

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/14/2026
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)		
F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide two (R4, R5) residents their entire physician ordered diets out of five reviewed for Dietary Services in a sample list of five residents. Findings include: The facility Resident Council Minutes dated 5/20/26 document dietary staff are not looking at the resident tickets when serving meals. 1. R4's Electronic Medical Record (EMR) documents medical diagnoses as Hemiplegia and Hemiparesis following Cerebrovascular Disease affecting Right dominant side, Cerebrovascular disease, Aphasia, Dementia, Cerebral Infarction and Anemia. R4's Minimum Data Set (MDS) dated [DATE] documents R4 as being moderately impaired in decision making skills. This same MDS documents R4 requires staff assistance for setting up his meals. R4's Care Plan initiated 12/5/24 documents an intervention to provide and serve R4 diet and supplements as ordered. R4's Physician Order Sheet (POS) dated June 1-30, 2026 documents a physician order starting 6/30/25 to provide a regular diet of regular consistency with thin liquids. This same order documents R4 is to be provided whole milk with each meal and fortified ice cream with lunch and supper. On 6/14/26 at 7:50 AM R4 was sitting at his breakfast table after finishing his breakfast. R4 was not served milk for breakfast. R4 had a full glass of water sitting in front of him. On 6/14/26 at 1:15 PM R4 stated he did not get his milk for breakfast or lunch. R4 stated he is supposed to get ice cream for his lunch but did not get any ice cream. R4 stated he likes whole milk and ice cream and his Physician told him he is supposed to have whole milk with each meal. R4 was served two glasses of lemonade to drink for lunch. R4 did not have any ice cream included with his lunch meal. 2. R5's Electronic Medical Record (EMR) documents medical diagnoses as Rhabdomyolysis, Nephropathy, Hereditary Spastic Paraplegia, Cerebral Palsy, Chronic Kidney Disease Stage 3 and Iron Deficiency Anemia. R5's Minimum Data Set (MDS) dated [DATE] documents R5 as moderately cognitively impaired. This same MDS documents R5 requires staff assistance with setting up his meals. R5's Care Plan initiated 8/13/22 to provide and serve diet as ordered. R5's Physician Order Sheet (POS) dated June 1-30, 2026 a Physician order dated 8/12/22 to provide a No Added Salt diet of regular consistency with thin liquids. This same order documents R5 is to be provided a banana and mighty shake with each meal. On 6/14/26 at 7:50 AM R5 was sitting at a dining room table having finished with his breakfast. R5 did not receive a banana nor a mighty shake. On 6/14/26 at 1:00 PM R5 was not served a banana nor a mighty shake for lunch. R5 stated he likes bananas and the shake but was not served them. R5 stated he would eat the banana and drink the mighty shake if they were served to him. On 6/14/26 at 8:50 AM V4 [NAME] stated today's (6/14/26) breakfast should have included a 'Breakfast fruit of the day' but no fruit was delivered on the truck. V4 [NAME] stated no one went to the store this morning for bananas, whole milk and mighty shakes. On 6/14/26 at 8:45 AM V6 Prep [NAME] stated she prepares the foods for the cook and also gets all of the cold foods/drinks ready for the meal to be served. V6 Prep [NAME] stated sometimes the kitchen does run out of food but then the staff will make something or 'run out' and get an alternative. V6 Prep [NAME] stated the facility does not have whole milk, mighty shakes and bananas. V6 Prep [NAME] no one went to the store to obtain those items. On 6/14/26 at 9:40 AM V1 (continued on next page)		

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
FORM CMS-2567 (02/99) Event ID: Facility ID: If continuation sheet Previous Versions Obsolete 145422 Page 1 of 3		

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Administrator stated residents should be served the diet that their physician orders including fruits and supplements. V1 stated the facility was out of bananas, whole milk and mighty shakes but V1 was not notified of the need for these items. V1 Administrator confirmed the facility did not follow the physician ordered diets for R4 and R5. V1 Administrator stated she is unsure if there is a specific policy but the expectation is to serve the resident the diet ordered by their physician.		

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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 record review the facility failed to maintain a sanitary kitchen by not covering porous construction surfaces in food preparation and cooking areas, failed to obtain food service temperatures at each meal and failed to maintain an effective pest control program. These failures have the potential to affect all 94 residents residing in the facility. Findings include: The facility Daily Midnight Census dated 6/14/26 documented 94 residents residing in the facility. The facility Pest Control Service Visit Checklist dated 5/13/26 documented roaches were observed in the kitchen near the dishwasher and in the laundry room. This same report documented that follow-up treatment was recommended. The facility Pest Control Service Visit Checklist dated 6/10/26 documented a roach was observed near the dishwasher. This same report recommended the facility address moisture and/or leaks. The facility was unable to provide food service temperature logs for the period of 6/1/26 through 6/7/26. On 6/14/26 from 8:00 AM through 8:40 AM, observation of the facility's main kitchen, where all resident meals are prepared and cooked, revealed the following: Dozens of ant and gnat carcasses were visible on the floor along the perimeter of the serving area walls. A hole measuring approximately eight inches wide by four inches high was present in the kitchen wall adjacent to a food preparation area and the flat-top grill. In the same corner, the baseboard was detached from the wall for approximately 16 inches, exposing an open void behind the baseboard. The wall directly above the food preparation area and handwashing sink consisted of a brown, porous paper-like material that was torn in several locations. The same wall also exposed yellow porous construction material with scratches and loose edges measuring approximately two to three feet high and ten feet wide. One ceiling tile was missing directly above the cooking area, exposing the attic space above. A large pot of hot water was simmering on the stove directly beneath the opening in the ceiling. The wall above the three-compartment dishwashing sink consisted of approximately three feet by twelve feet of rough, porous plaster material. The wall contained liquid drip marks and scattered food debris. Dustpans were stored in an open closet without a door. The handled dustpans were lying flat on the floor and contained at least one-half inch of accumulated grime. Two dustpans were lying directly on top of a black pest control bait station. The dry storage area contained several dead roaches on the floor beneath the dry cereal storage shelves. The walk-in cooler, which contained multiple large bags of lettuce, had numerous cut lettuce leaves that were brown and emitted a sour vegetable odor. On 6/14/26 at 8:45 AM and again at 11:50 AM, V4 [NAME] and V6 Prep [NAME] were observed preparing and cooking breakfast and lunch meals directly beneath the exposed wall surfaces, the opening in the ceiling, and adjacent to the exposed openings behind the baseboards. On 6/14/26 at 12:00 PM, V4 [NAME] stated the dietary staff were using the kitchen to its full extent while remodeling was underway. V4 [NAME] stated the kitchen areas should be covered but added, That's not my concern. My concern is to cook the food. On 6/14/26 at 9:40 AM, V1 Administrator stated the kitchen cabinets had been removed from the walls on 6/11/26 and the kitchen was currently undergoing remodeling. V1 stated the new wall surfaces should be here 6/15. V1 further stated the kitchen had been sprayed again after the cabinets were removed just to be on the safe side because there had been issues with pests. V1 stated the holes would be covered that day to assist with pest control and reduce the potential for debris to contaminate resident meals. V1 also stated the maintenance department would cover all exposed wall surfaces to prevent any further risk of food contamination from construction materials.		