

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055014	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Fairfield Post-Acute Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1255 Travis Blvd Fairfield, CA 94533	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37797</p> <p>Based on observation, interview and record review, the facility failed to ensure resident bedrooms provided at least 80 square feet of living space per resident in 29 multiple resident bedrooms. This failure had the potential for residents not to have enough personal space to live comfortably.</p> <p>Findings:</p> <p>During an observation on 6/27/24, at 2:50 p.m., the facility's Administrative Staff A measured resident bedrooms [ROOM NUMBER]. Each bedroom had three beds and were occupied by three residents. Administrative Staff A's measurements indicated resident bedrooms 6, 7 and 8 measured 12 feet and 5 inches by 18 feet and 3 inches each excluding the space occupied by the movable warbrobe. This resulted in a total living space area of 226.6 square feet or 75.5 square feet per resident. During a concurrent interview, Administrative Staff A stated all facility multiple resident bedrooms with three beds had the same measurements.</p> <p>A review of the facility census for 6/27/24 indicated 29 multiple resident bedrooms with three beds.</p> <p>During an interview on 6/27/24, at 3:05 p.m., the confidential family member of a resident in a room with three bedrooms stated the resident's space was tight and wished they had more personal space.</p> <p>During an interview on 6/27/24, at 3:25 p.m., the confidential family member of a resident in a room with three bedrooms stated the resident needed additional personal space.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------