STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510058	A. BUILDING: _____ B. WING _____	C 06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD - MACOMB COTTAGE	160 MAPLE AVE MACOMB, IL 61455

(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 IL202499 Section 295.4010 d) e)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: 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) 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). Type Two Violation Based on interview and record review, the establishment failed to update residents service plans after falls for three of three residents (R1, R2 and R3) reviewed in a sample of three. This failure creates a substantial probability of harm to a resident or residents. Findings include: 1. R1's face sheet documents R1 moved into the	A4010		

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A4010	Continued From page 1 establishment on 6-3-26. R1's fall documentation since move in indicates R1 had falls on 6-7, 6-12 and 6-15-26. Fall interventions developed after these falls include checking the tread on R1's shoes, a physical therapy evaluation, and a pharmacy review of R1's medications due to dizziness. R1's current 6-10-26 service plan does not contain these interventions, except that family was going to request an order for therapy. 2. R2's face sheet documents R2 moved into the establishment on 8-1-25. R2's fall documentation in the last four months indicates R2 fell on 6-2-26. A fall intervention was developed and documented that gripper socks were implemented for R2. R2's current 4-20-26 service plan does not contain this intervention. 3. R3's face sheet documents R3 moved into the establishment on 3-23-2024. R3's fall documentation for the last four months documents R3 fell on 5-7-26 and 6-2-26. Fall interventions developed after these fall include to keep items in reach, re-educate staff on toileting and incontinence care, and to check on resident every two hours while awake. R3's current 3-27-26 service plan does not include the interventions to keep items in reach, and reeducate staff on toileting and incontinence care. The establishment's 10-2024 Fall Policy documents "Interventions identified are implemented, documented in the resident record and on the service plan."	A4010		

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A4010	Continued From page 2 On 6-29-26 at 1:00 pm, E1 Executive Director verified fall interventions should be placed on the service plan after development per their policy.	A4010		