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	05/13/2026

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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility failed to ensure that one resident's (R13's) preferred diet was followed. This failure has affected one of 5 residents reviewed for dietary services.Findings include: R13 is [AGE] year old with diagnosis including but not limited to: anxiety disorder, essential hypertension, paraplegia, contracture of unspecified joint and periodontal disease.R13's Minimum Data Set (MDS) documents, in part, a BIMS (Brief Interview of Mental Status) score is 14, which indicates cognitively intact. On 5/12/26 at 10:15 am, Ham was observed on R13's meal tray in his room. At that time R13 stated the following, They (facility) never follow my meal ticket. I've complained several times about consistently getting ham when I don't eat pork and my meal ticket clearly says no ham. On 5/13/26 at 10:00 am, V5 (Dietary manager) stated the following, With the meal tickets, the dietary aides follow the meal tickets on the line as they prepare the trays. We serve renal, CCHO (Consistent Carbohydrate), mechanical, cardiac. It is important to follow the diet to ensure that everyone is getting what they are supposed to get according to their health issues. It is important to follow the preferred diet so that the residents will eat. To make sure that they are receiving the proper nutrition. I do not expect for ham to be on the tray if a resident does not eat pork and has special dietary orders for no ham. On 5/12/26 at 10:44 am, V22 (CNA) removed R13's meal tray and stated the following, His meal ticket says, ?No Ham'.On 5/13/26 at 10:00 am, V5 (Dietary manager) stated the following, It is important to follow the diet to ensure that everyone is getting what they are supposed to get according to their health issues. It is important to follow the preferred diet so that the residents will eat. I do not expect for ham to be on the tray if a resident does not eat pork and has special dietary orders for no ham. Facility Resident Council Meeting minutes for March 2026 documents, in part, Residents complain of staff not serving meals to the residents on the units according to residents' diets and their meal tickets.R13's Meal Ticket documents the following: As part of R13's special instructions: No ham. Facility policy titled Dietary Preferences, Nutritional Requirements, and Portion Management documents the following: The facility will make every reasonable effort to accommodate each resident's cultural, religious, and personal dietary preferences while ensuring that all meals meet the resident's nutritional requirements as determined through comprehensive assessment and care planning.

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