STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145702	A. Building B. Wing	04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Rehab & Healthcare	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident experiencing nausea and loose stools during a salmonella outbreak was considered for salmonella infection. This failure resulted in R6 experiencing loose stools with nausea for a week before being sent to the local hospital for salmonella and sepsis. This applies to 1 of 6 residents reviewed for infection control in the sample of 6.The findings include:Per email communications with V1 (Administrator) on 4/7/26, V1 stated R4 and R6 were roommates from 2/14/26 until 3/21/26, when R6 was discharged to the local hospital. R4's hospital records from 10/21/25 show R4 was positive for salmonella before discharging to the facility on [DATE].R6's progress note from 3/14/26 shows R6 presented with nausea and loose stools during the morning shift. R6's progress note from 3/14/26 shows R6 continued to experience loose stools during the evening shift. R6's progress note from 3/17/26 from V13 (Nurse Practitioner) states R6 was seen for poor appetite and loose stool for three days. Oral intake poor despite staff encouragement. Intravenous fluids were ordered and started. R6's progress note from 3/21/26 shows R6's condition worsened resulting in V18 (Registered Nurse/RN) sending R6 out to the emergency department at the local hospital. R6's hospital paperwork shows R6 was admitted to the local hospital on 3/21/26 with a positive salmonella stool sample and treated for sepsis. On 4/2/26 at 10:28 AM, V2 (Director of Nursing) said if the facility had no additional new cases of salmonella before 3/20/26, the facility would have no longer been in outbreak status. When R6 started experiencing loose stool and nausea, V2 didn't immediately think R6 could have salmonella due to R4 being positive in November of 2025 and R5 being positive in January of 2026. V2 did say since R6's positive test of salmonella on 3/21/26, any new symptoms of diarrhea would be treated as a potential positive salmonella case to prevent any further transmission. On 4/2/26 at 2:25 PM, V13 (Nurse Practitioner) said V13 has been servicing the facility since about October 2025. V13 said V13 was aware there were prior positive cases of salmonella but was unaware R4 was the first resident to have a positive case of salmonella in the facility. V13 said if V13 does not see the resident, V13 is unable to access their records. Had V13 known R4 was the original case of salmonella, V13 would have sent R6 out sooner to be tested for salmonella. V13 said from 3/14/26 until being sent to the hospital on 3/21/26, no staff made any indications R6 could possibly have salmonella. V13 said the first week back at the facility following the hospital stay, R6's function was affected, noting R6 had experienced three falls within the first week. On 4/6/26 at 10:23 AM, V6 (Regional Infection Control Coordinator) said it was recently confirmed after sample analysis that all four samples of the positive cases at the facility were identical organisms.

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