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	05/04/2025

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 45110 Based on observation, interviews, and record reviews the facility failed to maintain a safe, comfortable home like environment,[A] failed to maintain room temperatures for four [R4, R5, R6, R7] of seven [R1, R2, R3] residents reviewed for heating. Findings include, R1's clinical record indicates in part: R1 was admitted with the following medical diagnosis of paraplegia, essential hypertension, opioid abuse, anxiety disorder, colostomy, abnormal posture, malaise, and limitations of activities due to disability. R1's minimum data set [MDS] section [C] indicates R1 is cognitively intact. R1's care plan documents in part: R1 presents with moderate to extreme anxiety related to: worry regarding medical symptoms and conditions mood distress, anger, fear, and paranoia. This problem is manifested by verbal expressions of distress and frequent complaints. R1 displays manipulative behavior which is disruptive, insensitive, and disrespectful to staff and peers. This behavior is related to anger and depression symptoms are manifest by frequent threats to call state survey agency officials, ombudsman, attorneys, placing unjustified calls to police, threaten to report staff. R1's symptoms are manifest by threatening or acting in a verbally or physically aggressive behavior manner. On 5/3/25 at 10:10 AM observed R1 lying on an ambulance stretcher alert and oriented x3. R1 stated, I am on my way to the emergency department to get my suprapubic catheter changed out. Sometimes at night my room gets a little cool, but the nursing staff gives my extra blankets. Then there are times my room is very hot, and I have asked V5 [Director of Maintenance] to turn the heat off in my room. But lately the temperature in my room is good. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/3/25 at 11:00 AM, R4 and R5 both said the heat in their room have not been working for two weeks. R5 ask surveyor to turn the switch on the wall in an up position. R5 said the switch normally turns on the heat. Surveyor pushed the switch upwards and a few seconds later R4, R5 and surveyor hear a popping noise. Observed on the floor in front of the heating unit four colored wires, blue, red, black and white. R4 and R5 both said the wires was pulled out when staff was moving the beds around. R5 stated, I told serval nurses about those wires hanging out. On 5/3/24 at 11:22 AM, R6 and R7 said they were both cold and the heat would not turn on. Surveyor and V5 [Maintenance Director] obtained temperature in the following rooms: R1's room temperature was 74 degrees Fahrenheit [F]. R2's room temperature was 72F. R3's room temperature was 72F. R4 and R5's room temperature was 70F. V5 stated, The heating unit is not working. The room temperatures should be 72 to 82 degrees. R6 and R7's room temperature was 65F. On 5/3/25 at 11:45 AM, V5 [Maintenance Director] stated, I was not made aware that R4 and R5's room's heating unit wires were laying outside the unit the heating unit is not working. On 5/3/25 at 11:50AM, V5 stated, I was not made aware that R6 and R7's heating unit was not turning on. The heating until motor needs to be replace, it is not coming on. On 5/3/25 at 3:45 PM, V5 and surveyor went to R4, R5, R6, and R7's rooms the heating units were working, and the room temperature was 72F. V5 stated, R4 and R5 heating unit was not working, I repaired the wires, and the heating unit is now functioning properly. R6 and R7's motor in the heating unit was working, I replaced the motor and now the heat is working. On 5/3/25 at 2:40 PM, V1 [Administrator] stated, I have not received any concerns regarding the facility not being warm. Last week the residents and staff complained the facility was too hot. V5 adjusted the heat according to the weather and building temperatures. All residents should not go without heat in their rooms. They all should be comfortable in a homelike environment. The residents room temperature should be between 72 to 82 degrees. Policy documented in part: Resident Rights Ombudsman: Your facility must be safe, clean, comfortable, and homelike.