	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		11 0000050	B. WING		C	
		IL6002950			12/	18/2024
	PROVIDER OR SUPPLIER	1790 SOI	DRESS, CITY, ST JTH FAIRVIEV			
Fair Hai	ENS SENIOR LIVIN	G	R, IL 62521			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Complaint Investig 2469908/IL181976 2469921/IL182002 300.3100d)2)	5 - 300.3100d)2)				
	A partial extended	survey was conducted				
S9999	Final Observations	3	S9999			
	Statement of Licer	sure Violation: (1 of 2)				
	300.3060e)1)C)					
	300.3060 Nursing	Unit				
	e) Bath and Toile	Rooms				
	each floor shall be	capacity of resident beds on used to determine the number even though some of the beds ed.				
		mum of one bathtub or shower nt beds on each floor.				
	These requiremen by:	ts were not met as evidenced				
	review, the facility rooms in a function	tion, interview, and record failed to maintain the shower nal condition. This failure has ect all 102 residents residing in				
	Findings include:					
		PM, the facility's shower room s in state of disarray. There				
ois Depar SORATORY	tment of Public Health / DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	SNATURE	TITLE		(X6) DATE
	ically Signed					01/04/2

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6002950	B. WING			C 18/2024
	ROVIDER OR SUPPLIER		DDRESS, CITY, ST		12/	10/2024
		1790 SO	UTH FAIRVIEW			
AIR HAV	ENS SENIOR LIVING	DECATU	R, IL 62521			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 1	S9999			
	inches full of harder with a steel mixing I a pile of one inch so of the shower floor. twelve inch square needing to be instal form a border. Ther wide construction ro inch tiles. There wa on the floor. There wa on the floor had V12 stated the show also not in functional	on bucket approximately four ned cured cement tile mastic blade stuck inside. There was quare tiles from the demolition The shower floor had 15 tiles installed with another 15 lled including the cut tiles to re was a four foot long 30 inch bler cart with boxes of the 12 is an electric cutting tool laying was a two pound sledge or. PM, V12, Maintenance facility had "a guy" working on ut had not shown back up to urther stated the replacement not been 6 months in duration wer rooms on the 300 hall was al condition but the shower ind 400 halls were in working				
	facility's 300 hall wa room. There was 2 body mechanical lif two housekeeping of wheelchairs, and tw had the valve handl non-functional. The approximately 50 m tiles in total from se On 12/5/24 at 10:54 repeated that there in the facility, one o	PM, the shower room on the as in obvious use as a storage cushioned recliners, a full t, a sit to stand mechanical lift carts, two mop buckets, two vo walkers. One shower area les removed to make it second shower stall had hissing one inch square floor everal areas. A AM, V1 Administrator, are 2 working shower rooms n the 100 hall and one on the the 200 and 300 hall shower				

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		ATE SURVEY OMPLETED	
		IL6002950	B. WING			C 18/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
FAIR HA	VENS SENIOR LIVING	3	UTH FAIRVIEW R, IL 62521	/ AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 2 always been just one or two	S9999			
	occurrence had bee and water was getti explained the show had been shut dow V1 further stated sh look at the shower but then stated she estimate because t V1 also stated the f employee (V16) ha type of work but live available but did ha handyman type of w the shower room, b bonded sop the fac stated she thought Director, and V13, I had started to work	the back in place, but the en happening more and more ing underneath the tiles. V1 ver rooms on 200 and 300 halls in approximately two months. The had a company come out to rooms to give and estimate, a could not provide the he company never sent one. facility Human Resources d a brother (V17) who did this ed out of town and was not twe a local friend (V18) who did work and also came to look at out V18 was not licensed or illity could not use him. V1 ther it was V12, Maintenance Maintenance Assistant, who is on the shower floor but had rk in the facility to keep on the shower room.	i			
	going to other halls stated he had heard mold in them. R15 showers he had be (R15's roommate) s facility for about a y room on 300 hall ha about a year. R16 s discussion about th resident council me prior. The manager have gotten estima	PM, R15 stated he had been when he gets his shower. R15 d the other shower rooms had stated the floors in the en using were black. R16 stated he had lived at the year and a half and the shower ad been non-functional for stated there had been a lot of the shower rooms in the setting about 7 or 8 months is keep telling us that they tes but they are too expensive shought the showers had mold				

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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
FAIR HA	VENS SENIOR LIVING		JTH FAIRVIEW R, IL 62521	VAVENUE		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG	(EACH DEFICIENCY REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 3	S9999			
	concerns in the 300 room on the 100 ha had blackened area	array in the 200 and storage) shower rooms, the shower all had a shower stall which as in the rear corner covering and the floor in a 3 foot				
	triangle shape. The spotted arrangement resembled mold. The	se blackened areas were in nt with radiating strands and here were approximately one				
	sixteenths of an inc commonly referred	approximately three h long with opaque wings, to as sewer flies or fruit flies drain and along the walls.				
		on the 200 hall was unchanged escription with demolition and , tools, and carts.				
	have a bathing tub as 2 metal folding of several plastic hang plastic 3 drawer but plastic caution ribbo shower valve handl water. The floor of t blackened areas alo	on the 300 hall was noted to which was full of items such chairs, a plastic laundry basket, gers, food wrappers, and a reau kit. There was also yellow on tied around one of the es and the handle was leaking this shower stall had ong the floor wall junction in tely 6 feet by 2 feet on the floor				
	not close completel protruding from the contact with the doo stalls did not have a rendered this stall r shower stall had a turn on the water w	he 400 hall shower room did y, having a bolt plate door which was coming in or frame. One of the shower a handle on the valve which non-functional. The second valve handle which would not ith a simple turn, the handle				
	and one half inches	d outwards approximately one s, then turned to get the water prome face plate around the				

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		IL6002950	B. WING			18/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
FAIR HA	VENS SENIOR LIVING		UTH FAIRVIEW R, IL 62521	VAVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 4	S9999		· ,	
	movement of the ha water turn on. The blackened areas in and wall in an area On 12/7/24 at 1:40 noticed the hamme	oosened screws to allow the andle required to make the floor of this shower stall had the rear corner along the floor approximately 4 feet by 1 foot PM, R19 stated she had r and the piles of tile in the yould not have that at her				
	room where he usu	PM, R20 stated in the shower ally goes (on the 200 hall) he house look like that but did no bout it.				
	hammer in the show only has a small are stated she would no	PM, R22 stated she noticed a wer room on the 200 hall and ea of tile that is finished. R22 ot have her house looking like s admitted to this facility.				
	simple utterances of (no), hand gestures expressed she had under construction and broken up tiles	PM, R23, communicating with of mmm-hmm (yes), uh-uh s, and head nods, emphatically been in the shower room and had seen the hammer , didn't like it (was vigorously nd would not have had her tion.				
	still working on the been asking freque going to be comple tired of having to be able to have a show buckets and hamm there. R24 stated th	PM, R24 stated "they" were shower room and she had ntly when this project was ted. R24 expressed she was e dragged to another hall to be ver. R24 stated there were ers and who knows what all in the construction going on in the been about a year in duration				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6002950	B. WING			C 18/2024
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE. ZIP CODE	1	
		1790 SO	UTH FAIRVIEW			
		DECATU	IR, IL 62521			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ige 5	S9999			
	and maybe the faci maintenance men.	lity needed more than 2				
	four minimally funct	lted in the facility providing tional showers, and no heir bed capacity of 154.				
		Department of Public Health 0/23 documents a total skilled I.				
	Resident Matrix, bo 102 resident reside (B)	nt Roster and Form 802 oth dated 12/3/24, document in the facility. sure Violation: (2 of 2)				
	300.3100d)2)					
	300.3100 General I	ouilding requirements				
	d) Doors and Win	dows				
	signal that will alert the building. Any e during certain perio device for part-time	rs shall be equipped with a the staff if a resident leaves xterior door that is supervised ods may have a disconnect a use. If there is constant 24 sion of the door, a signal is not				
	These requirement by:	s were not met as evidenced				
	review, the facility f and computer base functional condition failure has the pote	ion, interview, and record ailed to maintain door alarms ad door monitoring systems in to operate as designed. This intial to affect 82 residents n electronic monitoring				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		IL6002950	B. WING			C 18/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		1790 SOL				
FAIR HA	VENS SENIOR LIVING	DECATU	R, IL 62521			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 6	S9999			
		bound, or can not propel their ut of the facility census of 102.				
	Findings include:					
	Director, stated the system connected to screen located at the stated the system is additional monitors other three nurses 300 halls. V12 state floor map of the fact facility located by a	PM, V12, Maintenance facility utilizes a "black box" through a centralized monitor he 400 hall nurses station. V12 is supposed to connect to located at each of the facility's stations on the 100, 200, and ed the screen will display a cility with each door of the colored dot on the screen. them was not functioning to emit or was opened.				
	monitor screen was floor plan on the sc controls on the syst display the facility fl each door location.	PM, the "black box system s black and not showing the reen. V12 manipulated some tem and did get the screen to loor plan with green dots at There were two dots which te a door had opened but le alert activated.				
	member would nee know that a door wa	PM, V12 stated a staff of to be watching the screen to as opened and which door to ed he was not a "tech guy" and fix the system.				
	outside courtyard fr not have an audible opened. This was th would go outside to multiple occasions	PM, the door leading into an rom the small dining room did a alarm when the door was he door where the residents o smoke, as observed on during the survey including , and 12/7/24 at 1:00 PM. V12				

	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
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NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
FAIR HA	VENS SENIOR LIVING		UTH FAIRVIEV R, IL 62521	VAVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	above the door and the "black box" syst member would nee dining room to see been opened. On 12/4/24 at 4:20 monitoring system nurses station was facility floor map. V some buttons on th screen did not activ On 12/4/24 at 4:25 outside to a loading up from ground leve had a small plastic non-functional. V12 supposed to sound The right side door V12 stated he had a but would need to g facility to repair it. V this door for the em outside had been d part of this door syst the (electronic brac confirmed that not e utilized a (electronic	blinking light on the ceiling stated this was connected to tem and confirmed that a staff d to be present in the small the light to know this door had PM, the "black box" door monitor located at the 300 hall black and not displaying the 12 attempted to manipulate e side of the monitor, but the				
	functional. On 12/4/24 at 4:30 second outside cou room did not emit a door was opened.	elet) monitoring alarms were PM, the door leading to a intyard from the large dining in audible sound when the /12 stated no one every goes door could be opened with a				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		IL6002950	B. WING			18/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
FAIR HA	VENS SENIOR LIVING		UTH FAIRVIEW R, IL 62521	/ AVENUE		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 8	S9999			
	from the activity roc alarm when the doo there are always sta however, there wer occasions of observ room engaged in co without staff preserv resident smoking times the statement of the stateme	utside into a third courtyard om did not have an audible or was opened. V12 stated aff present in the activity room, e subsequent multiple ving residents in the activity oloring and cutting activities at, including during scheduled mes when the activity staff r supervising the smoking	,			
	stated she was "ag alarms that were no V12 and V13, Main supposed to check stated they needed so that as soon as they can get some fixed. V1 stated she have things like this confirmed there is r activity room includ resident smoking til know an exact num use (electronic brac 10 out of the currer 10 who were either their own wheelcha fix this "black box" s	4 AM, V1, Administrator, hast" at the number of door of functional. V1 stated that tenance Assistant, were the door alarms daily. V1 some better communication there is a problem like that one to address it and get it e told V12 the facility can not s running half-as**d. V1 not always staff present in the ing during the scheduled mes and at night. V1 didn't ober of residents who did not celets) but estimated around at census of 102, and another bed bound or could not propel irs. V1 stated if V12 could not system then he needed to get nstalled it back here to fix it.				
	announcement com monitoring system station, "door ajar." and the facility floor	D PM, there was an audible ning from the "black box" door next to the 200 hall nurses The monitor screen was black plan was not displayed. V9, Nurse, V14 Certified Nursing				

TATEMEN	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		IL6002950	B. WING			C 18/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
AIR HA	VENS SENIOR LIVING	G	UTH FAIRVIEV R, IL 62521	VAVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	age 9	S9999			
	stated they did not	Certified Nursing Assistant, all know which door was ajar or neck because the screen				
	monitoring system 300 hall had the sa "door ajar," and the black and not displ Licensed Practical which door was aja working. None of th	3 PM, the "black box" door next to the nurse station at the me audible announcement e monitor screen was likewise aying the facility floor map. V8 Nurse stated she did not know ar because the screen was not ne aforementioned staff by effort to go check doors to a actually open.	,			
ois Depar	tment of Public Health					