STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0008524	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW HAVEN	605 NORTH 4TH STREET , FAIRBURY, Illinois, 61739

(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) COMPLETION DATE
S0000	Initial Comments Annual Licensure Survey	S0000		08/28/2025
S9999	Final Observations Statement of Licensure Violations: 300.615a) 300.615e) 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information a) For the purpose of this Section only, a nursing facility is any bed licensed as a skilled nursing or intermediate care facility bed, or a location certified to participate in the Medicare program under Title XVIII of the Social Security Act or Medicaid program under Title XIX of the Social Security Act. e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. These REQUIREMENTS are not met as evidenced by: Based on interview and record review, the facility	S9999		08/28/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0008524	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/08/2025

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S9999	Continued from page 1 failed to conduct required identified offender checks for residents being admitted to the skilled nursing part of the facility. This failure has the potential to affect all 47 residents residing in the facility. Findings include: R55's Census Detail documents R55 was admitted to the facility 7/29/25. R55's Criminal History check and Sex Offender checks were dated 4/18/24. R53's Census Detail documents R53 was admitted to the facility 7/28/25. R53's Criminal History check and Sex Offender checks were dated 6/6/25. On 8/6/25 at 9:49 am, V1, Administrator, stated R53 and R55 had resided in the Assisted Living part prior to their admission in the skilled nursing facility (SNF). V1 confirmed the Assisted Living part did not participate in the Medicare (Title 18) nor Medicaid (Title 19) programs. R55's Minimum Data Set (incomplete) dated 8/5/25 documents R55 was independent with indoor mobility prior to her admission to the nursing home facility. R53's Physical Therapy Evaluation dated 7/28/25 documents R53 is ambulatory independently prior to admission to the nursing home part and has excellent potential to return to prior level and is ambulatory with partial assistance. R53's Physical Therapy Progress Note dated 8/7/25 documents R53 was ambulatory over 200 feet from dining room to therapy room, from therapy room to his own room, and around his own room with minimal assist. R53's Physical Therapy Progress Note dated 8/5/25 documents R53 could stand up unassisted from a recliner, ambulate over 200 feet with only contact guard from the physical therapist (V10). On 8/5/25 at 12:20 pm, R53 was observed ambulating with the physical therapist (V10) along the hallways of the facility with V10 only having her hand on R53's back (contact guard). On 8/8/25 at 11:10 am, V1, Administrator, stated the residents on the Assisted Living and Independent Living parts are free to come and go from the community and the campus as they desire, acknowledged that anyone can get in any kind of trouble in a short amount of time, and stated that none of the residents in the Assisted Living and Independent Living parts use a wheelchair. The facility's Resident Roster dated 8/5/25 documents 47 active residents residing in the facility. (C)	S9999		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW HAVEN	**605 NORTH 4TH STREET , FAIRBURY, Illinois, 61739**

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