

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  04/10/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>45346</p> <p>Based on interview and record review the facility failed to ensure that resident's medications are administered as ordered by the physician. This failure affected three residents (R1, R2 and R3) of three residents reviewed for quality of care.</p> <p>Findings include:</p> <p>On 04/10/2025 at 12:30pm V2(DON/Director of Nursing) presented R1's, R2's and R3's MARs (medication administration records) to the surveyor, which were reviewed. There were missing entries of nurses' signatures/initials or codes on the MARs for April 2025(4/1/2025 to 4/30/2025).</p> <p>R1's diagnosis includes but are not limited to metabolic encephalopathy, unspecified severe protein-calorie malnutrition, vitamin d deficiency, unspecified, bradycardia, unspecified, weakness, unspecified intellectual disabilities, essential (primary) hypertension, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, dysphagia, oral phase, aphasia, type 2 diabetes mellitus with hyperosmolality without nonketotic hyperglycemic-hyperosmolar coma, altered mental status, unspecified, resistance to vancomycin, acute respiratory failure, unspecified whether with hypoxia or hypercapnia, epilepsy, unspecified, not intractable, without status epilepticus, unspecified kidney failure, methicillin resistant staphylococcus aureus infection, unspecified site, extended spectrum beta lactamase resistance.</p> <p>R1 's Brief Interview for Mental Status (BIMS) dated 3/10/2025 documents that R1C0700. Sort-term Memory OK 1. Memory Problem. C0800. Long-Term Memory OK 1. Memory Problem. C1000. Cognitive Skills for Daily Decision Making 3. Severely Impaired. A. Acute Onset Mental Status Change. B. Inattention-2. Behavior present fluctuates (comes and goes, changes in severity). D. Altered Level of Consciousness-2. Behavior present fluctuates (comes and goes, changes in severity).</p> <p>There were missing entries of nurses' signatures/initials or codes on R1's medication administration record for the following medications, dates, and times:</p> <p>On 04/09/2025 at 0600 Insulin Glargine Solution 100 unit/ml(milliliters)-Inject 6 unit subcutaneously two times a day.</p> <p>On 04/01/2025 at 1400 Glucerna 1.2 at 50 ml/hour-Give via G-tube one time a day.</p> <p>On 04/09/2025 at 0600 Aspirin Tablet Chewable 81mg-give 1 tablet via G-tube one time a day.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/09/2025 at 0600 Donepezil HCL tablet 10mg-give 1 tablet via G-tube one time a day.</p> <p>On 04/09/2025 at 0600 Ergocalciferol oral tablet 50 mcg(micrograms)-give 50 mcg via G-tube one time a day.</p> <p>On 04/09/2025 at 0600 Famotidine oral tablet 20 mg-Give 1 tablet via G-tube one time a day.</p> <p>On 04/09/2025 at 0600 Midodrine HCL Oral tablet 10mg-Give 1 tablet via G-tube every eight hours.</p> <p>R2's diagnosis includes but are not limited to paraplegia, unspecified, bed confinement status, pressure ulcer of left buttock, pressure ulcer of right buttock, non-pressure chronic ulcer of unspecified thigh with unspecified severity, anemia, unspecified, accidental discharge from unspecified firearms or gun, subsequent encounter, osteomyelitis, unspecified, thrombocytosis, unspecified.</p> <p>R2's Brief Interview for Mental Status (BIMS) dated 1/13/2025 documents that R2 has a BIMS score of 15, indicating R2's cognition is intact.</p> <p>There were missing entries of nurses' signatures/initials or codes on R2's medication administration record for the following medications, dates, and times:</p> <p>On 04/07/2025 at 0600 Enoxaparin sodium injection solution prefilled syringe 40mg/0.4ml-Inject 40mg subcutaneously one time a day.</p> <p>On 04/03/2025 at 1700 Ascorbic Acid tablet 500mg-Give 1 tablet by mouth two times a day.</p> <p>On 04/04/2025 at 1700 Ascorbic Acid tablet 500mg-Give 1 tablet by mouth two times a day.</p> <p>On 04/07/2025 at 1700 Ascorbic Acid tablet 500mg-Give 1 tablet by mouth two times a day.</p> <p>On 04/03/2025 at 1700 Famotidine oral tablet 20mg-Give 20mg by mouth two times a day.</p> <p>On 04/04/2025 at 1700 Famotidine oral tablet 20mg-Give 20mg by mouth two times a day.</p> <p>On 04/07/2025 at 1700 Famotidine oral tablet 20mg-Give 20mg by mouth two times a day.</p> <p>On 04/03/2025 at 1700 Juven -Mix 1 packet with 8 ounces of water, drink by mouth twice daily.</p> <p>On 04/04/2025 at 1700 Juven -Mix 1 packet with 8 ounces of water, drink by mouth twice daily.</p> <p>On 04/07/2025 at 1700 Juven -Mix 1 packet with 8 ounces of water, drink by mouth twice daily.</p> <p>On 04/03/2025 at 1700 Prostat SF- 30ml by mouth two times a day.</p> <p>On 04/04/2025 at 1700 Prostat SF- 30ml by mouth two times a day.</p> <p>On 04/07/2025 at 1700 Prostat SF- 30ml by mouth two times a day.</p> <p>On 04/03/2025 at 1700 Baclofen tablet-give 5mg by mouth three times a day.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/04/2025 at 1700 Baclofen tablet-give 5mg by mouth three times a day.</p> <p>On 04/07/2025 at 1700 Baclofen tablet-give 5mg by mouth three times a day.</p> <p>R3's diagnosis includes but are not limited to other seizures, type 2 diabetes mellitus without complications, hidradenitis suppurativa, essential (primary) hypertension, hyperlipidemia, unspecified, overactive bladder, anemia, unspecified, pressure ulcer of sacral region, stage 4, presence of automatic (implantable) cardiac defibrillator, unsteadiness on feet, repeated falls.</p> <p>R3's Brief Interview for Mental Status (BIMS) dated 1/14/2025 documents that R3 has a BIMS score of 13 which indicates that R3's cognition is intact.</p> <p>There were missing entries of nurses' signatures/initials or codes on R3's medication administration record for the following medications, dates, and times:</p> <p>On 04/03/2025 at 2100 Atorvastatin Calcium tablet 40mg-Give 1 tablet by mouth at bedtime.</p> <p>On 04/04/2025 at 2100 Atorvastatin Calcium tablet 40mg-Give 1 tablet by mouth at bedtime.</p> <p>On 04/03/2025 at 1700 FeroSul oral tablet 325mg (Ferrous Sulfate)-give 1 tablet by mouth two times a day.</p> <p>On 04/03/2025 at 1700-Glycolax powder-give 17 grams by mouth two times a day.</p> <p>On 04/07/2025 at 0600 Heparin Sodium Injection solution 5000 unit/ml-inject 5000 unit subcutaneously every 12 hours.</p> <p>On 04/03/2025 at 1800 Heparin Sodium Injection solution 5000 unit/ml-inject 5000 unit subcutaneously every 12 hours.</p> <p>On 04/03/2025 at 2100 Keppra oral tablet 1000mg-give 1 tablet by mouth every 12 hours.</p> <p>On 04/04/2025 at 2100 Keppra oral tablet 1000mg-give 1 tablet by mouth every 12 hours.</p> <p>On 04/03/2025 at 1700 Prostat SF 30ml by mouth two times a day.</p> <p>On 04/03/2025 at 1700 Vimpat oral tablet 100mg-give 1 tablet by mouth two times a day.</p> <p>On 04/08/2025 at 1300 Gabapentin Capsule 300mg-give 1 capsule by mouth three times a day.</p> <p>On 04/03/2025 at 1700 Gabapentin Capsule 300mg-give 1 capsule by mouth three times a day.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/10/2025 at 12:42pm V2(DON/Director of Nursing) stated the nurses are responsible for administering medications to the residents and documenting on the medication administration record after the medication is administered to the resident. V2 stated in my professional opinion, if a scheduled medication for resident has missing initials on the medication administration record for a specific date and time the medication was to be administered, this would indicate the medication was not administered to the resident. V2 stated if it is not documented, then it was not done. V2 stated it is my expectation that nurses should document on a progress note when a medication is unable to be given to a resident for any reason.</p> <p>Reviewed the Facility's undated Policy titled Drug Administration-General Guidelines which documents, in part, 7. Only licensed or legally authorized personnel who prepare medication may administer it. This individual records the administration on the resident's MAR (medication administration record) at the time the medication was given. At the end of each medication pass, the person administering the medications reviews the MAR to ascertain that all necessary doses were administered, and all administered doses were documented. In no case should the individual who administered the medications report off-duty without first recording the administration of any medications. 9. The resident's MAR is initialed by the person administering a medication, in the space provided under the date, and on the line for that specific medication dose administration. 11. If a dose of a regularly scheduled medication is withheld, refused, or given at other time than the scheduled time, the space provided on the front of the MAR for that dosage administration is initialed and circled.</p> <p>Reviewed facility's Registered Nurse Job Description, undated, which documents, in part, underneath B. Role Responsibilities-Charting and Documentation: Performs routine charting duties as required and in accordance with established charting and documentation policies &amp; procedures.</p> <p>Reviewed facility's Licensed Practical Nurse Job Description, undated, which documents, in part, underneath B. Role Responsibilities-Charting and Documentation: Performs routine charting duties as required and in accordance with established charting and documentation policies &amp; procedures.</p>		