

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145422	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2024
NAME OF PROVIDER OR SUPPLIER Fair Havens Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1790 South Fairview Avenue Decatur, IL 62521	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31682</p> <p>Based on observation, interview, and record review the facility failed to protect a resident from staff verbal abuse for one of three residents (R1) reviewed for abuse in the sample of 36. These failures resulted in R1 feeling intimidated and verbally abused by V4 (RN/Registered Nurse) and R1 experiencing ongoing mental anguish, fear, and anxiety.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Program policy dated October 2022 documents, The facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff, or mistreatment. This facility prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. This will be done by establishing and environment that promotes resident sensitivity, resident security, and prevention of mistreatment. Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury, reasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident. Verbal abuse is the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or families, or within their hearing distance, regardless of an individuals' age, ability to comprehend, or disability.</p> <p>R1's Admission Record documents R1 was admitted to the facility on [DATE] with the diagnosis of Paraplegia.</p> <p>R1's MDS (Minimum Data Set) assessment dated [DATE] documents R1 is cognitively intact and has no behaviors.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145422	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2024
NAME OF PROVIDER OR SUPPLIER Fair Havens Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1790 South Fairview Avenue Decatur, IL 62521	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 12-27-24 at 10:00 AM R1 was sitting up in his bed. R1's eyebrows were raised and R1's eyes were wide open when he stated in a high-pitched, shaky voice, Last Tuesday (12-17-24) around 7:30 PM I was in my room and had just sprayed room spray. The room stunk. I told (V5/CNA/Certified Nursing Assistant) to close the door so the stink from the hallway did not come into my room. V4 (Registered Nurse) was out in the hallway and came storming into my room like the Tasmanian Devil, got in my face, and yelled at me, 'Let me school you on when you can and cannot call the state in here. You do not get to tell us when the state can come in here.' (V4) looked like she wanted to fight me. I told (V4) that I said the stink not the state. I am paralyzed and cannot defend myself. (V4) scared me and I yelled at (V4) to get the f*** out of my room. (V5) was in the room and witnessed (V4) yelling at me. (V5) told me she could not believe that (V4) yelled at me like that and felt like (V4) wanted to Whip my a**! My heart rate was up and I have had so much anxiety over this since (V4) did this. I text (V1/Administrator-In-Training) right after that and told (V1) that I felt threatened and abused and I was scared of (V4). (V1) just disciplined me and said she (V1) heard I had been acting up that night so I need to be nice. (V4) continued to work that night and even came back into my room later and said, I am here to offer an apology. You can either except it yes, or no? I told her to get out of my room and I did not want her taking care of me. I have been scared of (V4) ever since. I do not feel safe in my own room, and nobody has even talked to me since this. You would think (V1) would talk to me to see if I am alright.</p> <p>On 12-27-24 at 10:40 AM V1 (Administrator-In-Training) stated, I am going to just be honest with you. (R1) has a history of being ridiculous. (R1) text me on 12-17-24 and told me (V4) was being rude to him. I called (R1) and he said (V4) overheard (R1) saying that the door needs to be shut or state would be called in. (R1) reported (V4) went into (R1's) room and said to (R1) the door does not have to be shut just because (R1) wanted to shut the door and the state would not come in just because the door was open. (R1) told me he did not say state he said stink and (V4) did not have to be rude. (R1) may have said he felt threatened by (V4).</p> <p>On 12-27-24 at 12:25 PM V5 (CNA) stated, I was in the room on 12-17-24 when (V4) came into (R1's) room. (R1) was talking to me about making sure the door was shut to keep the stink from the hallway out of his room. (V4) was out in the hallway when (R1) was talking to me. Next thing I knew (V4) barged into (R1's) room and was in (R1's) face screaming and threatening (R1) by yelling, Let me school you on when the state can and cannot be called. (V4's) body language looked like she wanted to fist fight (R1). I could not believe how (V4) was acting. (R1) told (V4) he said stink not state and then yelled at (V4) to get the f*** out of his room. I do not know why (V4) even felt like it was her place to come into (R1's) room over a conversation (R1) and I were having. (R1) was definitely scared of (V4) and has told me he does not feel safe having (V4) take care of him.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145422	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2024
NAME OF PROVIDER OR SUPPLIER Fair Havens Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1790 South Fairview Avenue Decatur, IL 62521	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>31682</p> <p>Based on interview and record review the facility failed to implement their Abuse Policy to immediately report an allegation of abuse to the State Agency for one of three residents (R1) reviewed for Abuse in the sample of 36.</p> <p>Findings include:</p> <p>On 12-27-24 at 10:00 AM R1 stated that on 12-17-24 around 7:30 PM V4 (Registered Nurse) threatened and verbally abused R1. R1 stated he immediately reported feeling threatened and abused to V1 (Administrator-In-Training).</p> <p>On 12-27-24 at 10:40 AM V1 (Administrator-In-Training) stated, (R1) text me on 12-17-24 and told me (V4) was being rude to him. I called (R1) right away and do not remember exactly what (R1) reported. (R1) may have said he felt threatened by (V4). I am going to be honest with you. I did not report (R1's) allegation to the state agency.</p> <p>On 12-27-24 at 11:47 AM V4 stated, On 12-17-24 around 7:30 PM (V1) called me while I was at the facility and said (R1) had called (V1) and reported I threatened him.</p> <p>The facility's Abuse Investigations and R1's Electronic Medical Record dated 12-1-24 through 12-27-24 were reviewed and do not include evidence of R1's abuse allegation, that was reported to V1 on 12-17-24, being reported to the State Agency.</p> <p>The facility's Abuse Prevention Program policy dated October 2022 documents, Internal Investigation: Any allegation of abuse or any incident that results in serious bodily injury will be reported to the Illinois Department of Public Health immediately, but not more than two hours of the allegation of abuse.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145422	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2024
NAME OF PROVIDER OR SUPPLIER Fair Havens Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1790 South Fairview Avenue Decatur, IL 62521	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>31682</p> <p>Based on interview and record review the facility failed to implement their Abuse Policy to thoroughly investigate an allegation of abuse for one residents (R1) and protect residents from the alleged perpetrator until an investigation was completed for 36 of 36 residents (R1-R36) reviewed for protection from abuse in the sample of 36.</p> <p>Findings include:</p> <p>On 12-27-24 at 10:00 AM R1 stated, On 12-17-24 around 7:30 PM V4 (Registered Nurse) threatened and verbally abused me, and I immediately reported feeling threatened and abused to (V1/Administrator-In-Training). (V4) continued to work that night and even came back into my room later and said, I am here to offer an apology. You can either except it yes, or no? I told (V4) to get out of my room and I did not want her taking care of me.</p> <p>On 12-27-24 at 10:40 AM V1 (Administrator-In-Training) stated, I am going to just be honest with you (R1) text me on 12-17-24 and told me (V4) was being rude to him. I called (R1) right away and do not remember exactly what (R1) reported. (R1) may have said he felt threatened by (V4) and did not want (V4) to take care of him anymore. I told (V4) to go in and apologize to (R1). I had another nurse (V8/LPN/Licensed Practical Nurse) take care of (R1) after (V4) apologized to (R1). I did not immediately remove (V4) from (R1). (V4) worked until the next morning and took care of all the other residents on 300-hallway. I did not suspend (V4). I did not do an investigation about (R1's) allegations. I only spoke to (R1) and (V4).</p> <p>On 12-27-24 at 11:47 AM V4 stated, On 12-17-24 around 7:30 PM (V1) called me while I was at the facility and said (R1) was stating I threatened him. (V1) asked me to apologize to (R1). I was not suspended and continued to take care of all the residents on 300-hallway.</p> <p>On 12-27-24 at 12:25 PM V5 (CNA/Certified Nursing Assistant) stated, I witnessed how (V4) was treating (R1) on 12-17-24. (V1) has never questioned me about it.</p> <p>V4's Time-Card Report documents V4 worked 6:40 PM to 6:06 AM from 12-17-24 to 12-18-24.</p> <p>On 12-28-24 at 9:30 AM V1 provided a list of residents (R2-R36) that V4 continued to take care of on 12-17-24 from 7:30 PM (after R1's abuse allegation) through 12-18-24 at 6:06 PM.</p> <p>The facility's Abuse Investigations and R1's Electronic Medical Record dated 12-1-24 through 12-27-24 were reviewed and do not include evidence of R1's abuse allegations on 12-17-24 being investigated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145422	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2024
NAME OF PROVIDER OR SUPPLIER Fair Havens Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1790 South Fairview Avenue Decatur, IL 62521	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's Abuse Prevention Program policy dated October 2022 documents, This facility prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. This will be done by establishing and environment that promotes resident sensitivity, resident security, and prevention of mistreatment; Immediately protecting residents involved in identified report of possible abuse exploitation, misappropriation of property, and mistreatment; implementing systems to promptly and aggressively investigate all reports and allegations of abuse, exploitation, misappropriation of property, and mistreatment; and filing accurate and timely investigative reports.</p>		