

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 03/25/2026
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** Based on interview and record review the facility failed to ensure the right to be free from physical abuse for four (R3, R6, R7, R10) of six residents reviewed for abuse on the sample list of twelve residents. Findings</p> <p>1. The facilities abuse investigation dated 3/15/2026 at 8:45 PM documents that R3 became agitated with R10 accusing R10 of being in R3's house. R3 began hitting R10 on the head with a shoe. This investigation documents V10 Licensed Practical Nurse witnessed R3 hitting R10 on the head with a shoe.</p> <p>On 3/24/2026 at 12:46 PM, when asked about the incident occurring on 3/15/2026 at 8:45 PM, R10 stated R10 recalls being hit a few times with a shoe by R3. R10 stated R3 was accusing R10 of being in R3's home. R10 stated this interaction scared R10. R10 stated the shoe was a house slipper.</p> <p>On 3/24/2026 at 1:25 PM, V1 Administrator stated that V1 investigated the 3/15/2026 incident. V1 stated after interviewing R10 and V10 Licensed Practical Nurse, it was determined R3 did hit R10 multiple times in the head with a shoe. V1 stated the allegation of abuse was substantiated.</p> <p>2. R6's undated care plan documents an admission date to this facility on 10/25/2024 with the following diagnosis: Poisoning by Hydantoin Derivatives, Essential Hypertension, and Cerebral Infarction.</p> <p>R6's Minimal data set dated [DATE] documents R6 with moderate cognitive impairment.</p> <p>R7's Minimal data set dated [DATE] documents R7 with severe cognitive impairment.</p> <p>R7's undated care plan documents an admission date to the facility on [DATE] with the following diagnosis: Schizophrenia, Dysphagia, Oropharyngeal Phase, Constipation, Hyperlipidemia, and Benign Prostatic Hyperplasia.</p> <p>The facilities abuse investigation dated 2/9/2026 at 8:45 PM documents that R7 had aggressive behaviors towards R6. R6 reported to staff that R7 hit R6 with a closed fist. This investigation documents R7's admission to physical contact with R6.</p> <p>On 3/23/2026 at 10:55 AM, R6 stated R6 had been hit by his roommate in the past however could not recall the specific date it occurred.</p> <p>On 3/23/2026 at 11:19 AM, R7 was deemed non-interviewable due to R7's severe cognitive decline (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
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(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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>along with the diagnosis of dysphasia.</p> <p>On 3/23/2026 at 3:15 PM, when asked about the incident occurring on 2/9/2026 involving R6 and R7, V7 Licensed Practical Nurse stated R7 admitted to hitting R6 on the arm when V7 questioned R7 on 2/9/2026.</p> <p>The facility's Abuse Policy dated 10-2022 documents and defines abuse as any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means (210 ILCS 45/1-103).</p>		