STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145549	A. Building B. Wing	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belhaven Nursing & Rehab Center	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45644 Based on observations, interviews, and record reviews, the facility failed to respond to call lights used for staff assistance for 2 dependent residents (R5 and R6). This failure affected two of five residents reviewed for call light assistance. Findings include: R5's admission diagnoses include but not limited to Chronic Obstructive Pulmonary Disease, Hypertension, unsteadiness on feet, and weakness. R5's Minimal Data Set (MDS), dated [DATE], documents in part, Brief Interview of Mental Status (BIMS) score is 15. R5 is cognitively intact. R5's functional abilities for mobility requires a wheelchair. R5's self-care for toileting hygiene and shower/bath is coded as dependent. (Helper does all of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity.) R6's admission diagnoses include but not limited to osteoarthritis left hip, congestive heart failure, spinal stenosis lumbar region, hypertension, and glaucoma. R6's (MDS), dated [DATE], documents in part, Brief Interview of Mental Status (BIMS) score is 12. R6 has moderate cognitive impairment. R6's functional abilities for mobility requires a wheelchair. R6's self-care for toileting hygiene and shower/bath is coded as dependent. (Helper does all of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity.) On 3/3/25 at 11:40 am, R6's call light was on for over 10 minutes with staff noted at the nurse's station sitting down. R6 stated that she needs something for pain and her light has been on for a while, she guesses the staff is busy. On 3/4/25 at 11:32 am, R5's call light on in room. The call light was lit up and beeping at the nurse's station. There was three staff members at the nurse's station. At 11:45 am, R5's call light was still on. R5 stated to surveyor that she needs to be cleaned. Surveyor inquired to staff at the nurse's station about the call light and beeping. V9 CNA (Certified Nursing Assistant) stated that another CNA has that room. Surveyor inquired to V9 CNA if the CNA is not available, and a call light is on what is the protocol? V9 stated we are to answer all call lights. (continued on next page)

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

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/4/25 at 12:30 V8 (DON/Director of Nurses) stated that Call lights should be answered within 10-15 minutes and any one can answer call lights. All staff is expected to answer the call light even if not assigned to the room. Facility policy titled Call Lights dated 7/11, documents in part, Purpose: 1. To respond promptly to resident's call for assistance. Procedure: Answer all call lights promptly whether or not the staff person is assigned to the resident. Facility's job descriptions titled Certified Nursing Assistant dated 4/1/23, documents in part, Essential Job functions Responds to/answer resident call lights promptly.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 45644 Based on observation, interview, and record review the facility failed to follow their policy for scheduled medication administration time frame. This failure affected one resident (R2) reviewed for medication administration. Findings include: R2's admission diagnoses include but not limited to paraplegia, hypertension, anxiety, contracture, colostomy, and anxiety. R2's (2/7/25) Brief Interview for Mental Status score is 15. R2 is cognitively intact. R2's Functional status for mobility requires a wheelchair. Selfcare toileting hygiene, shower/bathe, toilet transfer requires substantial maximal assistance. On 3/3/25 at 11:20 am, during the initial tour on the 1st floor observed V2 LPN (License Practical Nurse) in hallway by R2's room with the medication cart. V2 stated that R2 just got his 9:00 am medications around 10:50 am. R2's Medication Administration Audit Report for February 2025 indicates that on multiple days through out the month, medications were given outside of the scheduled time on all shifts. Medications were given more than the time frame of one hour before or one hour after. The March audit report documents in part, on 3/3/25 that the 9:00 am scheduled medications of ergocalciferol capsule, ascorbic acid, zinc, amlodipine, pantoprazole, and baclofen documented given at 12:46 pm. Baclofen is scheduled four times a day, 9:00 am, 1:00 pm, 5:00 pm, and 9:00 pm. On 3/3/25 at 11:40 am, R2 stated that his scheduled medications are always late on all shifts. R2's Order Summary Report Active Orders as of 3/3/25 reviewed. No new orders for schedule change for baclofen noted. R2's (1/7/25) care plan documents in part, R2 is a risk for elevated blood pressures related to hypertension. Interventions: Medications as ordered. On 3/4/25 at 12:30 V8 (DON-Director of Nursing) stated that staff should follow the scheduled medication policy and administer in a timely manner. Medication is expected to be given an hour before or an hour after scheduled time. The nurse should call the doctor to get an order for a late administration of the medications. Facility's (undated) policy titled 5.1: Drug Administration-General Guidelines documents in part, 3. Accurately dispense medications to residents: a. Allow one (1) hour before to one (1) hour after scheduled time to administer medications . 4. Follow good clinical practices for administration of medications: b. Sign out medications as soon as they are given . (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility's job description titled Licensed Practical Nurse undated, documents in part, Essential Job Functions: C. Role Responsibilities- Drug Administration: 1. Prepares and administers medications as ordered by the physicians. Facility's job description titled Registered Nurse undated, documents in part, Essential Job Functions: C. Role Responsibilities- Drug Administration: 1. Prepares and administers medications as ordered by the physicians.

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50662 Based on interview and record review, the facility failed to ensure that one resident (R1) with a pressure ulcer, received the necessary treatment and services to promote wound healing and prevention of new wounds. This failure resulted in R1's wound worsening and requiring hospitalization for wound infection. Findings include: R1's medical diagnoses include but are not limited to hemiplegia and hemiparesis following cerebral infarction, type 2 diabetes mellitus without complications, aphasia, cognitive communication deficit, essential hypertension, pressure ulcer of sacral region. R1's Minimum Data Set (MDS) dated [DATE] has a Cognitive Skills for Daily Decision Making scored as moderately impaired. R1's care plan dated 01/07/25 documents in part, R1 has an alteration in skin integrity and is at risk for additional and/or worsening of skin integrity issues .turn and reposition resident from side to side as ordered . monitor for signs and symptoms of infection and report to MD (medical doctor) as indicated .administer wound care treatments per MD orders. R1's physician order with a start date of 06/27/24 documents in part, Turn and reposition from side to side every 1-2 hours every shift for wound prevention. R1's treatment administration record dated 01/2025 and 02/2025 for the turn and reposition order show multiple dates of no documentation. R1's physician order start date 01/16/25 and end date 01/25/25 documents in part, Sacrum 1. Cleanse with 0. 125% Dakins solution. 2. Apply Collagen, Calcium Alginate to base of the wound. 3. Secure with superabsorbent. 4. Change daily and PRN (as needed) every day shift. R1's treatment administration record for 01/2025 shows no documentation for 01/20/25 and 01/21/25. On 03/04/25 at 12:22pm V8 (Director of Nursing/DON) stated that legally if it's not documented then it's not done. V8 stated that her expectations for staff is to document everything that they do. R1's wound assessment documentation dated 01/31/25 measure 5.5 centimeters length by 4 centimeters width by 2 centimeters depth, odor not present. R1's wounds assessment documentation dated 02/25/25 measures 8 centimeters length by 9.5 centimeters width by 4.2 centimeters depth, odor strong, which shows R1's wound had gotten larger. R1's wound culture results collected on 02/25/25 were positive for many white blood cells, gram negative rods, gram positive rods, proteus mirabilis and Escherichia coli. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	R1's emergency room report dated 02/25/25 documents in part, CT (Computed tomography) pelvis with contrast final result .osteomyelitis at the S5 and proximal coccygeal levels .Exam is a large approximately 10-centimeter sacral decubitus wound that goes down to muscle, base of this has gray muscular tissue, has foul odor, concern for infection .Case request operating room: Debridement sacral wound. On 03/03/25 at 12:17pm V2 (Licensed Practical Nurse/LPN) stated that she would change R1's wound if it became soiled. V2 stated that the treatment cart was located on a different floor, so if she had to change R1's wound dressing, she would improvise with whatever dressings that she had. V2 stated that she noticed R1's wound had an odor and was infected a week prior to R1 being sent to the hospital on 02/25/25. On 03/03/25 at 2:41pm V6 (Wound Care Coordinator) stated that R1's wound had declined. V6 stated that if R1 needed a PRN (as needed) dressing change, the same supplies should be used that are used for R1's routine dressing change. V6 stated that R1 developed a new wound on her anterior lower leg. V6 stated that she thinks R1's new wound was developed due to R1's leg rubbing against the heel protectors. R1's Nurse Practitioner's (NP) progress note dated 02/25/25 documents in part, Wound specific history of a chronic stage 4 pressure ulcer to sacrum which has been refractory to many different topical treatments, wound vac, and recently failed skin sub due to frequent fecal contamination .Wound cultures obtained x2 over the last week were rejected by lab, staff states this is due to lab not having staff to pick up samples causing delay in testing .Seen today for reassessment of sacral wound. Wound cultures retaken today . contacted ID (infectious disease) NP directly to discuss patient case, ID NP agreed with recommendations for starting broad spectrum IV (intravenous) antibiotic therapy for likely OM (osteomyelitis) of sacral wound. On 03/04/25 at 11:09am V7 (Wound Care Nurse Practitioner/WCNP) stated that R1's wound had gotten worse over the past month. V7 stated that she suspected that R1's wound was a Kennedy ulcer and to rule out Kennedy ulcer, an infection workup needed to be done. V7 stated that she did multiple wound cultures on R1's wound but they were rejected by the lab due to staffing issues. V7 stated that she did consult with the infectious disease NP because she thought R1 may have osteomyelitis. V7 stated that R1 developed a new wound on her left anterior lower leg. Facility's policy titled Treatment/Services to Prevent/Heal Pressure and Non-Pressure wounds dated 11/2/23 documents in part, Policy: It is the policy of the facility to ensure it identifies and provides needed care and services that are resident centered, in accordance with the resident's preferences, goals for care and professional standards of practice that will meet each resident's physical, mental, and psychosocial needs . Procedure: 1. The facility will ensure that based on the comprehensive assessment of a resident: 1b. A resident with pressure ulcers or non-pressure wounds receive necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new wounds from developing .5. Interventions will be implemented in the resident's plan of care to prevent deterioration and promote healing of the pressure and non-pressure wound. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Facility's undated job description for Licensed Practical Nurse documents in part, A. Role Responsibilities - Administrative Duties: 1. Directs the day to day functions of the nursing assistants in accordance with current rules, regulations, and guidelines that govern the long-term care facility. 2. Ensures that all nursing personnel assigned to you comply with the written policies ad procedures established by the facility .B. Role Responsibilities - Charting and Documentation: 11. Performs routine charting duties as required and in accordance with established charting and documentation policies and procedures. 12. Signs and dates all entries made in the resident's medical record .Role Responsibilities - Nursing Care: 7. Reviews the resident's chart for specific treatments, medication orders, diets as necessary .15. Administers professional services such as catheterization, tube feedings, suction, applying and changing dressing/bandages. Facility's undated job description for Certified Nursing Assistant documents in part, A. Role Responsibilities - Care: Position resident in correct and in proper body alignment.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45644 Based on observation, interview, and record review, the facility failed to provide a functioning call device for a dependent resident requiring assistance from staff. This failure affected 1 resident (R6) reviewed for resident call system. Findings include: R6's admission diagnoses include but not limited to osteoarthritis left hip, congestive heart failure, spinal stenosis lumbar region, hypertension, and glaucoma. R6's Minimal Data Set (MDS), dated [DATE], documents in part, Brief Interview of Mental Status (BIMS) score is 12. R6 has moderate cognitive impairment. R6's functional abilities for mobility requires a wheelchair. R6's self-care for toileting hygiene and shower/bath is coded as dependent. (Helper does all of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity.) On 3/3/25 at 11:40 am, surveyor noted R6's call light on in room. At 11:50 am, surveyor noted that the call light board at the nurse's station did not light up and R6's call light was still on. Surveyor inquired to V3 CNA (Certified Nursing Assistant) how do you know if the call light is on, V3 stated if I'm in the hallway I can see the light on. If I'm at the nurse's station I can see the light on from the call light board. Surveyor asked V3 if there is a light on from the call light board at this present time. V3 stated, No light is on from the call light board. Surveyor asked V3 to look down the hallway of R6's room to see if a call light is on. V3 stated that the call light is on in the hallway and it should show up on the call light board at all times when the call light is on. V3 stated that the call light board is important when the call light is on because something could happen to the resident and the staff needs to know. On 3/3/25 at 11:55 am, V3 (CNA) notified V14 (Maintenance Director) about R6's call light not lighting up at the nurse's station. V14 went into R6's room and pulled the call light and saw the call light on in the hallway. V14 turned the call light off and walked out of the room and said that the call light is working. V14 was going down another hallway away from the nurse's station. Surveyor inquired to V14 if V3 had reported R6's call light was not working on the call light board. V14 stated he is doing something else. V14 then walked to the call light board at the nurse's station and looked at it. On 3/4/25 at 12:30 pm, V8 DON (Director of Nursing) stated that a call light box is at every nurse's station where the call light should light up and makes a beeping noise. If it does not work staff is expected to call Maintenance immediately. Facility policy titled Call Lights dated 7/11, documents in part, Purpose: 2. To assure call system is in proper working order. Procedure: 7. Check all call lights daily and report any defective call lights to the nurse immediately. 8. Log defective call lights with exact location, in the Maintance log. (continued on next page)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility's job descriptions titled Certified Nursing Assistant dated 4/1/23, documents in part, Essential Job functions Responds to/answer resident call lights promptly. Reports all accidents/incidents, safety violations, hazardous conditions, or defective equipment according to facility policies. Facility's job description titled Maintenance Staff dated 1/24/25, documents in part, Role Responsibilities-Job Knowledge/ Duties: 1. Maintains and repairs, according to established procedures all electrical .and other facility furnishing, fixtures and equipment. 2. Performs all inspections, documentations, and other duties required of you under the facility's preventive maintenance plan.