STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510061	A. BUILDING: _____ B. WING _____	C 06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF PEORIA	1920 W WILLOW KNOLLS DR PEORIA, IL 61614

(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 / IL201849 to 4/24/26 incident. 295.2050a)b) cited	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department an incident or accident that has a significant negative effect on a resident's health, safety or welfare. A significant negative effect shall be assumed whenever an unplanned or unscheduled visit to a hospital is necessary as a result of that incident or accident, treatment is provided, and follow-up care is required. b) The report shall be made by contacting the Department of Public Health Central Complaint Registry or by fax or by other electronic means within 24 hours after the occurrence of the incident or accident. Violation Based on interview and record review the establishment failed to report an incident with injury requiring hospitalization to the State Agency within 24 hours for one (R1) of three residents reviewed for falls in the sample of three. Findings include: The establishments Incident and Accident Report dated 12-2024 documents the ED/Executive	A2050		

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A2050	Continued From page 1	A2050		

Director of HWD/Health and Wellness Director shall: "Investigation incidents or accidents involving residents or (employees). Document investigation and corrective action regarding the incident or accident. Implement corrective action as appropriate." "Incidents that negatively affect or that threaten the life, health, safety, or welfare of any Resident will be reported per State Licensing Agency."

The Incident and Accident State Reporting policy and procedure dated 12-2024 documents "An establishment shall report to the Department an incident or accident that has a significant negative effect on a resident's health, safety or welfare. A significant negative effect shall be assumed whenever an unplanned or unscheduled visit to a hospital is necessary as a result of that incident or accident, treatment is provided, and follow-up care is required." "Submit incident or accident within 24 hours to (State Agency) through electronic database. Document Electronic Health Record that (State Agency) has been notified."

E1 ED/Executive Director stated he completed the fall investigation for R1. This investigation includes an Incident Report Note dated 4/24/26 at 4:45 pm that documents R1 observed on the floor in his bedroom with R1's shoulder and head resting on a mobile standing transfer aid. R1 was assessed, complained of left shoulder pain and a headache, hematoma to left side of head, and a skin tear to R1's left forearm. R1 was sent to a local hospital for evaluation. A follow up note dated 4/29/26 documents R1 was admitted to the local hospital with "cervical vertebral fractures", and neurosurgery is speaking to R1's family.

The initial notice to the State Agency is documented in the electronic reporting system as

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A2050	Continued From page 2 4/30/26, six days after R1's documented fall and hospitalization. The final notice was made to the State Agency on 5/13/26, nineteen days after the incident occurred. On 6/23/26 at 1:45 pm E2 HWD stated R1 fell on Friday 4/24/26 and E2 HWD returned to work on Tuesday 4/28/26. E2 HWD stated (E2) spoke with R1's family friend and was informed that R1 had several cervical fractures. E2 HWS stated she did not complete a Post Fall Evaluation because she was unaware that it was to be completed until about three weeks ago. E2 HWD stated the incident was reported to the State Agency late due to being off work from 4/25/26 through 4/27/26 and was unaware of R1's injuries until after the first 24 hours. E2 confirmed that the State Agency was initially notified on 4/30/26 and the final was sent on 5/13/26. E2 stated E1 ED does all the investigations and (E2) does the reporting to the State Agency. E2 also stated she does not know why E1 ED did not start the staff interviews until 5/4/26. On 6/23/26 at 2:08 pm E1 ED stated the Directors do the fall investigations and E2 HWD does the reportable to the State Agency. E1 ED stated that one week after an incident is reported to complete the investigation, the investigation is sent to corporate for review, and corporate returns the investigation with any recommendations they may have. E1 ED stated the establishment did not receive the information about R1's fractures until 4/29/26, reported to the State Agency and staff interviews were received within that week.	A2050		