STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E345	A. Building B. Wing	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairhaven Christian Ret Center	3470 North Alpine Road Rockford, IL 61114

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41639 Based on interview and record review, the facility failed to allow a resident (R1) choices regarding their care for 1 of 3 residents reviewed for resident rights in the sample of 10. Findings include: R1's electronic face sheet printed on 8/13/24 showed R1 has diagnoses including but not limited to Alzheimer's disease, low back pain, pain in left knee, and osteoarthritis. R1's facility assessment dated [DATE] showed R1 has moderate cognitive impairment and requires staff assistance for activities of daily living. R1's care plan dated 1/6/23 showed, I have a diagnosis of Alzheimer's Disease. I am generally able to identify my needs but can be forgetful. I do not want to show my forgetfulness, so I may disguise this with humor or something [NAME] .Provide me with options for my care and routine. I am very independent minded and appreciate choice and options. Talk with me in a quiet area, so that I can focus on you and re-approach if I am too tired. The facility's undated written statement from V5 (Certified Nursing Assistant-CNA) showed, On the 5th of August at about 6:45AM, I went into (R1's) room, turned on her light and got her dressed for the day as usual. She never likes to leave her bed. She always complains of back pain and never wants to get up .she kept saying I don't want to leave me bed, leave me alone and get out of my room. Me and (V6-CNA) continued to get her ready and took her out of her room . On 8/13/24 at 9:33AM, V5 stated, I take care of (R1) a lot and it's awful. As soon as I go to get her up she moans and doesn't want to get up. On 8/5/24 I went into her room, called her name, and began singing. She told me to get out of her room. This is nothing new for her so me and (V6) continued to get her up. I guess I was wrong and should have stopped doing cares for her when she told me she didn't want to get up and to get out of her room. I was written up by my supervisor for not honoring (R1's) rights. I didn't say anything to anyone because she's always like this. It's nothing new and we always make her get up even if she doesn't want to. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/13/24 at 10:35AM, V8 (Licensed Practical Nurse) stated, (R1) will refuse cares at times but 99% of the time if you re-approach her or talk with her she will agree to it. You just have to do it on her terms and she is fine with it. You can't force any resident to be on an agenda or the staff's timelines. You have to go at their pace and honor their rights to be in charge of their care. (R1) sometimes doesn't want to get out of the recliner for meals so we just bring the tray over to her and she is happy. There is never a time where it is ok to continue with cares or treatments when the resident is telling you no unless they are in danger. On 8/13/24 at 12:48PM, V3 (Director of Nursing) stated, If a resident refuses any type of care the staff should leave them and try to re-approach them. If they continue to refuse, then they should report it to the nurse right away so they can try and approach the resident. (V5) did not honor (R1's) resident rights in this situation. The Illinois Long-Term Care Ombudsman Program Residents' Rights for People in Long-Term Care Facilities revised 11/18 showed, 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 rights to participate in your own care: you have the right to request, refuse, and/or discontinue any treatment .

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41639 Based on interview and record review, the facility failed to assess, report and treat a resident's pain for 1 of 3 residents (R1) reviewed for pain management in the sample of 10. Findings include: R1's electronic face sheet printed on 8/13/24 showed R1 has diagnoses including but not limited to Alzheimer's disease, low back pain, pain in left knee, and osteoarthritis. R1's facility assessment dated [DATE] showed R1 has moderate cognitive impairment. R1's care plan dated 1/6/23 showed, My comfort is compromised. I have a diagnosis of osteoarthritis, left knee and low back pain .Administer medications as ordered. Scheduled Tylenol and Tylenol as needed . The facility's undated written statement from V5 (Certified Nursing Assistant-CNA) showed, On the 5th of August at about 6:45AM, I went into (R1's) room, turned on her light and got her dressed for the day as usual. She never likes to leave her bed. She always complains of back pain and never wants to get up .she kept saying I don't want to leave me bed, leave me alone and get out of my room. Me and (V6-CNA) continued to get her ready and took her out of her room . On 8/13/24 9:33AM, V6 stated, During morning cares on 8/5/24, (R1) was saying, Ow, my back, my back. I didn't report anything to the nurse that day because (R1) always says this and then once she is up she is fine. She's not really in pain, she just says she is. I have always been taught to report pain to the nurse but (R1) isn't actually in pain. On 8/13/24 at 10:18AM, V7 (CNA) stated, Whenever a resident reports pain we are to report it to the nurse. It doesn't matter if it is an ongoing issue or not, we still have to report it. We have special papers that we fill out and give them so they can follow up on the resident concerns. We also give a copy to (V3-Director of Nursing) so that she can make sure it's followed up on. On 8/13/24 at 11:31AM, V6 (CNA) stated, I was helping (V5) give (R1) cares on 8/5/24. When I walked in the room, (R1) kept saying her back was hurting and she was in pain. I didn't report it to the nurse because the last time I reported it, the nurse told me that was normal and (R1) wasn't in pain so I figured there was no point in reporting it. R1's medication administration record showed R1 did not receive Tylenol for pain or a pain assessment until 8/5/24 at 6:00PM (11 hours and 15 minutes) after she was reporting pain to V5 and V6). R1's nursing progress notes for 8/5/24 did not show any documentation related to R1's pain being reported or assessed on or around 6:45AM. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/13/24 at 8:53AM, V3 (Director of Nursing) stated, We were made aware of (R1's) reports of pain during an abuse investigation and now that she is on scheduled Tylenol she has not had any complaints of pain. It has really helped her and I wish the aides would have reported it when it was occurring so we could have given her Tylenol and alleviated her pain. The staff all know that we have a program that the aides fill out a paper of any resident concerns for the nurse and myself to follow up on. This was not completed for (R1) so no follow-up would have been done because it was never reported to the nurse. The facility's policy titled, Pain assessment dated [DATE] showed, Purpose: To assess for the presence and level of pain, to distinguish between acute and chronic pain; assess for chronic, undetected or under-treated pain, and provide pain management to enhance the residents quality of life .