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	06/27/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to supervise and assist one resident (R1) with feedings that required feeding assistance. This failure affected one resident (R1) out of three residents reviewed.Findings include:R1's medical diagnoses include but are not limited to essential hypertension, epilepsy, anxiety disorder, chronic obstructive pulmonary disease.R1's Minimum Data Set, dated [DATE] has a Cognitive Skills for Daily Decision Making scored of 2, which indicates R1's cognition is moderately impaired. R1's Nutritional Risk Review dated 03/19/26 documents in part, E. Physical Functioning: 1. Eating: self-performance 4. Total dependence. 2 Eating: Support provided 2. One-person physical assist. Plan of Care 8. Narrative Progress Note: Res (resident) dependent at meals.R1's Functional Abilities and Goals assessment dated [DATE], documents in part, A5a. Eating: Task: GG - Eating (Substantial/max).R1's care plan with revision date 12/09/25, documents in part, I require a mechanically altered diet. I will have no chewing or swallowing problems daily through next review. Observe for chewing and or swallowing problems. Observe meal consumption of all meals.R1's progress note dated 03/06/26, documents in part, Resident is 1:1 (one to one) feeder and requires lots of redirection and encouragement to finish meals.On 06/27/26 at 9:44am, V7 (Certified Nursing Assistant/CNA) stated that on the day that R1 coded, she had seen him last when she was passing out food trays and then again when she found R1 unresponsive. V7 stated that R1 fed himself and that R1 ate in his room alone on the day R1 was found unresponsive. V7 stated that she knows if a resident is a feeder if she comes to pick the meal tray up and the resident has not touched the food. V7 stated that she was unaware the R1 was to receive one-to-one feeding assistance and that R1 always fed himself. V7 stated that R1 always ate his food really fast and she has had to tell R1 to slow down with eating.On 06/27/26 at 11:08am, V10 (Restorative Consultant) stated that R1 needed assistance with meals and assistance with feeding. V10 stated that a resident that requires feeding assistance is not safe to eat in the room by themselves and eating by themselves is a choking hazard.On 06/27/26 at 11:17am, V11 (Licensed Practical Nurse/LPN) stated that R1 always fed himself. V11 stated that staff would give R1 his tray, make sure R1's head of the bed was elevated, and go back to his room to encourage him to eat more if R1 was not finishing his meal. V11 stated that it was never communicated to him that R1 required 1:1 feeding assistance.On 06/27/26 at 11:41am, V2 (Director of Nursing/DON) stated that she did enter a note in R1's record stating the R1 required one-to-one assistance. V2 stated that one-to-one assistance does not mean consistent observations with meals and doesn't mean that R1 needs someone to sit with him during the entire meal.On 06/27/26 at 1:00pm V1 (Administrator) stated that a resident that requires 1:1 feeding assist should never eat in a room by themselves. V1 stated that a resident that requires 1:1 feeding could pocket their food and choke. V1 stated that if it is documented that a resident requires substantial/mas assist, that means full assistance should be provided to the resident and staff should sit with the resident for the duration of the meal. V1 stated that 1:1 does not mean leave the resident and come back to assist the resident if needed. Facility's policy titled Guidelines Standard Supervision dated 05/17/23 documents in part, Purpose: This guideline emphasizes a proactive (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

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	intervention promoting enhanced physical and psychosocial well-being. The facility recognizes supervision and guidance to the resident is an essential part of nursing care in which standard approaches are successful in meeting the resident's physical and psychosocial needs. Procedure:. 2. A staff member that has been assigned to care for the resident will visualize the resident at the start and end of the shift, during meals times, and at a minimum every two hours between.