

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145917	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/02/2026
NAME OF PROVIDER OR SUPPLIER Fair Oaks Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 471 Terra Cotta Avenue Crystal Lake, IL 60014	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a resident was transferred with a mechanical lift in a safe manner which applies to 1 of 5 residents (R1) reviewed for safe transfers in a sample of 5. This failure resulted in R1 falling from a mechanical lift sling sustaining a subdural hematoma. This past compliance occurred from 1/23/26 to 1/29/25. The findings include: R1's undated Facesheet showed R1 is a [AGE] year-old female admitted to the facility on [DATE]. This Factsheet showed R1 was readmitted to the facility on [DATE] with a new diagnosis of traumatic subdural hematoma. The facility's State Agency Serious Injury Report dated 1/23/26 showed R1 was hospitalized after falling from a mechanical lift sling. This report showed the cause was from an improper sling attachment for the sling loops. R1's Hospital Discharge Report dated 1/27/26 showed R1 was admitted to the hospital with an admission diagnoses which included a subdural hematoma (brain bleed) and a hematoma of the scalp (bruising). This Report's cat scan reading showed R1 sustained a 3-millimeter subdural hematoma. On 2/2/26 at 9:45 AM, V1 Administrator stated after interviewing V14 and V15 Certified Nursing Assistants (CNAs) they were able to determine and recreate the sling loop coming off the lift hook. When the loop strap was wrapped around the end of the transfer bracket it caused tension which popped the loop off the hook. On 2/2/26 at 10:45 AM, V14 stated V15 and V14 were getting R1 up to their wheelchair. V15 had hooked their side of the mechanical lift sling then wrapped the rest of the strap around the end of the lift bar. When R1 was being move over the wheelchair the sling came off the lift, and R1 fell to the floor. On 2/2/26 at 10:55 AM, V15 stated R14 and R15 were going to transfer R1. R15 stated they hooked the loop of the sling on the lift bar and wrapped the rest around the outer hook of the bar. When R1 was lifted and moved toward the wheelchair the sling came undone and R1 fell to the floor. The facility's Safe Resident Handling/Transfers Policy dated 1/7/26, at time of R1's injury, showed Staff members are expected to maintain compliance with safe handling/transfer practices. Prior to the survey date of 2/2/26, the facility had taken the following action to correct the noncompliance: 1. On 1/23/26 V14 and V15 received formal training on mechanical lift equipment use and safe mechanical lift transfers. 2. On 1/23/26 - 1/29/26 facility staff were educated by video, in-services, and in person return demonstrations for mechanical lift equipment use and safe mechanical lift transfers. 3. On 1/27/26 and 1/29/26 the facility Quality Assurance Performance Improvement (QAPI) Committee developed a plan of correction for the 1/23/26 mechanical lift fall. The QAPI Committee wrote and implemented an addendum to the facility's Safe Resident Handling/Transfers Policy which was initiated on 1/27/26. The all-staff in-service of 1/29/26 includes the addendum to the education of the in-service. 4. The facility has an agreement with the agency used for 3rd party scheduling to have their staff complete the online video and quiz prior to working their first/next shift at the facility. A return demonstration with the facility's Physical Therapy department or designated nursing personnel is required prior to working on the floor of the facility. 5. The new hire on-boarding training for care staff includes this new policy.</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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