

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 10/28/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35178</p> <p>Based on observation, interview, and record review, the facility failed to provide R5 with incontinence care to prevent the saturation of her outer clothing for 1 of 5 residents (R5) reviewed for activities of daily living care for dependent residents in the sample of 8.</p> <p>The findings include:</p> <p>R5's Minimum Data Set, dated [DATE], shows, Toileting: Dependent, Personal Hygiene: substantial/maximal assistance, Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair or wheelchair. Dependent. Toilet Transfer: The ability to get on and off a toilet or commode. Not applicable. Cognitive: Impaired.</p> <p>R5's Skin Assessment, dated 10/23/24 at 6:35PM, shows no new changes this week. Skin Impairment Documentation: No Skin Impairment Documented.</p> <p>On 10/28/2024 at 12:40PM, R5 was sitting in a reclining wheeled chair in her room. V8, Admission Coordinator, was assisting R5 with eating.</p> <p>On 10/28/2024 at 12:40PM, V8, Admission Coordinator, said, (R5) was changed by the CNA-Certified Nursing Assistant before lunch. Lunch starts at 11:30AM.</p> <p>On 10/28/2024 at 3:19PM, R5 was sitting in the same position, in a reclining wheeled chair, in her room alone, moaning. R5 said, I have pain between my butt.</p> <p>On 10/28/24 at 3:25PM, V5, CNA-Certified Nursing Assistant, said, I did not get report on the last time (R5) was changed. I was not able to find (R5's) CNA.</p> <p>On 10/28/24 at 3:30PM, V6, CNA, said, I do not know the last time (R5) was changed.</p> <p>On 10/28/24 at 3:35PM, V7, CNA, said, I do not know the last time (R5) was changed. I work in the back; I just came to help.</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
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/28/24 V5, V6, and V7 assisted R5 from the reclining wheeled chair to the bed with a mechanical sling lift. As R5 was lifted out of the chair, the outside of R5's pants were saturated with urine. When R5's pants were removed the strips that show the incontinent brief is wet were dark black and a yellow tint showed through the plastic exterior of the brief. The absorbent material in the incontinent brief was saturated throughout all areas including the thin absorbent areas of the brief that come up to the abdomen and lower back. The white absorbent material was stained dark yellow/brown. R5's left, and right coccyx area looked like, Moisture Associated Skin Disorder. When V5 CNA wiped R5's coccyx/sacral area, R5 moved away and winced in pain.</p> <p>On 10/28/24 at 3:35PM, V5, CNA, said, (R5's) pants are wet, the diaper is wet. R5 was asked, is the open/excoriated areas to the left, and right of the coccyx new? R5 stated, I do not know.</p> <p>On 10/29/24 at 11:15AM, V10, CNA, said, Dependent residents that are incontinent are checked every two hours or a resident that is a heavy wetter could be sooner.</p> <p>On 10/28/24 at 11:41AM, V1, Administrator, said, zzz'I do not have a policy for Activities of Daily Living Care for Dependent Residents. We follow Standard Nursing Practice.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>35178</p> <p>Based on observation, interview, and record review, the facility failed to follow R3's dietary care plan for food preferences for 1 of 3 residents (R3) in the sample of 8.</p> <p>The findings include:</p> <p>R3's Care Plan on 10/28/24 shows my dietary preferences will be honored. Foods I dislike are Peas.</p> <p>On 10/28/24 at 12:34PM, R3 was alone in his room, lying in bed with the head of the bed raised. R3's overbed table held the noon meal. R3 had soup, pasta salad, sandwich, and pea salad. R3 did not eat the pea salad.</p> <p>On 10/28/24 at 12:34PM, R3 shook his head when asked if he liked peas.</p>		