

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145702	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Fair Oaks Rehab & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1515 Blackhawk Boulevard South Beloit, IL 61080	

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>34490</p> <p>Based on interview and record review, the facility staff failed to immediately notify the Administrator (Abuse Coordinator) of an allegation of physical abuse for 1 of 3 residents (R1) reviewed for abuse in the sample of 3.</p> <p>The findings include:</p> <p>On 9/24/24 at 11:15 AM, V6 (Certified Nursing Assistant) said on the morning of 9/15/24, she went in to get R1 up for breakfast. V6 said R1 told her to be careful of her right arm. V6 said she asked her what happened and she said, some man twisted it. V6 said she asked her who twisted it and she said, that man that lives here. V6 said she then looked at R1's right forearm and it was swollen and red. V6 said she immediately went and told V9 (Registered Nurse) about what R1 had said. V6 said she told V9 that R1 was having right arm pain and it was swollen and she is saying that a man twisted it.</p> <p>On 9/24/24 at 2:27 PM V9 said that on the morning of 9/15/24, it was reported to him by a CNA that R1 was having arm pain. V9 said that he went to give R1 some pain medication and her morning medications, but she would not take them. V9 said that he did not ask her why her arm was hurting or what happened. V9 said he is not sure if the CNA had told him that her arm was hurting because someone twisted it. V9 stated, If she did, I didn't hear that part.</p> <p>On 9/24/24 at 2:41 PM, V2 (Director of Nursing) said all allegations of abuse should be reported to V1 (Administrator) right away.</p> <p>On 9/24/24 at 2:48 PM, V1 (Administrator-Abuse Coordinator) said all allegations of abuse should be reported to her immediately so she can start an investigation. V1 said R1's allegation should have been reported to her on 9/15/24, but it was not reported until 9/16/24.</p> <p>The facility's State Report form for R1's allegation of physical abuse is dated 9/16/24.</p> <p>The facility's Abuse Prevention and Prohibition Policy, revised on 1/24, shows, All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property will be reported immediately to the administrator.</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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