

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Fairview Rehab & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 602 East Jackson Du Quoin, IL 62832	

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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41610</p> <p>Based on observation, interview and record review the facility failed to provide 80 square feet of living space per resident bed for 4 of 4 residents (R10, R20, R27, and R44) reviewed for adequate room space in a sample of 30.</p> <p>Findings include:</p> <p>On 05/15/24 at 10:30 AM, V10 (Maintenance Director) measured R10 and R27's room with a measuring tape. The room measured 143 inches (11.92 feet) by 152.5 inches (12.7 feet), equaling 75.7 square feet per resident living space. The room contained: two beds, two bedside tables and an inset dresser. V10 did not include the closet or the inset dresser space in the measurements. At that time, R10 and R27 were sitting in their room watching TV. R10 and R27 who are alert to person, place and time, stated, they have no concerns with their room size.</p> <p>On 05/15/24 at 10:40 AM, V10 measured R44 and R20's room with a measuring tape. The room measured 143 inches (11.92 feet) by 152.5 inches (12.7 feet), equaling 75.7 square feet per resident living space. The room contained: two beds, two bedside tables and an inset dresser. V10 did not include the closet or the inset dresser space in the measurements. At that time R44 and R20 were sitting in their room watching TV. R44 and R20 who are alert to person, place and time, stated, they have no concerns with their room size.</p> <p>On 05/16/24 at 10:20 AM, V1 (Regional Administrator) stated A hall rooms 1 - 11, 14, 15 are certified for 2 beds and room [ROOM NUMBER] is certified for 3 beds. On B hall, rooms 1 - 11, and 13 are certified for 2 beds and room [ROOM NUMBER] is certified for 3 beds. V1 stated, all rooms on the A hall and B hall are under 80 square feet per resident living space and are Medicaid certified.</p> <p>A facility room roster provided by the facility on 5/13/24 and dated 5/13/24, documents that R10, R20, R27, and R44 reside in the rooms observed and measured by V10.</p> <p>Review of 6 months of Resident Council meeting minutes indicated no concerns related to the size of the rooms.</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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