

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145549	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2024
NAME OF PROVIDER OR SUPPLIER  Belhaven Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11401 South Oakley Avenue Chicago, IL 60643	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15301</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were free from physical restraints imposed for three of three residents (R8, R9, R10) reviewed for restraints, resulting in the restriction of mobility and a potential for decline in physical functioning and psychosocial wellbeing.</p> <p>Findings Include:</p> <p>5/23/2024 at 2:00 PM, R8, R9, R10 observed sitting in wheelchairs at Dining Room table; back wheels of each resident's wheelchair positioned up against the wall behind them, table positioned up against the armrests of resident's wheelchairs restricting residents' movements. R8, R9, and R10 were observed attempting to stand up multiple times. No meal or activity was in progress. R10 was eventually able to position legs over side of wheelchair allowing her to stand up and move from behind table.</p> <p>5/23/2024 at 2:15 PM, V3 (Activity Aide) said, all three residents (R8, R9, R10) are fallers. V3 added, I don't know who put them there, but that's where they always sit.</p> <p>5/23/2024 at 2:20 PM, V24 (CNA-Certified Nursing Assistant) said regarding R8, R9, and R10, they like to get up a lot. They are at risk for falls. We try to keep them where they can't move unless we can do a 1:1s (supervision).</p> <p>5/23/2024 at 4:38 PM V2 (DON-Director of Nursing) V2 said all three residents (R8, R9, R10) are fall risks. V2 said we do not have restraints; this is a restraint free facility. That should have never happened (using wheelchairs and table in such a manner to restrict residents' movements).</p> <p>5/24/2024 at 12:00, V8 (LPN -Licensed Practical Nurse) said, they (R8, R9, R10) are fall risks, 100%. They should be out of bed to high visibility area. All of them are shaky. They need 1:1, but there's not enough staff for that. V8 said restraints not used; That's not a right (using wheelchairs and table in such a manner to restrict residents' movements), that's a restraint.</p> <p>5/24/2024 at 1:21 PM, V11 (LPN-Licensed Practical Nurse) said, R8 is a high fall risk. He should use his wheelchair; his balance is off. I tell him to use his feet to self-propel in his wheelchair. The facility does not use restraints. I attended two in-services given today by V7 (LPN -Licensed Practical Nurse); residents behind the table and they couldn't get up and move freely. It would have been considered a restraint.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5/24/2024 at 2:01 PM, V4 (LPN-Licensed Nurse) said, they (R8, R9, R10) usually sit there. There was no particular reason that they should be sitting there. They are high fall risks. They should have not been positioned up against the wall, you're trying to keep them in and it's sort of a restraint. They (staff) should have checked on them, they should have intervened right away. We are a restraint free facility.</p> <p>R8's medical record (Face Sheet, MDS-Minimum Data Set of 4/29/2024) documents R8 is a moderately cognitively impaired [AGE] year-old admitted to the facility on [DATE] with diagnoses including but not limited to: Hypercapnia, Syncope and Collapse, Dementia, Major Depressive Disorder, and History of Falling.</p> <p>R9's medical record (Face Sheet, MDS-Minimum Data Set of 4/15/2024) documents R9 is a severely cognitively impaired [AGE] year-old admitted to the facility on [DATE] with diagnoses including but not limited to: Alzheimer's disease, Atrial Flutter, Hypertension, and Strange and Inexplicable Behavior.</p> <p>R10's medical record (Face Sheet, MDS-Minimum Data Set of 5/3/2024) documents R10 is a moderately cognitively impaired [AGE] year-old admitted to the facility on [DATE] with diagnoses including but not limited to Aphasia, Abnormalities of Gait and Mobility, Weakness, Dementia, and Altered Mental Status.</p> <p>5/23/2024 In-Service Report (conducted by V7 LPN -Licensed Practical Nurse) documents: This is a restraint free facility! No restraints/objects can be used to keep a person in the proper position, place and prevent movement in this facility.</p> <p>Abuse Prevention Program Facility Policy (undated) documents in part. The facility affirms the rights of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment, and involuntary seclusion. This facility therefore prohibits mistreatment, neglect or abuse of its residents, and has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, neglect or abuse of our residents. Abuse is the willful infliction of injury, unreasonable confinement, intimidation or punishment.</p> <p>Physical Restraints/Seclusion policy (undated) documents: It is the policy of the facility to use physical restraint only as a last resort and only after every alternative to a physical restraint (based on assessment) that seemed to have the potential for being used successfully, has been tried, and has failed. The use of a physical restraint and/or device is to enable and promote functioning at the highest practicable physical, mental or psychological well-being. It will be used only after the resident has been assessed and it has been determined by the IDT that the restraint to be used is the least restrictive.</p>		