

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0040915		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/02/2026	
NAME OF PROVIDER OR SUPPLIER FAIR OAKS HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 471 TERRA COTTA AVENUE , CRYSTAL LAKE, Illinois, 60014			
(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				
	Investigation of Facility Reported Incident of 01-23-2026/2730556						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.610a)						
	300.1210b)						
	300.1210d)6)						
	Section 300.610 Resident Care Policies						
	a) 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 300.1210 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.						
	d) Pursuant to subsection (a), general nursing care						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Based on observation, interview, and record review the facility failed to ensure a resident was transferred with a mechanical lift in a safe manner which applies to 1 of 5 residents (R1) reviewed for safe transfers in a sample of 5. This failure resulted in R1 falling from a mechanical lift sling sustaining a subdural hematoma. This past noncompliance occurred from 1/23/26 to 1/29/25. The findings include: R1's undated Facesheet showed R1 is a 75-year-old female admitted to the facility on 12/17/2025. This Factsheet showed R1 was readmitted to the facility on 1/27/26 with a new diagnosis of traumatic subdural hematoma. The facility's State Agency Serious Injury Report dated 1/23/26 showed R1 was hospitalized after falling from a mechanical lift sling. This report showed the cause was from an "improper sling attachment for the sling loops." R1's Hospital Discharge Report dated 1/27/26 showed R1 was admitted to the hospital with an admission diagnoses which included a subdural hematoma (brain bleed) and a hematoma of the scalp (bruising). This Report's cat scan reading showed R1 sustained a 3-millimeter subdural hematoma. On 2/2/26 at 9:45 AM, V1 Administrator stated after interviewing V14 and V15 Certified Nursing Assistants (CNAs) they were able to determine and recreate the sling loop coming off the lift hook. When the loop strap was wrapped around the end of the transfer bracket it caused tension which popped the loop off the hook. On 2/2/26 at 10:45 AM, V14 stated V15 and V14 were getting R1 up to their wheelchair. V15 had hooked their side of the mechanical lift sling then wrapped the rest of the strap around the end of the lift bar. When R1 was being move over the wheelchair the sling came off the lift, and R1 fell to the floor.		S9999				

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S9999	Continued from page 2 On 2/2/26 at 10:55 AM, V15 stated R14 and R15 were going to transfer R1. R15 stated they hooked the loop of the sling on the lift bar and wrapped the rest around the outer hook of the bar. When R1 was lifted and moved toward the wheelchair the sling came undone and R1 fell to the floor. The facility's Safe Resident Handling/Transfers Policy dated 1/7/26, at time of R1's injury, showed "Staff members are expected to maintain compliance with safe handling/transfer practices." Prior to the survey date of 2/2/26, the facility had taken the following action to correct the noncompliance: 1. On 1/23/26 V14 and V15 received formal training on mechanical lift equipment use and safe mechanical lift transfers. 2. On 1/23/26 – 1/29/26 facility staff were educated by video, in-services, and in person return demonstrations for mechanical lift equipment use and safe mechanical lift transfers. 3. On 1/27/26 and 1/29/26 the facility Quality Assurance Performance Improvement (QAPI) Committee developed a plan of correction for the 1/23/26 mechanical lift fall. The QAPI Committee wrote and implemented an addendum to the facility's Safe Resident Handling/Transfers Policy which was initiated on 1/27/26. The all-staff in-service of 1/29/26 includes the addendum to the education of the in-service. 4. The facility has an agreement with the agency used for 3rd party scheduling to have their staff complete the online video and quiz prior to working their first/next shift at the facility. A return demonstration with the facility's Physical Therapy department or designated nursing personnel is required prior to working on the floor of the facility. 5. The new hire on-boarding training for care staff includes this new policy. (A)	S9999					