STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on observation, interview, and record review, the facility failed to employ a clinically qualified Director of Food and Nutrition Services. This failure has the potential to affect all 48 residents in the facility. Findings include:On 3/17/2026 at 9:58AM, V12 (Dietary Manager) was actively supervising dietary operations in the facility kitchen. V12 reported being the full-time manager of the facility food service (person in charge) and reported not being a clinically qualified Certified Dietary Manager (also known as Certified Food Protection Professional) or having equivalent training. V12 denied meeting the State of Illinois standards to be a food service manager or dietary manager (required in states that have their own established standards to be a food service manager or dietary manager (483.60(a)(2)ii). V12 reported only completing a two-day course on food service sanitation (Certified Food Protection Manager) which did not include any instruction on clinical nutrition. V12 denied having any qualifications in clinical nutrition. V12 denied:-being a dietician;-being a certified dietary manager;-having an associate's or higher degree in food service management or in hospitality;-having 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting;-being a graduate of a dietetic and nutrition school or program authorized by the Accreditation Council for Education in Nutrition and Dietetics, the Academy of Nutrition and Dietetics, or the American Board of Nutrition; -being a graduate, prior to July 1, 1990, of a Department (Illinois Department of Public Health) approved course that provided 90 or more hours of classroom instruction in food service supervision and having experience as a supervisor in a health care institution which included consultation from a dietician; -or having completed an Association of Nutrition & Foodservice Professionals approved Certified Dietary Manager or Certified Food Protection Professional course. The Facility Assessment (4/10/2025) documents the facility will employ a Dietician or other clinically qualified nutrition professional to serve as the director of food and nutrition services. From 3/17/2026 through 3/19/2026, the facility failed to effectively sanitize dishes, failed to prevent physical cross-contamination of ice, and failed to serve therapeutic diets as ordered. On 3/18/2025 at 11:42AM, V12 reported the food in the kitchen is available for all residents to eat and the facility dietician only works in the facility one day per month. The facility Long-Term Care Facility Application for Medicare and Medicaid (3/17/2026) documents 48 residents reside in the facility

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to effectively sanitize dishes and failed to prevent physical cross-contamination of ice. These failures have the potential to affect all 48 residents residing in the facility. Findings include:1. On 3/17/2026 at 10:08AM, V14 (Dietary Aide) was washing multiple loads of dishes in the kitchen mechanical sanitizing dishwasher. V14 retrieved a chemical sanitizer test strip to test the sanitizer concentration in the dishwasher. The test strip did not detect any sanitizer was present in the operating dishwasher (a concentration of zero parts per million). A Survey Agency chemical test strip also tested zero sanitizer was present in the dishwasher. A manufacturer's nameplate was present at eye level on the front of the dishwasher and documented a minimum concentration between 50-100 parts per million of sanitizer is necessary to effectively sanitize dishes in the dishwasher. A five gallon bucket of liquid sanitizer was present on the floor beneath the dishwasher to supply sanitizer solution to the dishwasher. The bucket was entirely empty and did not contain any remaining sanitizer solution. 2. On 3/17/2026 at 10:00AM, the three-basin sink in the kitchen was in use and dishes were present in the basin immersed in a sanitizer solution. V12 (Dietary Manager) was present and reported the kitchen uses the three-basin sink to wash dishes and to fill wiping buckets used to sanitize kitchen food contact surfaces and resident dining tables. The sanitizer solution concentration tested 100 parts per million by facility chemical sanitizer test strip and also 100 parts per million by Survey Agency test strip. A gallon jug of liquid sanitizer was present beside the sink and supplied a dispenser attached to the third basin. The manufacturer's label on the sanitizer jug documented a sanitizer level between 200-400 parts per million is necessary to effectively sanitize dishes at the three-basin sink. 3. On 3/17/2026 at 10:04AM, the ice machine located in the facility kitchen was deteriorated and had missing pieces of plastic along the front edge of the ice bin where ice is stored. The front edge of the bin had an approximate quarter inch high lip of plastic designed to prevent contaminants from entering the ice bin. An approximate eight-inch section of the plastic lip was missing and a two-inch and a four-inch section of the lip were peeling and protruding into the ice bin. Mineral deposits were located along the sides and front of the evaporator/condenser attached above the ice bin indicating condensate drain water had been overflowing down the sides of the ice machine instead of to the sewer and potentially entering the ice bin where ice was stored. On 3/19/2026 at 12:03PM, the ice machine remained as above. The same four inch section of the ice bin lip from above was peeling inward and was in direct contact with the ice. V12 was present and stated yes when asked if the plastic was contaminating the ice. On 3/18/2025 at 11:42AM, V12 reported the food in the kitchen is available for all residents to eat.The facility Long-Term Care Facility Application for Medicare and Medicaid (3/17/2026) documents 48 residents reside in the facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide physician ordered therapeutic supplements and diets. These failures affected 21 residents (R1, R2, R3, R4, R5, R9, R10, R12, R15, R18, R24, R26, R27, R35, R38, R39, R40, R41, R44, R45, R47) of 21 reviewed for therapeutic diets on the sample list of 34. Findings include: 1. R3's Minimum Data Set, dated [DATE] documents R3's Brief Interview of Mental Status score of four, out of a possible 15, indicating R3 has severe cognitive impairment. R3's current Diagnoses Sheet documents: Type II Diabetes Mellitus without Complications. R3's Dietary Nutrition/Wound Note dated 01/07/26 documents the following: Skin: Unstageable PW (pressure wound) of Right Heel. R3's same note documents R3's weight (wt) measurements as follows: Weight: 132 lbs. (pounds). 30 Day Wt. 12/07/25: 139 lbs. (5% sig wt. loss) (five percent significant weight loss), 90 Day Wt. 10/07/25: 144 lbs. (8% sig wt. loss) (eight percent significant weight loss). 180 Day Wt. 07/01/25: 135.4 lbs. (3% non-sig wt. loss) (three percent significant weight loss). R3's current Physician Order Sheet (POS) documents R3's diet order as follows: LCS - Low Concentrated Sweets Diet, Pureed texture, Regular (Thin) consistency. SF (Sugar Free) Ice Cream BID (Twice a day) at Lunch/Supper. On 3/18/26 at 12:15 pm R3 was seated in a wheelchair in the facility resident assistance dining room. R3's meal ticket documented R3's diet as low concentrated sweets, pureed texture diet with thin liquids. R3's meal ticket did not reflect the complete physician order as noted above. R3 did not have sugar free ice cream twice a day indicated on her meal tray. R3 stated I wonder where that is. I like ice cream. If it is paid for, I would eat that. On 3/18/26 at 12:20 pm V12 (Dietary Manager/DM) was at the resident's assisted dining room door and visualized R3's meal tray from the hall. V12 confirmed R3 did not have sugar free ice cream or a substitute supplement for the sugar free ice cream on R3's meal tray. V12, DM stated We do not have sugar free ice cream for her (R3). I found out last night (R3) is supposed to be getting it. We don't have a substitute available. I have not been able to purchase sugar free ice cream anywhere. It will be delivered on our truck this Friday. 2. On 3/17/2026 at 9:58AM, V12 (Dietary Manager) reported the facility did not have any residents who receive therapeutic diets. On 3/17/2026 at 10:20AM, V12 provided all of the current dietary spreadsheets the kitchen uses to prepare and serve resident meals. The spreadsheets documented the following diets: regular texture, puree texture, mechanical soft texture, mechanical soft texture-puree meat, and mechanical ground texture. No spreadsheet was present documenting any specific diet for residents who receive a low concentrated sweets diet (LCS). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility Order Listing Report (3/20/2026) documents R1, R2, R3, R5, R10, R18, R24, R26, R27, R38, R40, and R44 are all ordered to receive a low concentrated sweets (LCS) diet. On 3/17/2026 at 11:45AM, R26 reported having a diagnosis of diabetes and not receiving sugar free drinks in the facility or sugar free condiments and reported wanting sugar free drinks. R26 stated I get juice all the time. On 3/20/2026 at 11:28AM, R26's meal slip for the lunch meal documented R26 should receive a LCS diet. On 3/18/2026 at 11:37AM, two bins containing powdered beverage mixes were located in the facility kitchen pantry. The following drink mixes were present: grape flavor containing sugar and grape flavor without sugar, fruit punch flavor containing sugar, lemonade flavor containing sugar, orange flavor without sugar. V12 (Dietary Manager) was present and was asked if residents who are diabetic or receive low concentrated sweets (LCS) diets are served sugar free beverages. V12 reported all drink mixes used by the kitchen are sugar free. V12 then began sorting through the above drink mix packets and reported thinking all the mixes were sugar free. The surveyor then asked V12 if the kitchen makes any changes to beverages for residents with diabetes or residents who receive a LCS diet. V12 reported all residents receive the same beverages during meal services. On 3/19/2026 at the noon lunch meal, all residents received an equal sized portion of a rice crispy treat for dessert. Residents ordered LCS diets did not receive a reduced portion size of the dessert. On 3/19/2026 at 12:32PM, V24 (facility Dietician) reported the facility absolutely has a specific menu spreadsheet for the kitchen to follow for residents with LCS diets and reported the facility should be serving half-size dessert portions and not adding extra sugars to food items for residents who receive a LCS diet. V24 reported recommending sugar free drinks for the same residents and the facility should be making sugar free beverages for residents receiving an LCS diet. 3. On 3/18/2026 at 11:47AM, no ground Swedish meatballs were present at the kitchen steam table during the noon lunch service. V15 (Dietary Aide) was present and reported no ground Swedish meatballs were prepared for today's lunch meal. No residents anywhere in the facility at the noon lunch meal received ground Swedish meatballs. The facility dietary spreadsheets (Week 4) documents residents who receive a mechanical soft diet should receive two ground Swedish meatballs during the lunch meal service on 3/18/2026. The facility Order Listing Report (3/20/2026) documents R4, R9, R12, R15, R35, R39, R41, R45, and R47 are all ordered to receive a mechanical soft diet. R4's Medical Diagnosis form (3/19/2026) documents diagnoses including Dysphagia (an inability to swallow that increases the risk of choking and/or death with symptoms including pain, food getting stuck, coughing, or choking while eating), Hemiplegia (severe or total paralysis of one side of the body caused by brain or spinal cord damage), and Cerebral Infarction (a type of ischemic stroke caused by a blockage in a blood vessel that disrupts blood flow to the brain, resulting in tissue necrosis or cell death). R4's Physician Order sheet (3/19/2026) documents R4 is ordered a mechanical soft diet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/18/2026 at 12:28PM, R4 was eating a regular texture diet in the facility dining room. R12's Medical Diagnosis form (3/19/2026) documents diagnoses including Dysphagia (an inability to swallow that increases the risk of choking and/or death with symptoms including pain, food getting stuck, coughing, or choking while eating), Hemiplegia (severe or total paralysis of one side of the body caused by brain or spinal cord damage), and Cerebral Infarction (a type of ischemic stroke caused by a blockage in a blood vessel that disrupts blood flow to the brain, resulting in tissue necrosis or cell death). R12's Physician Order sheet (3/20/2026) documents R12 is ordered a mechanical soft diet. On 3/18/2026 at 12:13PM, R12 was independently eating a regular texture diet in the facility dining room. R15's Medical Diagnosis form (3/19/2026) documents diagnoses including Hemiplegia and Cerebral Infarction. R15's Physician Order sheet (3/19/2026) documents R15 is ordered a mechanical soft diet. On 3/18/2026 at 12:15PM, R15 was independently eating a regular texture diet in the facility dining room. R35's Medical Diagnosis form (3/19/2026) documents the diagnosis Dysphagia. R35's Physician Order sheet (3/19/2026) documents R35 is ordered a mechanical soft diet. On 3/18/2026 at 12:21PM, R35 was eating a regular texture diet in the facility dining room. R39's Dietician Assessment (3/19/2026) documents R39 is ordered a mechanical soft diet. On 3/18/2026 at 12:24PM, R39 was independently eating a regular texture diet in R39's room. R41's Medical Diagnosis form (3/19/2026) documents the diagnosis Dysphagia. R41's Physician Order sheet (3/19/2026) documents R41 is ordered a mechanical soft diet. On 3/18/2026 at 12:20PM, R41 was eating a regular texture diet in the facility dining room. R45's Medical Diagnosis form (3/19/2026) documents diagnoses including Dysphagia and Hemiplegia. R45's Physician Order sheet (3/20/2026) documents R45 is ordered a mechanical soft diet. On 3/18/2026 at 12:24PM, R45 was independently eating a regular texture diet in R45's room. R47's Medical Diagnosis form (3/19/2026) documents the diagnosis Dysphagia. R47's Physician Order sheet (3/19/2026) documents R47 is ordered a mechanical soft diet. On 3/18/2026 at 12:18PM, R47 was eating a regular texture diet in the facility dining room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/19/2026 at 12:323PM, V24 (facility Dietician) reported Swedish meatballs need ground for residents who receive a mechanical soft diet.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview and record review the facility failed to ensure resident's right to dignity while dining, for three of 15 (R9, R17, and R47) residents reviewed for dignity while dining on the sample list of 34. On 3/17/26 between 12:30 pm and 1:00 pm 15 residents were fed by staff in the assisted dining room. During this time period, V6 (Certified Nursing Assistant/CNA), V7 (CNA) and V8 (CNA) intermittently engaged in extensive personal conversations about what other facilities are getting paid out of town for CNAs working for agency. The same three CNAs discussed other numerous other topics some of which included relatives birthday activities, and a staff member's two year old's behaviors. V6, V7, and V8 (CNAs) talked to each other while feeding R9, R17 and R47. The same CNAs minimally spoke to the residents they were feeding only directing the residents to take a bite, or take a drink. The CNAs would return to their personal conversation with each other. All three staff were actively feeding residents while seated at R9, R17 and R47's table. R9, R17 and R47 were non-verbal throughout the meal. On 3/17/26 at 1:05 pm V6 (CNA) stated We should have been talking with the residents, not visiting with each other.On 3/17/26 at 1:07 pm V7 and V8 (CNAs) confirmed it is a dignity issue to be talking with the residents while feeding them, and not with each other about things outside of work.On 3/18/26 at 11:18 am V1 (Administrator) stated she had been informed yesterday by staff, that some of the CNAs were in the assisted resident dining room talking to each other about outside interests when they should have been conversing with the residents they were assisting with the meal. V1 further stated I agree this is a dignity issue and I started an in-service on dignity yesterday and plan to continue the education today. The facility RESIDENTS' RIGHTS for People in Long-Term Care Facilities pamphlet provided in the admission packet, dated as revised 11/18 documents the following: As a long-term care resident in Illinois, You are guaranteed certain rights, protections and privileges according to state and federal laws. The same pamphlet documents: Your rights to dignity and respect. You have a right to make your own choices. Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must provide equal access to quality care regardless of diagnosis, condition, or payment source.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on interview and record review, the facility failed to accurately document resident advance directives in the resident's medical record. This failure has the potential to affect two (R10 and R41) of 16 residents reviewed for advanced directives in the sample list of 34. Findings include: 1. R10's Power of Attorney for Health Care dated 3/14/2025 and signed by R10 documents the following advanced directive for R10: I do not want my life to be prolonged, nor do I want life-sustaining treatment to be provided or continued if my agent believes the burdens of the treatment outweigh the expected benefits. I want my agent to consider the relief of suffering, the expense involved and quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.R10's Electronic Medical Record (EMR) banner documents R10's code status as Full Code.R10's Physician Order Sheet (POS) current documents R10's code status as Full Code.R10's Care Plan (current) documents R10's code status as Do Not Resuscitate (DNR).R10's Paper Medical Record, located at the nurses' station, has a DNR sticker on the binder.2. R41's EMR banner does not document any code status for R41.R41's POS and Care Plan (current) do not contain any code status for R41.R41's Paper Medical Record, located at the nurses' station, has a Full Code sticker on the binder.R41 did not have any advanced directives formulated in R41's EMR and/or paper medical record.On 3/18/26 at 10:54am, V11 (R41's Power of Attorney) stated R41 is full code and the facility should have the paperwork to note that. V11 confirmed V11 has decisional rights over R41. On 3/17/26 at 10:42am, V3 (Registered Nurse) stated staff look at the EMR banner and/or POS to determine a residents' code status. On 3/20/26 at 10am, V23 (Regional Nurse Consultant) confirmed R10's advanced directives are mismatched and R10's EMR banner and POS should reflect R10 as being DNR. V23 further confirmed advanced directives are not formulated in any medical record for R41.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on interview and record review, the facility failed to provide a Notice of Medicare Non-Coverage upon a resident discharge from Medicare Part A services. This failure affects one resident (R16) of three reviewed for beneficiary notifications in the sample list of 34. Findings include:The Beneficiary Notice-Residents discharged within the last six months form (undated) documents R16 was discharged from the facility on 2/27/26 and waived benefits.R16's Beneficiary Protection Notification Review form (undated) documents R16 initiated discharge from Medicare Part A services prior to R16's use of all covered Medicare benefit days. This same record documents R16 did not receive the required Notice of Medicare Non-Coverage (NOMNC). R16's Physical Therapy Discharge Summary for services provided 1/26/2026 through 2/26/2026 documents R16 was discharged from therapy due to R16 reaching the highest practical level/max potential achieved.R16's medical record (undated) did not document R16 received the Notice of Medicare Non-Coverage and the Advanced Beneficiary Notice of Non-Coverage following R16's discharge from Medicare. On 3/18/26 at 9:21am, V10 (Business Office Manager) stated R16 did not require a SNF ABN or a NOMNC therefore they were not provided. V10 stated R16 had benefit days remaining but waived benefits.On 3/18/26 at 3:23pm, V16 (Physical Therapist Assistant) stated R16 had returned to baseline/prior level and was discharged from therapy. On 3/19/26 at 8:25am, V1 (Administrator) stated R16 should have been given a NOMNC since the facility initiated the discharge from services and R16 had skilled benefit days remaining.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to arrange for the required Preadmission Screening and Resident Review (PASRR) assessment to determine a resident need for nursing home and specialized services for a serious mental illness, post the thirty 30 days exempt admission PASRR status screening. This failure affects one of two resident (R38) reviewed for PASRR screening on the sample list of 34.Findings include:R38's current diagnoses list documents R38 was admitted with the following mental health conditions: Schizoaffective Disorder, and Unspecified and Major Depressive Disorder, Recurrent, Unspecified.R38's Notice of PASRR Level I Screen Outcome dated [DATE], documents the following: Maximus (Federal mandated assessment process) Notice You are receiving this notification because you received a Preadmission Screening and Resident Review (PASRR) screening. To learn more, read the additional PASRR information that came with this letter.Name of Evaluated Individual: (R38)Assessment ID number: (R38 screening number) PASRR Level I Reviewer: (V17, PASRR Screener)PASRR Level I Review Date: [DATE].PASRR Level I Determination: Exempted Hospital Discharge Number of Approved Days: 30 days.Suspected or confirmed PASRR Condition(s): (MH) Mental Health Disability.Note: If the documents required to support this decision are not submitted, the outcome of this Level screen will become invalidated. You will not be allowed to admit to or remain in a Medicaid-certified nursing facility.Enclosures: PASRR Outcome Explanation, Level I ScreenPASRR Outcome ExplanationNotice of Criteria Met for Exempted Hospital Discharge-No PASRR Level II Required.On behalf of the (State Agency), Maximus has reviewed the Preadmission Screening and Resident Review (PASRR) Level I screen completed for you by your health care professional. You received this screen because you are seeking to enter or continue to stay in a nursing facility that receives Medicaid funding. PASRR Level I screens are required by Federal law, 42 U.S.C. S 1396r(e)(7).Your Level I screen shows you have evidence of serious mental illness or intellectual/developmental disability (IDD). Further PASRR evaluation is not required because you meet criteria for an exempted hospital discharge. This means you may stay up to thirty (30) days in a Medicaid-certified nursing facility without further PASRR evaluation.If you or your care provider thinks you need to stay longer than thirty (30) days, a nursing facility staff member must submit a new Level I screen to Maximus. This must be completed by or before the 30^^ (thirtieth) day after your admission ([DATE]), (R38 continues to reside in the facility [DATE] without the required new PASSR screen).On [DATE] at 11:10 am V1 (Administrator) confirmed R38 should have had a new PASRR screen for her continued stay in the facility, since the Hospital exempt PASRR expired at 30 days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a person-centered comprehensive care plan for insulin and anticoagulant use and monitoring. This failure affects one (R5) of five residents reviewed for unnecessary medications in the sample list of 34.Findings include:The facility's Care Plans (Comprehensive) Policy (revised October 2022) documents the following: An individualized Comprehensive Care Plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and/or psychological needs is developed for each resident. Each resident's Comprehensive Care Plan has been designed to: Incorporate identified problem areas; incorporate risk factors associated with identified problems; and reflect treatment goals and objectives in measurable outcomes. The resident's Comprehensive Care Plan is developed within seven (7) days of the completion of resident's comprehensive assessment (MDS).R5's Face Sheet dated 3/20/26 documents R6 was admitted to the facility on [DATE].R5's Physician Order Sheet (current) documents the following orders: Xarelto 20 milligrams (mg), give 20 mg by mouth one time a day for anticoagulant; Insulin Glargine-yfgn 100 unit/ml (milliliter) Solution pen-injector, inject 45 units subcutaneously in the evening; and Insulin Lispro 100 unit/ml, inject 10 units subcutaneously.R5's Care Plan (current) does not include R5's anticoagulant medication use and/or monitoring. This same record does not include R5's insulin use and/or monitoring.R5's admission MDS was completed on 2/11/26.On 3/20/26 at 9:51am, V23 (Regional Nurse Consultant) stated the Regional MDS Coordinator is responsible for completing resident care plans. V23 confirmed R5 does not have a comprehensive care plan in place.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview and record review, the facility failed to maintain an indwelling urinary catheter drainage bag and tubing, in a clean sanitary manner, off the floor. This failure affects one of one resident (R6), reviewed for urinary indwelling catheters/infection on the sample list of 34.Findings include:R6's current Diagnoses Sheet documents the following: Spastic Quadriplegic Cerebral Palsy, Other Obstructive and Reflex Uropathy, Benign Prostatic Hyperplasia With Lower Urinary Tract Symptoms, Atrophy Of Kidney (Terminal) and Personal History of Urinary Tract Infections.R6's current Physician Order Sheet documents the following: Change urinary catheter every (on) night shift every 10 days, 18f with 30cc (size 18 French catheter, with a 30 cubic centimeter balloon anchor) balloon.On 03/17/2026 at 11:35 am R6 lay asleep in a low bed, that was approximately one foot above the floor. R6 had a bedside, indwelling urinary catheter drainage bag on the right side of the bed. R6's bedside indwelling urinary catheter drainage bag laid flat on the floor without a dignity/protective drainage bag cover. R6's indwelling urinary catheter tubing coiled on the floor under R6's low bed. R6's indwelling urinary catheter, drainage bag contained an undetermined amount of dark yellow urine.On 3/17/26 at 11:40 am V5 (Certified Nursing Assistant) confirmed R6's urinary catheter drainage bag was on the floor. V5 stated (R6) has a dignity bag on his bed. I thought I put it (urinary drainage bag) in there when I left the room. I know one of the nurses did his (R6's) wound treatments, after me. I guess it (urinary drainage bag) must have fallen out of the bag (dignity/protective) then. We have to keep the catheter off the floor, so it does not get contaminated with germs.The facility undated Urinary Catheter Drainage Bag Protocol documents the following: Purpose: Proper care of a catheter drainage bag is essential to reduce the risk of infection and ensure proper urinary drainage. All staff must follow these guidelines consistently and adhere to any additional provider-specific instructions.Required Practices1. Ensure Unobstructed Flow* Arrange catheter tubing to prevent twisting, kinking, or looping.* Check tubing regularly to maintain continuous urine flow.2. Proper Positioning While in Bed* Securely hang the urine drainage bag on the side of the bed using appropriate hooks or holders.* Do not place the bag on the mattress or linens.3. Maintain Correct Bag Level* Always keep the drainage bag below the level of the bladder to prevent backflow and reduce infection risk.4. Prevent Contamination* The urine drainage bag must never touch the floor.* Ensure the bag is handled with clean technique during emptying and repositioning.Key ReminderFailure to follow these practices increases the risk of catheter-associated urinary tract infections (CAUTIs) and may result in negative resident outcomes and regulatory deficiencies.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility repeatedly failed to maintain Bilevel Positive Airway Pressure (BIPAP) ventilation mask, and tubing, Nebulizer (Neb) medication inhalation mask and tubing, oxygen humidification water bottles, oxygen administration tubing and nasal cannula equipment in a clean sanitary condition and according to the facility policy. These failures affect two of two residents (R1 and R38) reviewed for oxygen therapy on the sample list of 34.Findings include:1.R38's Minimum Data Set (MDS) dated [DATE] documents R38's cognitive status was completed by staff. R38's MDS documents R38 had no cognitive impairment and was independent in daily decision making.R38's Physician Order Sheet (POS) documents the following orders: BIPAP at HS (bedtime), (two liters per minute) 17/7 (inspiration positive pressure/ expiratory positive airway pressure) rate 14 (to deliver a minimum of 14 breathes per minute) with 2L (liters per minute), o2 (oxygen) bled (added supplemental oxygen into BIPAP machine for hypoxia).R38's same POS documents: Titrate 02 (oxygen) to maintain sats (blood oxygen saturation level) > (greater than) 90% (percent). Do not exceed 3 LM (liters per minute) without notifying the physician, every shift for Respiratory Management.R38's same POS documents: Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 1 (vial) inhalation (per nebulizer), inhale orally every 6 (six) hours as needed for SOB (Shortness of Breath) related to Chronic Obstructive Pulmonary Disease With Acute Exacerbation.On 03/17/2026 at 11:10AM R38 was seated in a recliner bedside. R38's oxygen was dispensed at 3.0 liters per nasal cannula via a bedside oxygen concentrator. Though the oxygen /nasal cannula tubing was dated 3/17/256, the bedside concentrator had an empty humidifier water bottle attached to the tapered connector, that was not dated. R38 also had BIPAP machine with tubing and a heavily soiled BIPAP mask that was laying directly on R38's bedside table. R38 also had a nebulizer breathing treatment machine and a soiled mask on R38's bedside table. There was no date on the tubing or mask.R38 stated I have no idea when those masks were changed. It was not any time recently. You can tell by how dirty they are. R38 also stated I just got out of the hospital. I went for my Asthma and COPD. It cannot be good for my breathing to use dirty stuff for my breathing. R38 also stated My water bottle there has been running on empty since yesterday. I am not sure why they did not fill it when they changed my oxygen tubing. I should have been paying closer attention, and they would have filled it. That is when it usually gets changed.On 3/17/26 at 11:15 am V4 (Licensed Practical Nurse/LPN) confirmed R38's BIPAP and nebulizer treatment masks and tubing laying on R38's bedside table were undated and soiled. V4 confirmed R38's Oxygen humidifier water bottle was empty. V4 stated she changed R38's oxygen tubing and does not know what date was on them when changed. V4 said she got busy and forgot to change R38's BIPAP and Nebulizer treatment masks and tubing or fill R38's humidifier bottle. 2. R1's Minimum Data Set, dated [DATE] documents R1's Brief Interview of Mental Status score as 15 out of a possible 15, indicating no cognitive impairment.R1's current Physician Order Sheet (POS) documents R1 has had the oxygen administration order since 11/23/25.R1's same POS documents: Change oxygen tubing weekly, every night shift every Sunday.R1's same POS documents R1's nebulizer medication inhalation therapy order as follows: Ipratropium-Albuterol 0.5 (milligrams)-2.5 (milligrams (3) MG/3ML (per milliliters) Solution Inhale contents of one vial per Nebulizer twice daily, related to Chronic Obstructive Pulmonary Disease, Unspecified. The same POS documents Ipratropium-Albuterol 0.5 (milligrams)-2.5 (3) MG/3ML Solution, inhale contents of one vial per nebulizer every six hours as needed for shortness of breath or wheezing.On 03/17/26 at 10:15 am R1 was in bed with oxygen nasal canula in place. Oxygen was dispensing continuously at three liters per nasal cannula via a bedside concentrator. The date on R1's oxygen/nasal cannula tubing was 3/01/26. R1's oxygen concentrator had a humidifier refillable water bottle attached. R1's oxygen humidifier water bottle was empty. There was no label or date on R1's water bottle. R1 also had a soiled nebulizer medication inhalation face mask laying directly on the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	cluttered bedside table. R1's nebulizer tubing was also dated 3/01/26, to indicate the last time the respiratory equipment had been changed.R1 stated I have to have the humidified oxygen, so my nose does not get sore. R1 also stated The nurses rarely fill the water bottle or change the tubing like they are supposed to. On 3/17/26 at 10:25 am V4 (LPN) confirmed R1's humidifier bottle was empty, nebulizer mask and tubing were soiled and dated 3/1/26, and R1's oxygen/ nasal canula tubing was dated 3/01/26. V4, LPN confirmed the respiratory equipment should have been changed according to the facility policy and physician order.The facility Undated policy Respiratory Equipment Cleaning and Change Policy documents the following: PurposeTo reduce the risk of infection and ensure proper functioning of respiratory equipment by establishing standardized procedures for cleaning, disinfecting, and replacing oxygen delivery devices, nebulizer equipment, and BiPAP/CPAP apparatus.PolicyAll respiratory equipment must be maintained in clean and sanitary condition. Equipment will be cleaned, disinfected, and replaced according to manufacturer guidelines and the frequency outlined below. Staff will adhere to infection control practices during all handling of respiratory devices.The same policy directs staff to change respiratory equipment including Oxygen, BIPAP and Nebulizer tubing and mask/nasal cannula every seven days and as needed when soiled. The same policy documents to refill humidifier water bottles as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to offer and administer an influenza vaccine to ensure a resident was up to date for vaccines for one (R6) of five residents reviewed for immunizations in the sample list of 34.Findings include:R6's Face Sheet dated 3/20/26 documents R6 was admitted to the facility on [DATE], is [AGE] years old and has Chronic Obstructive Pulmonary Disease.R6's Immunization tab documents R6 last received an influenza vaccine on 10/25/24.R6's Influenza Vaccine Consent form dated 8/18/25 documents V20 (R6's Power of Attorney) verbally consented for R6 to receive an annual influenza vaccine.There is no documentation in R6's Medical Record of any attempts to provide R6 with the influenza vaccine.On 3/20/26 at 9:51am, V23 (Regional Nurse Consultant) stated R6 did not receive the influenza vaccine during the facility vaccine clinic. V23 stated unsure why R6 was missed and R6 should have received an influenza vaccine. V23 stated the facility follows current Centers for Disease Control (CDC) vaccine guidelines.The facility's Guideline for Influenza Vaccine Policy reviewed 7/2025 documents the following: It is the policy of this facility that annually all residents will be offered the influenza vaccine. This facility follows the Centers for Disease Control (CDC) guidelines for influenza vaccinations. Each resident will be offered the vaccination annually between October 1 thru March 31, unless the immunization is contraindicated, already immunized, or refuses after receiving education on the risk versus benefits of the vaccination.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146104	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Farmer City	404 Brookview Drive Farmer City, IL 61842

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to offer and administer a COVID-19 vaccine to ensure a resident was up to date for vaccines for one (R6) of five residents reviewed for immunizations in the sample list of 34.Findings include:R6's Face Sheet dated 3/20/26 documents R6 was admitted to the facility on [DATE], is [AGE] years old and has Chronic Obstructive Pulmonary Disease.R6's Immunization tab documents R6 last received a Covid-19 vaccine on 10/25/24.R6's Covid-19 Vaccine Consent form dated 8/18/25 documents V20 (R6's Power of Attorney) verbally consented for R6 to receive a Covid-19 vaccine.There is no documentation in R6's Medical Record of any attempts to provide R6 with the Covid-19 vaccine.On 3/20/26 at 9:51am, V23 (Regional Nurse Consultant) stated R6 did not receive the Covid-19 vaccine during the facility vaccine clinic. V23 stated unsure why R6 was missed during the vaccine clinic and R6 should have received a Covid-19 vaccine. V23 stated the facility follows current Centers for Disease Control (CDC) vaccine guidelines.The CDC 2025-2026 Covid-19 Vaccination Guidance documents the following: 1e. Ages 65 years and older; previously vaccinated before 2025-2026 vaccine: Administer 2 doses of 2025-2026 vaccine with dosing intervals dependent on the manufacturer of the vaccine received.