter of the National Fire Protection Association's (NFPA) Life Safety Code (Life Safety Code) 101, Chapter 32 for new establishments and Chapter 33 for existing establishments. This requirement was not met as evidenced by: Based on record review and interview the establishment failed to ensure time constraints for fire drills were met and documented correctly. This failure creates the substantial probability of severe harm or death to a resident or residents. Findings include: On 6/4/26 the fire drill documentation was	A9000		

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A9000	Continued From page 8 reviewed and showed the following: -9/29/25: 1:15pm, in AL (assisted living), evaluation completed, drill lasted 21 minutes 11:40pm in AL, evaluation completed, drill lasted 16 minutes -12/1/25: 1:30pm, 1st and 2nd shifts in AL (assisted living), evaluation completed, drill lasted 15 minutes -1/29/26: 1st & 2nd shift at 1:30pm in Mary B, evaluation completed, drill lasted 15 minutes, On 6/8/26 at 3:30pm via telephone, E1 stated, "E11 did not have any additional documentation to present for the fire drills. Moving forward I will review the fire drill evaluations more closely and check if a resident list of those who participated is attached."	A9000		