STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055014	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairfield Post Acute Rehabilitation	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)
F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Assure that each resident?s assessment is updated at least once every 3 months. Based on observation, interview, and record review, the facility failed to ensure that one of the four sampled residents (Resident 1) received treatment and care in accordance with professional standards of practice, when the Registered Dietician (RD) did not perform the quarterly nutritional review assessments for Resident 1. This failure had the potential risk to result in adverse effects on Resident 1's weight, health, nutrition, and overall highest practicable physical, mental and psychosocial well-being.A review of Resident 1's face sheet indicated that Resident 1 was admitted to the facility in 3/2025 with diagnoses which included dysphagia (difficulty swallowing). A review of Resident 1's order summary report, dated 3/12/26, indicated that Resident 1 was prescribed a regular diet, easy to chew texture, thin consistency. A record review of the RD' s nutritional assessment for Resident 1 showed assessments were performed in 3/2025 and in 7/2025. There were no further quarterly assessments documented for Resident 1. During an observation and interview on 4/3/26 at 8:50 p.m. with Resident 1, Resident 1 stated she could not eat spicy foods, foods were brought in from home, and the dietary staff had not helped with food preference requests which led to her increased anxiety. During an interview on 4/3/26 at 3 p.m. with the Dietary Aide (DA), in the kitchen's office, the DA stated she was unaware Resident 1 had food preferences until recently, when the RD updated Resident 1's meal ticket information. The DA acknowledged it was important that staff communicated with residents, and with each other, to ensure resident's meals are what they want to eat and enjoy. During a telephone interview on 4/3/26 at 3 p.m. with the RD, in the Director of Nursing's (DON) office, the RD acknowledged that subsequent nutritional quarterly assessments were not done for Resident 1. The RD stated the expectation was for Resident 1 to have had timely assessments to monitor caloric needs, adverse weight changes, and changes to diet plan. During an interview on 4/3/26 at 3:15 p.m. with the DON, the DON stated the RD was expected to be proactive in meeting the residents' nutritional needs, preventing declines in health, and for quality of life. A review of the facility's Job Description-Dietitian, dated 12/2021, indicated, Ensure that charted dietary progress notes are informative and descriptive of the services.Visit residents periodically to evaluate the quality of meals served, likes and dislikes.Encourage the resident/family to participate.Assist in the scheduling of care plans.and discussed at each committee meeting.Ensure that.care plans are used in planning daily dietary services for the resident.Review nurses' notes to determine if the care plan is being followed.Discuss problem areas with the Director of Nursing Services.Review complaints and grievances made by the resident.

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