Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6002950 11/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE FAIR HAVENS SENIOR LIVING DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX PREFIX TAG TAG **DEFICIENCY**) \$ 000 Initial Comments S 000 **Annual Licensure Survey** \$9999 Final Observations S9999 Statement of Licensure Violations: 300,610 a) 300.1010 h) 300.1210 b) 300.1210 d)3) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies The facility shall notify the resident's h) physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's Attachment A plan of care for the care or treatment of such Statement of Licensure Violations accident, injury or change in condition at the time

STATE FORM

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

6HDB11

TITLE

(X6) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6002950 11/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE **FAIR HAVENS SENIOR LIVING** DECATUR, IL. 62521 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 of notification. Section 300.1210 General Requirements for Nursing and Personal Care **b**) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow physician orders, promptly notify the physician of an acute change in condition, complete additional monitoring, and notify the physician of abnormal lab results for residents with a known history of Congestive Heart Failure. This failure affects two of three residents (R93 and R8) reviewed for hospitalizations on the total sample list of 50. These failures resulted in a delay of subsequent treatment, resulting in a 5 day hospitalization for (R93) and a 4 day hospitalization for (R8).

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ **B. WING !L6002950** 11/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE FAIR HAVENS SENIOR LIVING DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 Findings include: 1) R93's diagnoses include: Acute on Chronic Combined Systolic (Congestive) and Diastolic (Congestive) Heart Failure, Chronic Kidney Disease stage 5, Dependence on Renal Dialysis, End Stage Renal Disease, Localized Edema, Unspecified Atrial Fibrillation, Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris. R93's medical record documents on 6/11/2022. "alerted by Certified Nursing Assistant that resident was observed on the floor, resident lying on side gasping for air, lips were blue in color. was cold and clammy, unable to respond to command eyes were wide open, did eventually verbalize "help" and "I can't breathe." 6/11/2022 Resident admitted to (local hospital), diagnosis Acute Respiratory Failure." R93's Emergency Department provider notes, dated 6/11/22, documents, "Chief Complaint: patient presents with shortness of breath, Clinical impression: Acute on Chronic Congestive Heart failure." R93 readmitted to the facility on 6/16/2022. R93's medical record documents under physician orders: daily weight every day shift for monitoring, start date: 6/17/22, Fluid Restriction of 1,000 milliliters, start date: 6/17/22. **R93's Treatment Administration Records dated** September 2022 document under "Daily weight every day shift for monitoring 6:00 AM to 2:00

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: IL6002950 11/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE **FAIR HAVENS SENIOR LIVING** DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 PM: 9/1/22: 201.6 (pounds) 9/2/22: 201(pounds) 9/3/22 and 9/4/22 (NA is documented) no weight recorded 9/5/22: 201.8 (pounds) 9/6/22: 201 (pounds) 9/7/22: 201 (pounds) 9/8/22: (NA is documented) no weight recorded 9/9/22: 202.4 (pounds) 9/10/22: 202.4 (pounds) 9/11/22: 201.5 (pounds) 9/12/22: 201.5 (pounds) 9/13/22: 202 (pounds) 9/14/22: (blank) No weight recorded 9/15/22: 202.2 (pounds) 9/16/22: 209.6 (pounds) 9/17/22 (NA is documented) no weight recorded 9/18/22: 210.2 (pounds) 9/19/22: 210 (pounds) 9/20/22: 210 (pounds) 9/21/22: 209.5 (pounds) 9/22/22: (NA is documented) No weight recorded 9/23/22: (X is documented) No weight is recorded R93's medical record documents on 9/24/2022 at 5:49 AM, "has had a sudden change of condition this morning, alerted writer that patient appeared to have trouble breathing. Patient was anxious, grunting, gurgling, very abnormal lung sounds noted, red in color, breathing fast. Blood pressure: 174/109, Respirations 24, Pulse: 107, Oxygen saturation: 79% Room Air at time of assessment. Patient continued to say "hurry help me". Ambulance called." 9/24/22 at 2:06 PM, admitted to the hospital for Acute Chronic Congestive Heart Failure. R93's medical record does not contain documentation R93's physician (V16) was notified

Illinois Department of Public Health

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ IL6002950 11/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE **FAIR HAVENS SENIOR LIVING** DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 of R93's weight gain of 7.4 pounds on 9/16/22, or that R93's weight continued to average 209 to 210 pounds from 9/16/22 through 9/21/22. R93's medical record did not contain documentation R93's lung sounds were being monitored or if R93 was being assessed or monitored for edema from 9/16/22 through 9/23/22, after R93 had a 7 to 8 pound weight increase from normal average weight. R93's Emergency Department provider notes, dated 9/24/22, document, "Chief Complaint: patient presents with shortness of breath, Clinical impression: 1- Acute on Chronic Congestive Heart Failure, Unspecified Heart Failure type." On 10/31/22 at 3:03 PM, V16, Physician, stated "A 3-5 pound weight gain in one day for patient with CHF (Congestive Heart Failure) should be reported to me. Assessments for CHF/symptoms is variable for each patient, but (staff) should be reporting weight changes, edema, and shortness of breath." On 11/01/22 at 11:00 AM, V2, Director of Nursing, stated. "When a resident is a daily weight it should be documented on the Treatment Administration Records." V2 confirmed if weights are not documented, the staff forgot to record or complete the task. V2 confirmed weights were not recorded for R93 on 9/3/22, 9/4/22, 9/8/22, 9/14/22, 9/17/22, 9/22/22 and 9/23/22. V2 stated the physician should have been notified of (R93's) 7 to 8 pound weight gain and additional monitoring of (R93's) lung sounds and monitoring for edema should have been done, due to R93's history of Congestive Heart Failure. 2) On 10/24/22 at 10:57 AM, R8 stated R8 has

Illinois Department of Public Health

Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 1L6002950 11/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE FAIR HAVENS SENIOR LIVING DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY)** S9999 S9999 Continued From page 5 pain due to edema to R8's bilateral lower extremities. R8 stated R8 readmitted to the facility about a week ago, after being hospitalized for a heart condition and edema. At 11:04 AM, V9, Certified Nursing Assistant, pulled back R8's blankets. R8's bilateral lower extremities were edematous and swollen from feet to calves. R8's undated Diagnosis List documents R8's diagnoses include Diastolic Congestive Heart Failure (CHF), Hypertension, and Chronic Kidney Disease Stage III. R8's Care Plan revised on 5/25/22 documents R8 has CHF and includes interventions:"Check breath sounds and monitor/document for labored breathing. Monitor/document for the use of accessory muscles while breathing. Give cardiac medications as ordered. Monitor/document/report to MD (physician) PRN (as needed) any s/sx (signs/symptoms) of Congestive Heart Failure: dependent edema of legs and feet, periorbital edema, SOB (shortness of breath) upon exertion, cool skin, dry cough, distended neck veins, weakness, weight gain unrelated to intake, crackles and wheezes upon auscultation of the lungs, Orthopnea, weakness and/or fatigue, increased heart rate (Tachycardia) lethargy and disorientation." R8's 10/25/22 Order Summary Report documents an order for daily weights, and to notify the physician of weight gain of 3 lbs. (pounds) or more in 1 day or 5 lbs, or more in 1 week. This report documents R8's diet order as "NAS (No Added Salt) diet Regular texture, Regular consistency, Avoid high cholesterol foods, offer diet condiment and diet drinks for diet." R8's October 2022 Treatment Administration Record documents R8's weights as 272.3 lbs. on

Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6002950 11/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE FAIR HAVENS SENIOR LIVING DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 6 S9999 10/14, 297 lbs. on 10/15 (26.7 lb gain in 1 day), 297.6 on 10/16, and 297.7 on 10/17. There are no documented weights in R8's medical record for 10/8, 10/11, 10/18, and 10/20/22. R8's Nursing Notes document: On 10/17/2022 at 11:32 AM, R8 had weight gain with worsening swelling to left breast, and 3+ pitting edema to bilateral lower extremities. This information was "faxed" to R55's Physician (V16). There are no documented assessments of R8 on 10/15/22, 10/16/22, or after 10/17/22 at 11:32AM, until 10/18/22 at 9:20 AM. There is no documentation R8's physician was notified of R8's edema and weight gain prior to 10/18/22. On 10/18/2022 at 9:20 AM, V28 (Cardiologist) office was notified of R8's weight gain, 3+ pitting edema to R8's bilateral upper and lower extremities, and left breast and facial edema. R8 complained of having a "wheezing feeling" in R8's chest and shortness of breath "off and on". Lung sounds were diminished on the left side. On 10/18/22 at 10:58 AM, orders were received to give additional doses of Lasix (diuretic) for the next two days and obtain Brain Natriuretic Peptide (BNP). Magnesium, and Basic Metabolic Panel (BMP). There are no documented assessments of R8 until 10/19/22 at 6:23 PM, when R8 complained of nausea and not feeling well, and R8 was transferred to the local hospital. R8's BMP, dated 9/23/22, documents R8's BUN (Blood Urea Nitrogen) was 51 (high), and Creatinine was 2.3 (high). There is no documentation R8's physician was notified of these laboratory results. R8's Nursing Notes document: On 9/24/2022 at 10:14 PM, R8 complained of chest pain/tightness and was transferred to the hospital.

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A, BUILDING: **B. WING** IL6002950 11/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE FAIR HAVENS SENIOR LIVING DECATUR, IL 62521 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DÉFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 7 R8's After Visit Summary for hospital stay 9/25/22-10/3/22 documents Acute Exacerbation of CHF (Congestive Heart Failure) and Acute Kidney Injury as the reason for R8's hospital admission. This summary documents orders to obtain CBC and BMP by 10/9/22. There is no documentation these laboratory orders were implemented prior to 10/12/22. R8's CBC (Complete Blood Count) and BMP, dated 10/12/22, document R8's Hemoglobin was 9.1 (low), Hematocrit was 30 (low), White Blood Cell count 2.7 (low), BUN was 37 (high), Creatinine was 2.3 (high), and Estimated Glomerular Filtration Rate was 21 (low). There is no documentation R8's physician was notified of the laboratory results on 10/12/22. R8's Renal Panel on 10/18/22 documents R8's Sodium was 129 (low), BUN was 54 (high) and Creatinine was 2.3 (high). R8's After Visit Summary, dated 10/22/22, documents CHF Exacerbation as R8's hospital diagnosis. This summary documents discharge instructions for a 2000 milliliter (ml) fluid restriction. There is no documentation that R8's order for a fluid restriction was implemented. On 10/25/22 at 12:54 PM, V7, Registered Nurse reviewed R8's weights and nursing notes. V7 confirmed R8's weight gain noted on 10/15/22. V7 stated V7 was the nurse on 10/17/22, and obtained R8's weight on 10/17/22. V7 stated V7 believed R8's weight was accurate, and there were no reported problems with the scale. R8 had general weight gain and edema to bilateral lower extremities and left breast that day. V7 did not hear back from R8's physician on 10/17/22, so V7 passed the information on in report. V7 stated physician notification is documented in a nursing note and daily weights are recorded on the

Illinois Department of Public Health

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6002950 11/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE FAIR HAVENS SENIOR LIVING DECATUR, IL 62621 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 8 S9999 Treatment Administration Record. V7 confirmed there was no documentation V28. Cardiologist, or V16, Physician, were notified of R8's weight gain identified on 10/15/22 until 10/18/22 (3 days later.) On 10/31/22 at 11:58 AM, V2, Director of Nursing, stated, "(R8) is not on a fluid restriction, and the nurses are to review hospital discharge orders to ensure implementation of the orders. The nurse managers are suppose to follow up on the orders." V2 stated nurses should assess symptoms of CHF, document assessments in the nursing notes, and notify the physician the day the weight gain is identified. V2 confirmed there are no assessments of R8's CHF symptoms/monitoring from 10/15/22 until 10/17/22, and no documentation the physician was notified of R8's symptoms prior to 10/18/22. On 11/01/22 at 11:05 AM, V2 confirmed R8's CBC and BMP ordered to be completed by 10/9/22 were not drawn until 10/12/22. V2 stated there is no documentation R8's physician was notified of R8's laboratory results on 9/23/22 and 10/12/22. On 11/1/22 at 11:58 AM, V25, Physician Assistant (at V28 Cardiologist office), stated: "(V25) evaluated (R8) on 10/22/22, while (R8) was in the hospital. Ideally, the facility should be monitoring (R8's) weight daily, and reporting a gain of 2 lb or more in a 24 hour period. (R8) has been having problems with keeping fluid off. A fluid restriction of 2000 ml per day was started during hospital stay in October, and should still be a current order. (R8) goes into acute kidney injury when we try to diurese (R8), so we thought a fluid restriction may help. The facility should be monitoring/assessing (R8's) labs regularly, and

Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6002950 11/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE **FAIR HAVENS SENIOR LIVING** DECATUR, IL 62521 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 9 S9999 (R8's) weight, edema, and oxygen saturation at least daily to identify fluid volume overload and CHF exacerbation. Ideally they should notify our office the same day (R8's) symptoms/changes are identified. It may have been too late when the diuretic was increased in order to take effect and prevent (R8's) hospitalization (on 10/19/22). If notified sooner, it is hard to say, but may have prevented (R8's) hospitalization. (R8) has bad kidneys, HTN (Hypertension), and Renat Disease that affects (R8's) kidney function and contributes to CHF exacerbation." The facility's policy, with a revision date of August 2008, titled "Change in Condition or Status" documents: "Policy statement: Our facility shall promptly notify the resident, his or her attending physician and representative of changes in the residents medical/mental condition and/or status. Policy interpretation and Implementation: 1. The Director of Nursing or designee will notify the residents attending physician or On-call Physician when there has been: d- A significant change in the residents physical/emotional/mental condition; e- a need to alter the residents medical treatment significantly: i- instructions to notify the physician of changes in the residents condition. 2: A "significant change" of condition is a decline or improvement in the residents status that: 1- will not normally resolve itself without intervention by staff or by implementing standard disease related clinical interventions. 4: Notification will be made as soon as possible (within 24 hours of a change occurring in the residents medical/mental/condition or status). In medical emergencies notification should be made as soon as possible after occurrence of the event. 5: The DON or designee will record in the residents

Illinois Department of Public Health

medical record information relative to changes in

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING IL6002950 11/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE **FAIR HAVENS SENIOR LIVING** DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE **PREFIX** TAG TAG DEFICIENCY) S9999 Continued From page 10 S9999 the residents medical/mental condition or status." (A)