| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ASL510054 | A. BUILDING: _____ B. WING _____ | C 06/09/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BICKFORD - BLOOMINGTON | 14 HEARTLAND DR BLOOMINGTON, IL 61704 |

| (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<br><br>Original Complaint Investigation/IL202091<br><br>Violation cited.<br>295.4010a)b)1)2)3)d)e) | A 000 | | |
| A4010 | Section 295.4010 Service Plan<br><br>This Regulation is not met as evidenced by:<br>Section 295.4010 Service Plan<br><br>a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan.<br><br>b) The service plan shall be developed by:<br><br>1) The resident, resident's representative or any individual requested by the resident;<br><br>2) The manager or manager's designee; and<br><br>3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care.<br><br>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 | A4010 | | |

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| A4010 | Continued From page 1<br>(see Section 295.2030). (Section 15 of the Act)<br><br>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).<br><br>TYPE 2 VIOLATION-Repeat<br><br>Based on observation, interview, and record review, the establishment failed to ensure fall interventions were implemented, post fall evaluations were completed, post fall interventions were added, and Service Plans were completed timely as per policy for three (R1-R3) of three residents reviewed for falls in a sample of three. These failures create a substantial probability of harm to a resident or residents.<br><br>Findings include:<br><br>The establishment's Fall Policy, dated 10/2024, documents "Policy: (Named establishment) will follow guidelines outlined in policy to implement effective interventions to minimize falls." "Description: People who are over 65 of age are at greater risk for falls. While all falls cannot be prevented, certain interventions may reduce the risk of falling. (Named establishment's) Fall Process includes the following: Indicating on the resident service plan, Level 2 and Level 3 additional interventions for consideration related to the resident's individual medical condition, functional status, environmental factors, and safety awareness, and Completion of a Post Fall Evaluation Form for falls that occur."<br><br>The establishment's Service Planning and Agreements policy, dated 03/2024, documents | A4010 | | |

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| A4010 | Continued From page 2 | A4010 | | |

"Policy: A Service Plan shall be developed and maintained for each resident that corresponds with their individual needs and preferences. Procedure: 1) Residents and/or their designated agents shall participate in the service planning process. 2) A Service Plan shall be developed, and Level of Care assigned, for each resident prior to move-in)." "4) (Named) 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."

1. R3's clinical record documents R3 had a fall on 5/10/26: (R3) observed lying on floor upon assessment. (R3's) wife/POA (Power of Attorney) stated (R3) lost his balance and fell.

R3's current Service Plan documents "(R3) is a level 3 fall risk. (Named establishment) Family Members to escort (R3) to and from meals and activities."

On 6/5/26, at 1:06pm, without any staff assistance, R3 slowly stood up from the dining room table after two attempts, ambulated using his four-wheeled walker out of the dining room, and down a hall towards a bathroom. E1 Executive Director spoke to R3 as R3 was ambulating towards the bathroom.

On 6/5/26, at 1:30pm, E3 Caregiver stated that over the past month (R3) has been needing more help due to (R3's) dementia getting worse. E3 confirmed that E3 was assisting other residents out of the dining room; E3 did not offer R3 assistance. E3 stated that sometimes (R3) can do it on his own.

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| A4010 | Continued From page 3<br><br>On 6/5/26, at 2:18pm E2 Director of Health & Wellness confirmed that according to R3's Service plan, R3 requires escort to/from meals.<br><br>On 6/5/26, at 3:25pm, E1 Executive Director confirmed E1 witnessed R3 ambulating solo to bathroom.<br><br>2. R1's clinical record documents R1 admitted to the establishment on 4/18/26.<br><br>On 6/5/26, at 2:17pm, E2 Director of Health & Wellness stated, "No Service plan was in place for (R1) until I did hers on 5/20/26." E2 confirmed it should have been done much sooner.<br><br>3. The clinical records for R1, R2, and R3 documents a fall occurred on these dates: R1 had falls on 4/26/26 and 5/31/26; R2 had a fall on 5/25/26, and R3 had a fall on 5/10/26.<br><br>R1-R3's clinical records do not include Post Fall Evaluations.<br><br>R1-R3's current Service Plans do not include post fall interventions for their recent falls.<br><br>On 6/5/26, at 12:58pm, E2 Director of Health & Wellness could not produce any post-fall evaluation regarding R1's fall on 5/1/26. E2 stated that the post-fall evaluations are not being done for residents including R2 and R3.<br><br>On 6/5/26, at 2:17pm E2 stated the fall interventions have not been put into place on residents' Service plans until today. | A4010 | | |