

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 01/09/2026
NAME OF PROVIDER OR SUPPLIER Fairfield Post Acute Rehabilitation		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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure medications were stored properly, when an unlabeled loose pill and three labeled blister packs (a type of unit-dose packaging with clear plastic bubbles (blisters) holding individual pills) were found on the bottom of a drawer and in the back of the drawers for one out of five sampled medication carts. These failures had the potential for medication error, misuse, or drug diversion. Findings: During an inspection of Medication Cart 5 on 1/6/26 at 12:20 p.m., one unlabeled loose pill and three labeled blister packs were found on the bottom of the drawer and behind the drawers in the back of medication cart 5. During an interview on 1/6/26 at 9:48 a.m. with Nursing Supervisor (NS), NS removed the pill found on the bottom of the drawer and confirmed there was 1 loose pill. NS also confirmed there were three labeled blister packs found behind the drawer at the back of cart 5. The NS stated the carts were cleaned regularly but admitted she did not think of looking behind the drawers. The NS confirmed the loose pill or the misplaced medications in the back of the cart could have led to a medication error. During an interview on 1/6/26 at 1:29 p.m. with the Director of Nursing (DON), the DON confirmed medications should not be loose in the drawers and medications should not be at the back of the cart behind the drawers. The DON stated, the medication carts should be checked thoroughly, and kept clean. The DON stated the loose pill and medications in the back of the cart could lead to a medication error. During a review of the facility Policy and Procedure (P&P), titled, Storage of Medications, dated May 2022, the P&P indicated, Medications and biologicals are stored safely, securely, and properly. All medications. are stored in the container with the pharmacy label.		

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
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility document review, the facility failed to store cookware pans and utensils in accordance with professional standards for food service safety when: Frying pans were stacked wet while stored away; and, Ladles and cake slicer were found wet while stored in the drawer. These failures had potential to cause food-borne illnesses in a highly susceptible population of 97 residents who received food from the kitchen. Findings: During a concurrent initial tour observation and interview on 1/6/26 at 8:45 a.m. at the kitchen with the Certified Dietary Manager (CDM), several wet pans and ladles were stacked and stored at the clean and ready-to-use storage areas as indicated below: 6 frying pans- different sizes 6 ladles - various sizes 1 cake slicer The CDM confirmed that the 6 frying pans, 6 ladles, and 1 cake slicer were wet. CDM stated, the frying pans, ladles, and a cake slicer should have been completely air dried before being stored away. During an interview on 1/8/26 at 10 a.m. with Registered Dietician (RD), the RD stated, the expectation was: the frying pans and ladles including the cake slicer will be cleaned and air dried before it is stored away. During a review of an undated facility's policy and procedure titled, Dishwashing, indicated, dishes are to be air dried in racks before stacking and storing.		

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on interview and record review, the facility failed to ensure 4 of 24 sampled residents (Resident 7, Resident 32, Resident 53, Resident 90) were offered an advance directive (a legal document where a competent adult specifies their future medical care wishes in the event they cannot communicate them themselves, often due to illness or injury). This failure had the potential to result in the residents' medical wishes not being honored. Findings: During a review of Resident 7's admission record (AR), the AR indicated Resident 7 was admitted in November 2025 with several diagnosis including aftercare following surgical amputation (surgical removal of part or all of a body part). During a review of Resident 32's AR, the AR indicated Resident 32 was admitted in November 2025 with several diagnosis including encephalopathy (a condition where brain dysfunction occurs due to a chemical imbalance in the body, often triggered by systemic illnesses or organ dysfunction). During a review of Resident 53's AR, the AR indicated Resident 53 was admitted in December 2025 with several diagnosis including severe protein calorie malnutrition. During a review of Resident 90's AR, the AR indicated Resident 90 was admitted in December 2025 with several diagnosis including acute respiratory failure with hypoxia (low levels of oxygen in tissues and organs). During a review of Resident 7, Resident 32, Resident 53, and Resident 90's clinical records, the clinical records did not have an advance directive or documentation that indicated an advance directive was offered. During a concurrent interview and record review on 1/8/26 at 2:06 p.m. with Social Services Director (SSD), SSD confirmed Resident 7, Resident 32, Resident 53, and Resident 90 did not have an advance directive or documentation that indicated an advance directive was offered. SSD stated the expectation was for advance directives to be offered at admission. SSD further stated there should have been documentation that indicated an advance directive was offered if residents did not have an advance directive. SSD further stated there was a risk for residents' medical wishes to be unclear when an advance directive was not available. During a review of the facility's policy and procedure (P&P) titled, Advance Directives revised 2/25, the P&P indicated, it is the policy of this facility to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive Prior to, upon, or immediately after admission, the facility staff will ask residents, and/or their family members, about the existence of any advance directives. Should the resident indicate that he or she has issued advance directives about his/her care and treatment, the facility will require that a copy of such directives be included in the medical record.		

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a policy regarding use and storage of foods brought to residents by family and other visitors. Based on observation, interview and record review, the facility failed to store resident food in a safe and sanitary manner in the refrigerators for residents for a census of 97 when:One opened bottle of soda stored past their use by date,Two bottles of opened salad dressings, and one fruit spread found unlabeled,One bag of loaf of bread was unlabeled, undated, and expired; and,Opened container of clam chowder with expired use by date.These failures had the potential to cause foodborne illnesses in a vulnerable resident population. Findings:During a concurrent observation and interview on 1/8/26 at 10:30 a.m. with Certified Dietary Manager (CDM), several resident food items were found in the refrigerators for residents at Nursing Station 1 and Nursing Station 2. The food items found were as follows:Nursing Station 1 refrigerator for residents:One opened bottle of soda stored past their use by date 12/27/25.Two opened salad dressings, and one fruit spread found unlabeled, undatedOpened Clam Chowder with use by date 1/7/26 and unlabeled.Nursing Station 2 refrigerator for residents:One bag of loaf of bread was unlabeled, undated, and expired.CDM confirmed the findings and stated her expectations were to have all residents' food be labelled. CDM further stated, . staff must check the resident refrigerators every night and discard anything that has expired or does not have any labels.During an interview on 1/8/26 at 11 a.m. with the Registered Dietician (RD), RD stated, her expectations were for the staff to label the food received from home, the date, and the location of the resident. RD further stated perishable food that has been opened must be discarded after 3 days.During a review of the facility's policy and procedure titled, Foods Brought by Family or Visitor, revised 2/2025, indicated, .all foods shall be labeled with the resident name, location, and date.perishable prepared foods will be checked by nurse, dietary staff daily and discarded after 3 days of storage.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure proper infection prevention measures were implemented for a census of 97 when: One facility staff did not sanitize the blood pressure (BP-measures the force of blood against artery walls) cuff in between two residents (Resident 2 and Resident 61). These failures had the potential to spread germs. Findings: A review of Resident 2's clinical record indicated Resident 2 was admitted [DATE] with diagnosis that included Chronic Viral Hepatitis C (a long term viral infection of the liver that leads to illness and can be spread by contact with the contaminated blood), Immunodeficiency (the immune system can't effectively fight infections and diseases, leading to frequent, severe infections and potentially cancer), Chronic Obstructive Pulmonary Disease (COPD-a chronic lung disease causing difficulty in breathing). A review of Resident 61's clinical record indicated Resident 61 was admitted [DATE] with diagnosis that included Immunodeficiency, and Pneumonia (an infection/inflammation in the lungs). During a concurrent observation and interview on 1/6/26 at 8:47 a.m., 9:01 a.m., and 9:14 a.m., respectively with Licensed Nurse (LN)1, LN 1 did not sanitize the BP cuff before, after or in between taking the BP of Resident 2 and Resident 61. LN 1 stated, .we are supposed to sanitize the blood pressure cuff after each use, but I forgot. LN 1 stated not sanitizing the BP cuff could spread germs. During an interview on 1/6/26 at 12 p.m. with the Nursing Supervisor (NS), the NS stated, the BP cuff and machine needed to be wiped down in between each resident use. The NS stated that not sanitizing can lead to spreading germs. During an interview on 1/6/26 at 1:29 p.m., with the Director of Nursing (DON), the DON stated the expectation was for the BP cuff to be sanitized in between each resident use to prevent the spread of germs. During a concurrent interview on 1/7/26 at 9:56 a.m. with the Infection Preventionist (IP) and Director of Staff Development IP Consultant (DSD IP), the IP and DSD IP stated the expectation for sanitizing the BP cuff was to sanitize the cuff in between each resident use. A review of the facility's policies and procedures (P&P) titled, Infection Control Program, revised 2/2025, indicated, .Patient-care equipment (e.g., blood pressure cuffs).clean and disinfect such equipment before use on another patient.		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review, the facility failed to ensure one of 24 sampled residents (Resident 9) was free of unnecessary psychotropic medications (any drug that affects behavior, mood, thoughts or perception) when Resident 9 did not receive a psychiatric evaluation to determine if their psychotropic medication should be continued. This failure had the potential to result in the use of an unnecessary psychotropic medication that could cause adverse consequences. During a review of Resident 9's admission record (AR), the AR indicated Resident 9 was admitted to the facility in November 2025 with multiple diagnosis including dementia (a progressive state of decline in mental abilities). Resident 9's AR did not indicate a diagnosis of schizophrenia (a mental illness that is characterized by disturbances in thought) and bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs). During a review of Resident 9's physician's orders dated 11/7/25, the physician's orders indicated Resident 9 was prescribed quetiapine (a psychotropic medication that treats schizophrenia and bipolar disorder). During a review of Resident 9's Initial Psychology Evaluation dated 11/26/25, the Initial Psychology Evaluation did not include a review of quetiapine or address the reason for starting and continuing quetiapine. During an interview with Neuropsychologist (NPSY) on 1/8/26 at 11:32 a.m., the NPSY confirmed she was the clinician that evaluated Resident 9 on 11/26/25. The NPSY stated quetiapine was not reviewed during the Initial Psychology Evaluation. The NPSY further stated I missed it (quetiapine) on the med (medication) list. The NPSY confirmed Resident 9 did not have a diagnosis of schizophrenia or bipolar disorder. During an interview on 1/9/25 at 10:20 a.m., with the Director of Nursing (DON), DON stated the expectation was for NPSY to review the quetiapine during the Initial Psychology Evaluation on 11/26/25. DON acknowledged the risk for mortality when Resident 9's quetiapine was not reviewed. During a review of the U.S. Food, Drug and Administration (FDA) medication guide for quetiapine, revised 8/19, the FDA medication guide indicated quetiapine increased the risk of death in elderly people with dementia. During a review of the facility's policy and procedure (P&P) titled, Psychotropic Drug Use, revised 2/2025, the P&P indicated, .It is the policy of this facility to ensure that residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record. Upon initial comprehensive assessment, SSD and/or nursing designee shall review new admissions for.physician's orders for psychotropic medications. These residents will be referred to the facility's Psychotropic Drug Review Committee and/or the Psychiatrist.		

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