STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009815	A. BUILDING: _____ B. WING _____	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRFIELD SENIOR LIVING & REHABILITATION	305 N.W. 11TH STREET FAIRFIELD, IL 62837

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.2210b)2) Section 300.2210 Maintenance b) Each facility shall: 2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems. This requirement was not met as evidence by: Based on observation, interview and record review, the facility failed to ensure a resident's call light was in working order for 1 (R8) of 3 residents reviewed for resident call system in a sample of 12. Findings Include: R8's Face Sheet documented an admission date of 12/05/2024 with diagnoses that included weakness, unsteadiness on feet, unspecified abnormalities of gait and mobility, a unilateral primary osteoarthritis to right knee and personal history of transient ischemic attack. R8's Minimum Data Set (MDS) dated 12/12/2024, documented under Cognitive Patterns a Brief Interview for Mental Status (BIMS) score of 13, indicating R8 is cognitively intact. Under Functional Abilities for Self Care, the MDS	S9999		

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S9999	Continued From page 1	S9999		

documented that R8 requires staff assistance for toileting hygiene, showering/bathing, and dressing.

R8's current Care Plan documented a Focus Area of "I have a self care deficit r/t (related to) osteoarthritis in right knee and weakness...." with a Goal of "Assistance will be provided to meet needs."

On 2/14/24 at 11:00 AM, R8 stated that her only concern is that the night shift does not answer her call light. At this time, surveyor pushed R8's call light and it did not light up. R8 stated she was unaware that her call light was broken.

On 2/14/25 at 11:30 AM, V7 (Certified Nurse Assistant/CNA) entered R8's room. Surveyor showed V7 that R8's call light was not working. At this time, V7 clicked the call light quickly approximately 5 times and it turned on, but after that could not get it to work again. Surveyor then asked V7 if R8 would know to do that and V7 stated "no." V7 confirmed the call light was not working as it should.

On 2/14/25 at 1:00 PM, V7 stated that she had not yet informed anyone that R8's call light was broken. V8 (Regional Clinical Nurse) was present at this time and immediately went to get the maintenance man to fix the call light.

On 2/14/25 at 2:00 PM, V17 (Regional Maintenance Director) stated there was a short in the cord that needed replaced and that has been done.

On 2/4/2025 at 1:20 PM, V16 (Family) stated, there have been multiple times she had hit the call light with no staff member to answer it. V10

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S9999	Continued From page 2 stated, one time it took 35 minutes for a staff member to answer the call light. The Facility "Call Light Use/Response" policy (undated) documented the following under Call Light Maintenance: "Any issues regarding inappropriate operations of a call light, must be reported to the Director of Nursing or Administrator immediately. DON or Administrator will work with Maintenance to correct the issue and if necessary, provide alternate plan to provide call light availability to resident." (B)	S9999		