

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050963		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/06/2026	
NAME OF PROVIDER OR SUPPLIER FAIR OAKS REHAB & HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CODE 1515 BLACKHAWK BOULEVARD , SOUTH BELOIT, Illinois, 61080			
(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		S0000			04/08/2026	
	Complaint Investigation 2613677/2966891						
S9999	Final Observations		S9999			04/13/2026	
	Statement of Licensure Violations:						
	300.696a)						
	300.1210b)						
	Section 300.696 Infection Prevention and Control						
	a) A facility shall have an infection prevention and control program for the surveillance, investigation, prevention, and control of healthcare-associated infections and other infectious diseases. The program shall be under the management of the facility's infection preventionist who is qualified through education, training, experience, or certification in infection prevention and control.						
	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.						
	These requirements are not met as evidenced by:						
	Based on observation, interview, and record review, the facility failed to ensure a resident experiencing nausea and loose stools during a salmonella outbreak was considered for salmonella infection. This failure resulted in R6 experiencing loose stools with nausea for a week before being sent to the local hospital for salmonella and sepsis. This applies to 1 of 6 residents reviewed for infection control in the sample of 6.						

Office of Primary Care and Health Systems Management

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

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050963		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/06/2026	
NAME OF PROVIDER OR SUPPLIER FAIR OAKS REHAB & HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CODE 1515 BLACKHAWK BOULEVARD , SOUTH BELOIT, Illinois, 61080			
(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	
S9999	Continued from page 1 The findings include:Per email communications with V1 (Administrator) on 4/7/26, V1 stated R4 and R6 were roommates from 2/14/26 until 3/21/26, when R6 was discharged to the local hospital. R4's hospital records from 10/21/25 show R4 was positive for salmonella before discharging to the facility on 11/3/25. R6's progress note from 3/14/26 shows R6 presented with nausea and loose stools during the morning shift. R6's progress note from 3/14/26 shows R6 continued to experience loose stools during the evening shift. R6's progress note from 3/17/26 from V13 (Nurse Practitioner) states R6 was seen for poor appetite and loose stool for three days. Oral intake poor despite staff encouragement. Intravenous fluids were ordered and started. R6's progress note from 3/21/26 shows R6's condition worsened resulting in V18 (Registered Nurse/RN) sending R6 out to the emergency department at the local hospital. R6's hospital paperwork shows R6 was admitted to the local hospital on 3/21/26 with a positive salmonella stool sample and treated for sepsis. On 4/2/26 at 10:28 AM, V2 (Director of Nursing) said if the facility had no additional new cases of salmonella before 3/20/26, the facility would have no longer been in outbreak status. When R6 started experiencing loose stool and nausea, V2 didn't immediately think R6 could have salmonella due to R4 being positive in November of 2025 and R5 being positive in January of 2026. V2 did say since R6's positive test of salmonella on 3/21/26, any new symptoms of diarrhea would be treated as a potential positive salmonella case to prevent any further transmission. On 4/2/26 at 2:25 PM, V13 (Nurse Practitioner) said V13 has been servicing the facility since about October 2025. V13 said V13 was aware there were prior positive cases of salmonella but was unaware R4 was the first resident to have a positive case of salmonella in the facility. V13 said if V13 does not see the resident, V13 is unable to access their records. Had V13 known R4 was the original case of salmonella, V13 would have sent R6 out sooner to be tested for salmonella. V13 said from 3/14/26 until being sent to the hospital on 3/21/26, no staff made any indications R6 could		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050963		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/06/2026	
NAME OF PROVIDER OR SUPPLIER FAIR OAKS REHAB & HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CODE 1515 BLACKHAWK BOULEVARD , SOUTH BELOIT, Illinois, 61080			
(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
S9999	Continued from page 2 possibly have salmonella. V13 said the first week back at the facility following the hospital stay, R6's function was affected, noting R6 had experienced three falls within the first week. On 4/6/26 at 10:23 AM, V6 (Regional Infection Control Coordinator) said it was recently confirmed after sample analysis that all four samples of the positive cases at the facility were identical organisms. (A)			S9999			