

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Fairfield Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Moody St Fairfield, TX 75840	
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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on interviews and record reviews, the facility failed to consider the views of the resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility or to demonstrate their response and rationale for such response for 1 of 1 resident council reviewed. The facility failed to follow up on concerns and requests expressed in resident council meetings from July 2025 through November 2025. This failure placed residents at risk of not having their preferences honored. Review of Resident Council minutes from 07/05/2025 to 12/09/2025 reflected the following Resident council grievances did not have a facility's responses: *7/05/ 2025 minutes reflected: Nursing review concerns: When getting showers, beds still not getting stripped. When answering call lights aides come & leave without helping, not putting call lights in reach. It was reported residents did not receive scheduled showers. Staff completed showers at their convenience, and residents had to ask for showers. Fresh water not provided regularly, maybe once a day Snacks are still not provided. Beds are being left unmade, preventing taking naps & getting rest. Residents are making own beds. Staff have been observed using personal cell phones while on duty, while seated behind the nurses station and while feeding residents. Nutrition Services review concerns: Are you receiving the correct meal ordered? Hardly ever matches the main menu. Meal tickets are still coming out blank. Residents are not getting the meal of the month. Maintenance *8/12/2025 minutes reflected: Nursing review concerns: Disinfect between showers Staff observed on their personal cell phones while working. Nutrition Services review concerns: Meals have not been served on time and have been cold. Meal portions are too small. *9/9/2025 minutes reflected: Nursing review concerns: Residents from St one voiced concerns of shower chairs and showers being disinfected after showers. Scheduled showers not received for ST one residents. Fresh water was only received once in the morning, not refreshed throughout the day. Making their own beds, bed sheets not being changed. Evening snacks not being received on hall ST one. Nutrition Services review concerns: Coffee machine running out and would like coffee after hours. Cleaning in the dining room while they are still eating. Maintenance: Showers on the 400 hall did not have hot water; and a resident said it was high priority. *10/14/2025 minutes reflected: Nursing review concerns: Evening snacks not received, we must A solution. Beds are still not being made. Nutrition Services review concerns: Once or twice a week, the meal has not matched the menu. Did not receive meal of the month; the dietary manager stopped listening to them. *11/14/2025 minutes reflected: Nursing review concerns: Take time to dry residents' hair and do hair. Aides wearing ear buds around residents and talking their personal business in their presence. Not cleaning showers between residents. Maintenance: Sinks on 300 water don't get hot *12/09/2025 minutes reflected: Nursing review concerns: No one is rounding every 2 hours. Some aides are not residents for showers. Not giving fresh water. During a confidential group interview meeting on 12/17/2025 at 2:00 PM, 6 anonymous residents stated the AD helps to document the minutes for each monthly Resident Council meeting. They all stated when there is a concern, they address it in the Resident Council meeting monthly, but the concerns are not being addressed. They all stated they were not aware of any method by which the facility management provided resolutions to the concerns that came up in the resident council minutes. They all stated most of the complaints were about the menu, staff on cell (continued on next page)		

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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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	phones, bed linen changes, and the maintenance of the showers. They stated they have discussed the meal of the month in several monthly meetings. They all stated that they discuss their resident rights during meetings, but feel they are not being taken seriously. They stated they had never seen any kind of written paper or grievance form that reflected their concerns and requests during resident council or explained any resolution. Some stated their concerns appear to be ignored. In an interview conducted 12/18/2025 at 10:09 AM, the ADM stated she and the Social Worker were the Grievance Officials for the facility. In an interview conducted 12/18/2025 at 1:11 PM, the AD stated she has worked at the facility for three years. She reported that designated residents take their own minutes during Resident Council meetings, while she maintained the official set of minutes. She stated that she takes the residents' concerns and complaints to each department head and communicates this information, typically the morning after the meeting. She explained that some departments conduct in-services and notify her that they have done so; however, they do not provide her with copies of the in-service documentation. The AD stated that information was relayed back to residents once departments provide updates to her, and she communicated this information at the next Resident Council meeting. She also reported that she has personally invited department heads to attend meetings to speak directly with residents. The AD stated that department heads request the concerns and complaints from Resident Council meetings and then take responsibility for correcting them. The AD said she never filled out a grievance sheet and she said she was not aware she needed to fill out a grievance sheet. The AD stated that approximately two months ago, the Administrator informed her that some items documented in the meeting minutes may constitute grievances and asked how those grievances were being handled and whether they were forwarded to the Social Worker. The AD stated she informed the Administrator that she had not been trained to identify or process concerns as grievances and had been told that Resident Council meetings were residents' private meetings and that concerns were to be shared with department heads. The AD stated she provided copies of the Resident Council minutes to the Social Worker. The Activity Director stated that when residents do not see their concerns addressed, it may cause them to feel unimportant, not cared for, or that their needs are not being met, or prioritized. She stated this may result in residents feeling more tense and angry. In an interview conducted 12/18/2025 at 2:02 PM, SW stated she has been employed at the facility for three years, as of December. She stated she was the designated contact for grievances. She reported that concerns and complaints from Resident Council meetings are forwarded to the Administrator. She stated she does not resolve those concerns. The Social Worker stated that minutes from Resident Council meetings are not provided to her and that she has never resolved any issues originating from Resident Council meetings. She stated that the potential impact on residents who do not feel their voices are heard may be upsetting and may cause them to feel as though they do not have a voice. She stated that some residents may withdraw, feel defeated, and choose not to speak up again, which defeats the purpose of the Resident Council process. The Social Worker stated that the previous Administrator handled concerns from Resident Council meetings. In an interview conducted 12/18/2025 at 2:12 PM, ADM stated she was the facility's designated grievance official, along with the Social Worker. She stated that copies of Resident Council meeting concerns are provided to all department heads and that each department was responsible for their area. The ADM stated she had just become aware that the Social Worker was not receiving copies of the Resident Council meeting notes. She stated this process would be corrected. The Administrator further stated that documentation of Resident Council meetings would be made more specific. The ADM stated she expected immediate communication from the AD regarding concerns or complaints raised during Resident Council meetings so the concerns can be addressed through the interdisciplinary team process. She stated that some concerns raised during Resident Council meetings constitute valid complaints. The ADM stated the potential harm was that residents may feel their concerns are not as important to facility staff as they are to the residents. She further stated that corrective training would be provided regarding the process of addressing Resident Council concerns. Review of the (continued on next page)		

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	facility grievances dated 7/08/2025-11/25/2025 did not reflect any of the concerns/complaints mentioned in Resident Council. Review of facility policy on 12/18/2025, titled Resident Advisory Council reflected the following: 8.The health care center listens and seriously attempts, to the extent practicable, to accommodate all Resident Advisory Council recommendations and respond to the Resident Advisory Council in writing of facility action taken. 10. Minutes of Resident Advisory Council meetings are: A. Written to maintain as much confidentiality as possible. B. Reflect feedback/ response of the facility to concerns or recommendations. Review of facility policy on 12/18/2025 titled Resident Rights reflected the following: The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this policy.Self-determination- The resident has the right to, and the facility must promote and facilitate resident self-determination throughsupport of resident choice.5. The resident has a right to organize and participate in resident groups in the facility. c. The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. d. The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.i. The facility must be able to demonstrate their response and rationale for such response.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record reviews, the facility failed to properly store, prepare, and distribute food under sanitary conditions in accordance with standards for food service safety for 1 of 1 kitchen. 1. The facility failed to ensure Dietary Aide A wore proper hair restraint when holding clean plates in the dishwashing room. 2. The facility failed to ensure the Dietary Manager wore a beard guard when standing next to the food prep table. 3. The facility failed to ensure Dietary Aide A sanitized his hands prior to donning gloves after touching his clothes. Findings include: Observations on 12/16/2025 at 9:05 AM, Dietary Aide A was wearing a baseball cap when he was holding clean plates in the dishwasher room in the kitchen. He had approximately 12 inches of hair in a ponytail not covered by the baseball cap. Interview on 12/16/2025 at 9:09 AM, Dietary Aide A stated he was informed by the Dietary Manager to cover his ponytail with a hair net. He stated he forgot, and he was expected to have all of his hair covered when in the kitchen. Dietary Aide A stated there was a possibility a resident may become ill with stomach issues such as vomiting, if a resident swallowed hair. He stated food was placed on the clean plate and the hair may get into the food. Dietary Aide A stated he had been in-service on wearing hair nets and ensuring all of his hair was covered when he wore a baseball cap. He did not recall the date and time of the in-service. Observation on 12/16/2025 at 9:15 AM, Dietary Manager was standing near food prep area, and he was not wearing a beard guard. He had facial hair approximately 10 inches around his chin. Interview on 12/16/2025 at 9:18 AM, Dietary Manager stated he was not wearing a beard guard. He stated there was a potential hair may fall from his face onto the food prep table or any clean dishes. He stated if there was hair on the food preparation table there was a potential hair may transfer to a resident plate of food. He stated he had gone through training about wearing hair nets and beard guards. Dietary Manager stated hair was considered contaminated and he was expected to wear a beard guard when in the kitchen. He did not recall the date of the training. Dietary Manager stated the Dietary Aide A was expected to wear hair net over his ponytail. He stated Dietary Aide A was allowed to wear a baseball cap; however, all of his hair was expected to be covered. He stated a resident may become physically ill with stomach issues such as nausea or vomiting if dietary staff did not wear a beard guard or hair net in the kitchen and hair fell on food or dishes. Dietary Manager stated he was responsible for monitoring the dietary staff and all aspects of the kitchen. Observation on 12/17/2025 at 10:40 AM Dietary Aide A was walking to the dishwashing room to obtain a clear container from a shelf. He touched right side of his shirt with his middle, ring and forefinger on his right hand when he was exiting the dishwashing room and entering the kitchen area. Dietary Aide A also touched the right side of his pants with all fingers on his right hand when he placed the clear container on the food prep table. Dietary Aide moved from on food prep table to another food prep table and obtained a large can of apple jelly. He placed this large can of apple jelly beside the clear container. Dietary Aide A obtained gloves and used his fingers on his right hand and touched the fourchettes on the left and right glove as he pulled the gloves from the glove box. He donned the gloves on both hands and did not sanitize or wash his hands. Dietary Aide A returned to the food preparation table and began placing apple jelly in plastic small souffle cups. His middle finger and forefinger on his right hand touched inside 3 of the cups as he was placing the apple jelling into the cups. Interview on 12/17/2025 at 10:50 AM Dietary Aide A stated he did not sanitize or wash his hands as he touched the gloves and placed the gloves on his hands. He stated he did touch his shirt and probably touched his pants. Dietary Aide stated clothes were considered contaminated. He stated his fingers on his right hand did touch inside the cups as he poured the apple jelly into the cups. He stated the apple jelly and cups was considered contaminated. Dietary Aide A stated he would discard the contaminated jelly. Dietary Aide A stated if a resident ate the jelly there was a possibility a resident may become ill with some type of stomach issues such as diarrhea from the apple jelly being contaminated. He stated he was expected to wash his hands prior to placing gloves (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	on his hands. He stated the gloves was contaminated. Dietary Aide A stated he had been in-service on hand hygiene but did not recall the date of the in-service. He stated he learned during the in-service to always wash his hands prior to placing gloves on his hands, in between tasks and if he touched anything considered contaminated. Interview on 12/18/2025 at 10:15 AM Dietary Manager stated all staff was expected to wash their hands when they enter the kitchen. He stated all dietary staff was expected to wash their hands when they change tasks, touch anything considered contaminated, and prior to donning gloves. He stated Dietary Aide A did not follow the facility protocol of hand hygiene. He stated the Dietary Aide A was expected to wash hands after touching his shirt and pants. Dietary Manager stated Dietary Aide A did contaminate the apple jelly in the cups. He stated the few cups he touched with his contaminated gloves was discarded. Dietary Manager stated he had in-service staff on hand hygiene, and he did not recall the date or time. He stated he was responsible for overseeing all aspects of the kitchen and the dietary staff. Interview on 12/18/2025 at 11:15 AM The Administrator stated all dietary staff was expected to wear a beard guard and hair net when in the kitchen. She stated there was a potential hair that may fall into food or onto clean plates. The Administrator stated if hair was in residents' food or on a plate served to a resident, there was a potential that the resident may ingest the hair and according to what type of bacteria was on the hair a resident may become ill with some type of foodborne illness such as vomiting or diarrhea. She stated all staff was to wash hands prior to donning gloves. The Administrator stated clothes was considered contaminated and dietary staff was expected to wash hands prior to touching anything contaminated. She stated the Dietary Manger was responsible for overseeing the dietary department and she was responsible for supervising the Dietary Manager. Review of Facility's Inservice on hand hygiene, dated 12/06/2025, reflected the Infection Control Policy was reviewed with staff and Dietary Aide A was in attendance and the Dietary Manager was the instructor of the in-service. Requested Facility's Inservice on 12/18/2025 at 10:15 AM from the Dietary Manager and this was not provided at time of exit. Review of Facility's Infection Control Policy for Dietary Staff, dated 2012, reflected We will ensure that all employees practice infection control in the Food and Nutrition Services Department, and maintain sanitary food preparation. All dietary service employees will follow infection control policies as established and approved by the Infection Control committee. Procedure: 1. Clean hair is required. It is to be covered with an effective hair restraint. Facial hair is to be closely trimmed and is to be covered with a hair restraint. 2. Careful hand washing by personnel will be done in the following situations: a. Prior to entering the work area and reporting to the workstation. b. Between handling dirty dishes, boxes or equipment and handling clean food or utensils. c. Between handling of cooked and uncooked food. d. After each instance of coughing, sneezing, touching face and/or hair. Review of the Facility's Protocol for Hand Hygiene is from the Texas Food Establishment Rules, not dated, reflected S228.38. Hands and Arms. (a) Clean Condition. Food employees shall keep their hands and exposed portions of their arms clean. (b) Cleaning Procedure. (1) except as specified in subsection (d) of this section, food employees shall clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands or arms for at least 20 seconds, using a cleaning compound in a handwashing sink that is equipped as specified under S228.146 and S228.175. (2) food employees shall use the following cleaning procedure in the order stated to clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands and arms: (A) rinse under clean, running warm water. (B) apply an amount of cleaning compound recommended by the cleaning compound manufacturer. (C) rub together vigorously for at least 10 to 15 seconds while: (i) paying particular attention to removing soil from underneath the fingernails during the cleaning procedure, and (ii) creating friction on the surfaces of the hands and arms or surrogate prosthetic devices for hands and arms, fingertips, and areas between the fingers. (D) thoroughly rinse under clean, running warm water. and (E) immediately follow the cleaning procedure with thorough drying using a method as specified under S228.175(c). S228.38 (b)(3) S228.38 (d)(9)(3) to avoid re-contaminating their hands or surrogate prosthetic devices, food employees may use disposable (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	paper towels or similar clean barriers when touching surfaces such as manually operated faucet handles on a handwashing sink or the handle of a restroom door. (4) if approved and capable of removing the types of soils encountered in the food operations involved, an automatic handwashing facility may be used by food employees to clean their hands or surrogate prosthetic devices. (c) Special Handwash Procedures. Employees not utilizing suitable utensils or single use gloves when handling ready-to-eat foods shall wash hands using the cleaning procedures specified in subsection (b)(2) of this section and follow the approved procedures specified in S228.65(a)(5) of this title. (d) When to Wash. Food employees shall clean their hands and exposed portions of their arms as specified under subsection (b) immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single service and single-use articles and: (1) after touching bare human body parts other than clean hands and clean, exposed portions of arms. (2) after using the toilet room. (3) after caring for or handling service animals or aquatic animals as specified in S228.44(2); (4) except as specified in S228.42(b) after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking. (5) after handling soiled equipment or utensils. (6) during food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks. (7) when switching between working with raw food and working with ready-to-eat food. (8) before donning gloves to initiate a task that involves working with food. and (9) after engaging in other activities that contaminate the hands.		