

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 10/31/2024
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45644</p> <p>Based on observation, interview, and record review the facility failed to obtain and document the code status in the resident's electronic medical record which affected two residents (R9 and R41) reviewed for advanced directive in the sample of 74 residents.</p> <p>Findings include:</p> <p>R9's Admission record documents in part, paraplegia, chronic kidney disease stage 2, urinary tract infection, and hypertension.</p> <p>R9's Minimum Data Set (MDS), dated [DATE] documents in part, Brief Interview for Mental Status (BIMS) score of 15 which indicates that R9 is cognitively intact.</p> <p>R9's Physician Order Summary (POS) active orders as of 10/30/2024, documents that no physician order for advance directives (Full code or DNR status) for R9.</p> <p>R9's Admission Record Form for Advance Directive section is blank.</p> <p>R41's Admission Record documents in part, epilepsy, encephalopathy, diabetes, respiratory failure, pulmonary embolism, asthma, heart failure, and hypertension.</p> <p>R41's Minimum Data Set (MDS), dated [DATE], documents in part, a Brief Interview for Mental Status (BIMS) score of 15 which indicates that R41 is cognitively intact.</p> <p>R41's Physician Order Summary (POS) active orders as of 10/30/24, documents that no physician order for advance directives (Full code or DNR status) for R41.</p> <p>R41's Admission Record Form for Advance Directive section is blank.</p> <p>On 10/30/24 at 11:20 am, V29 ADON (Assistant Director of Nursing) stated that advance directives should be on the resident's profile. There should be a doctor's order for an advance directive. The nurse is supposed to get the order.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/30/24 at 12:30 pm, V2 DON (Director of Nursing) stated that every resident should have an advance directive in the computer on their profile. Surveyor inquired to V2 if there should be a doctor's order for an advance directive? V2 stated, I don't get an order if the resident is a full code.</p> <p>Facility policy dated 6/24/24 and titled Guidelines for Resident's Right-Advance Directive(s), documents in part, At all times-the resident's wishes for advance directives (s) must match the physician's order .</p> <p>Facility Job description titled Licensed Practical Nurse, documents in part, The licensed Practical Nurse provides direct nursing care to the resident and supervises the day-to-day nursing activities performed by nursing assistants. The person holding this position is delegated the administrative authority. Responsibility, and accountability for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures to ensure that the highest degree of quality care is maintained at all times.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</p> <p>Based on observation, interviews and record review, the facility failed to ensure that one resident's (R115) privacy curtain in his room was clean and free of a brown substance. This failure has affected one of five residents reviewed for nursing care.</p> <p>Findings include:</p> <p>R115 is [AGE] year old with diagnosis including but not limited to: Unspecified dementia, altered mental status, weakness, chronic obstructive pulmonary disease and asthma.</p> <p>On 10/28/2024 11:05 AM, Surveyor observed R115's privacy curtain with large amounts of a brown substance on it.</p> <p>On 10/28/2024 11:10 AM, V10 (Housekeeping) went with Surveyor to R115's room to observe R115's curtain.</p> <p>At that time, V10 said that R115's curtain appeared to have feces on it and that he (V10) would change the curtain.</p> <p>Surveyor asked who was responsible for changing the resident's curtains.</p> <p>On 10/28/2024 11:10 AM, V10 said, Housekeeping is responsible for changing the curtains, but I did not work this past weekend and this unit (third floor) is not my regular floor to work.</p> <p>On 10/28/2024 at 11:25 AM, R115 said, My curtain is nasty. Somebody needs to change it now.</p> <p>Surveyor inquired about the expectations regarding housekeeping.</p> <p>On 10/29/2024 at 1:50 PM, V1 (Administrator) said that it was her (V1) expectations that the residents curtains and linen are cleaned regularly to maintain a comfortable environment for the residents.</p> <p>Facility policy titled Housekeeping Job description documents, the housekeeper is responsible for cleaning resident's rooms and other interior and exterior facility areas and assisting in maintaining a clean an attractive environment for the residents.</p> <p>Facility policy titled General Cleaning Policy documents, to provide a clean, attractive and safe environment for residents.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>50662</p> <p>Based on observation, interview and record review the facility failed to provide Activity of Daily Living (ADL) care to one resident seeking assistance with care (R109) in a total sample size of 74 resident.</p> <p>On 10/28/24 at 10:40am observed V33 (Certified Nursing Assistant/CNA) leaving R109's room with bag of soiled linen from R109's roommate.</p> <p>On 10/28/24 at 10:41am R109 observed laying in bed on R109's left side with incontinence brief exposed. R109 observed with stool draining from side of incontinence brief.</p> <p>On 10/28/24 at 10:41am R109 stated that he informed V33 (CNA) that he needed to be cleaned. R109 stated that his call light has been on for assistance to clean him. R109 stated that he has had two bowel movements in the incontinence brief and has been waiting to be cleaned since the first bowel movement was made.</p> <p>On 10/28/24 at 11:06am observed call light to R109's room remained on. Observed call light system at facility's second floor nurse's station with call light to R109's room documented time of eighty-four minutes.</p> <p>On 10/28/24 at 11:25am V33 stated that R109 did inform her that he needed to be cleaned and she informed R109 that she would inform the CNA assigned to him.</p> <p>On 10/28/24 at 11:30am V32 (Restorative Aide) stated that all residents need to be cleaned and that she is working her way down the hallway to clean R109. V32 stated that R109 only wants to be cleaned so that he can go outside to smoke.</p> <p>On 10/28/24 at 11:38am R109 observed with same incontinent brief with stool. Facility's call light system has documented time of one hundred sixteen minutes for R109.</p> <p>On 10/28/24 at 11:40am V32 observed entering R109's room to assist R109 with ADL care.</p> <p>On 10/28/24 at 12:13pm V26 (Licensed Practical Nurse/LPN) stated that the numbers on the call light system next to the resident's room number is the number of minutes the call light has been on. V26 stated that everybody is supposed to answer call lights.</p> <p>On 10/30/24 at 11:23am V29 (Assistant Director of Nursing/ADON) stated that call lights should be answered right away and that anybody could answer call lights. V29 stated that a call light on for 116 minutes is not acceptable. V29 stated that staff should check on residents frequently and clean residents when residents are soiled. V29 stated that staff should deviate from routine to assist a resident in need.</p> <p>R109's care plan dated 08/17/24 documents in part, I (R109) have incontinence episodes .I'm not appropriate for a structured restorative toileting program and I will be toileted by nursing staff every 2 hours and PRN (as needed)</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility's undated policy titled Activities of Daily Living documents in part, Residents are given routine daily care and HS (hour of sleep) care by a CNA or a Nurse to promote hygiene, provide comfort and provide a homelike environment. ADL care is provided throughout the day, evening and night as care planned and/or as needed. ADL care is coordinated between the resident and the care givers with emphasis on resident preference as much as possible.</p> <p>Facility's policy titled Residents' Rights documents in part Your rights to dignity and respect .Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life.</p> <p>Facility's policy titled Call Lights dated 07/11 documents in part, Purpose: 1. To respond promptly to resident's call for assistance .Procedure: 2. Answer all call lights promptly whether or not the staff person is assigned to the resident .4. Never make the resident feel you are too busy to give assistance; offer further assistance before you leave the room.</p> <p>Facility's job description for certified nursing assistant documents in part, C. Role Responsibilities - Personal Nursing Care: .13. Keeps incontinent residents clean and dry.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>32338</p> <p>Based on observation, interview, and record review, the facility failed to implement pressure ulcer prevention interventions for residents at risk for pressure ulcers. This failure has the potential to affect two residents (R39 and R118), reviewed for wheelchair cushions as a pressure ulcer prevention intervention, in a total sample of 74 residents.</p> <p>Findings include:</p> <p>On 10/28/24 at 10:25am during observation of residents in the third-floor dining room, R39 and R118 were observed in the dining room sitting in the wheelchair without pressure relieving cushion devices as indicated in the facility's policy. V28(CNA/Certified Nurse Assistant) was with the residents at the time and stated that she(V28) would call Restorative. Again at 11:45am, both residents were still in the wheelchairs without cushions. At this time, V22(Memory Care Director) was notified. V22 stated We will get cushions from Restorative department.</p> <p>On 10/28/24 at 3:19pm, V2(Director of Nursing) stated They should have cushions in the wheelchair to prevent pressure ulcers.</p> <p>On 10/30/24 at 10:40am, V29(ADON/Assistant Director of Nursing) stated: We started the in-service for everyone yesterday and we will continue today. I'm teaching them that residents in wheelchair should have cushion. At this time, V29 presented the In-service Report with signatures of nursing staff. This document dated 10/29/24 states in part: Pressure Ulcer Prevention- Remember to remind residents to roll from side to side, Pressure relief cushions on wheelchairs, check and change residents frequently.</p> <p>R39's POS (Physician Order Sheet) dated 10/17/24 states Wheelchair Cushion.</p> <p>Pressure Ulcer Risk Assessments for both residents (R39 and R118)</p> <p>show that both residents are at risk for pressure ulcers. The risk assessment dates are as stated below for each resident:</p> <p>R39 -10/15/24 - Score of 12(High Risk)</p> <p>R118 - 10/16/24 -Score of 14(Moderate Risk).</p> <p>Care plans for both residents show that both residents are at risk for pressure ulcers due to multiple comorbidities. The care plan dates are as stated below for each resident:</p> <p>R39 dated 9/22/24 shows that R39 already developed a sacral pressure ulcer. Intervention states to provide pressure reducing relieving mattress and wheelchair cushion as needed.</p> <p>R118 dated 4/19/24 states that resident is at increased risk for alteration in skin integrity. Intervention states to follow facility's wound care protocol.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility's policy titled Guidelines for prevention and treatment of pressure injuries. Purpose: It is the intent of the facility to recognize the following information and to act on it in such a way as to practice evidence-based recommendations for the prevention and treatment of pressure injuries to the residents who reside in the facility. #4, under Positioning and Mobilization states: Consider the use of pressure reducing devices as indicated by assessment.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32338</p> <p>Based on observation, interview, and record review, the facility failed to provide the fall prevention interventions as stated in the care plans for residents with Dementia who are also at risk for falls. This failure has the potential to affect two residents, R132 and R215, reviewed for proper footwear as a fall prevention intervention, in a total sample of 74 residents.</p> <p>Findings include:</p> <p>On 10/28/24 at 10:25am during observation on the third floor, the following were observed:</p> <p>R132 was observed in the day room with red/white socks that are smooth on the bottom.</p> <p>R215 was observed in the day room with white socks that are smooth on the bottom. The surveyor inquired about R132 and R215, from V24(CNA/Certified Nurse Assistant) in the dayroom/dining room. V24 gave the names of the residents and stated, We will change the socks for them.</p> <p>On 10/28/24 at 11:45am, the two residents still did not have the appropriate footwear. At this time, V22(Memory Care Director) was notified. V22 stated They are supposed to wear non-skid socks. We will do it now.</p> <p>On 10/28/24 at 3:19pm, V2(Director of Nursing) stated All residents at risk for falls need to wear nonskid socks if they don't have shoes on.</p> <p>On 10/30/24 at 10:40am, V29(ADON/Assistant Director of Nursing) stated: We started the in-service for everyone yesterday and we will continue today. Residents need to wear proper footwear to prevent falls. At this time, V29 presented the In-service Report with signatures of nursing staff. This document dated 10/29/24 states in part: Fall Prevention - Make sure all residents have proper footwear nonskid socks, shows was strings tied etc.</p> <p>R132's records reviewed are as follows:</p> <p>Fall Risk assessment dated [DATE] states that R132 is at risk for falls.</p> <p>Care plan dated 12/7/23 states that R132 is at risk for falls. Intervention states to ensure resident is wearing appropriate footwear that provides stability and good traction when ambulating or mobilizing in wheelchair or during transfers.</p> <p>Basic Interview for Mental Status (BIMS) Score is 99 out of 15(Resident unable to complete the interview).</p> <p>R215's records reviewed are as follows:</p> <p>Fall Risk assessment dated [DATE] states that R215 is at risk for falls.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Care plan dated 10/29/24 states that R215 is at risk for falls. Intervention states to ensure resident is wearing appropriate footwear that provides stability and good traction when ambulating or mobilizing in wheelchair or during transfers.</p> <p>BIMS Score is 99 out of 15(Resident unable to complete the interview).</p> <p>Facility's Incident/Accident/Falls Policy states in #15: Based on the results of the incident accident fall, the residents care plan will be addressed to ensure that any needed points of focus have measurable goals with appropriate interventions in place. #16 they say CNA information sheet will be updated as indicated to reflect the plan of care.</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45644</p> <p>Based on observation, interview, and record review the facility failed to ensure that the urinary drainage bag was hanging below the bladder. This failure affected one resident (R9) reviewed in a sample of 74.</p> <p>Findings include:</p> <p>R9's Admission record documents in part, Paraplegia, Chronic Kidney Disease Stage 2, Urinary Tract Infection, and hypertension.</p> <p>R9's Minimum Data Set (MDS), dated [DATE] documents in part, Section C. Brief Interview for Mental Status (BIMS) score of 15 which indicates that R9 is cognitively intact. Section H. Bladder and Bowel- Appliances A. Indwelling catheter.</p> <p>On 10/28/24 at 10:00 am, R9 in room in bed laying on his right side with the indwelling catheter lying in bed next to R9.</p> <p>10/28/24 at 10:15 am, V4 LPN (License Practical Nurse) stated that the catheter (Indwelling) should not be on the bed next to the resident it should be hanging to drain with gravity.</p> <p>On 10/30/24 at 11:20 am, V29 ADON (Assistant Director of Nursing) stated, The catheter (indwelling) should be flowing to gravity below the resident's waist hanging on the bottom rail of the bed. It is not acceptable for the indwelling catheter to be in the bed with the resident, because they could roll over on the bag or the urine could flow back up the tubing to cause an infection.</p> <p>On 10/30/24 at 12:30 pm, V2 DON (Director of Nursing) stated, The catheter (indwelling) bag should be below the bladder hanging on the bed. It should be hanging because there is a risk of back flow, and the resident can get a UTI (Urinary Tract Infection).</p> <p>Facility policy titled Guidelines for Indwelling Catheter Care dated 10/16/24, documents in part, Points to remember related to indwelling catheter care: 1. Always keep the urinary drainage bag below the level of the bladder in the body .</p> <p>Facility Job description titled Licensed Practical Nurse, documents in part, Essential Job Functions: A. Role Responsibilities 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 personal assigned to you comply with the written policies and procedures established by this facility.</p> <p>Facility Job description titled CNA (Certified Nursing Assistant) documents in part, D. Role Responsibility-Special Nursing Care: 3. Provides daily indwelling catheter care.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45644</p> <p>Based on observation, interview, and record review the facility failed to ensure that the nebulizer mask was contained and failed to post oxygen signage outside of the resident's room. These failures affected one resident (R159) reviewed for respiratory care in the total sample of 74 residents.</p> <p>Findings Include:</p> <p>R159's history documents in part, COPD, (Chronic Obstructive Pulmonary Disease) chronic respiratory failure, and shortness of breath.</p> <p>R159's Minimum Data Set (MDS), dated [DATE] documents in part, Section C. Brief Interview for Mental Status (BIMS) score of 15 which indicates that R159 is cognitively intact. Section J. Health Conditions: C. Shortness of Breath or trouble breathing when lying flat.</p> <p>On 10/28/24 at 11:40 am, observed R159 in room sitting in chair receiving oxygen through a nasal cannula at 3 liters and nebulizer mask laying on the bedside table face down uncontained. No oxygen in use sign noted on R159's door.</p> <p>On 10/30/2024 at 1:00 pm, R159 nebulizer mask laying on the oxygen machine face down uncontained. No oxygen in use sign noted on R159's door.</p> <p>R159's Active Orders as of 10/30/24 documents in part, Oxygen at 3 liters/minute per nasal cannula every shift for shortness of breath related to Chronic Obstructive Pulmonary Disease (COPD) . Albuterol Sulfate Nebulization Solution . inhale orally via nebulizer every 6 hours as needed for shortness of breath related to COPD.</p> <p>R159's care plan dated 8/26/24 documents in part, Focus: Diagnosis chronic respiratory failure problems manifested by shortness of breath and oxygen dependent.</p> <p>On 10/30/2024 at 11:20 V29 ADON (Assistant Director of Nursing) stated that the Nebulizer mask should be in a bag for preventive measure from infection and dirt. There should be a sign on the door for oxygen in use.</p> <p>On 10/30/2024 at 12:30 pm, V2 DON (Director of Nursing) stated that the nebulizer mask should be put in a bag, to keep it clean and prevent exposure to dusk. A resident that is on oxygen should have an oxygen sign outside the door.</p> <p>Facility policy titled, Oxygen Administration undated, documents in part, Procedures: Tubing, humidifier bottles and filters will be changed, cleaned, and maintained no less that weekly and PRN (As Needed) . Oxygen signage will be on the door frame inside and outside the room.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>43351</p> <p>Based on observations, interviews, and record review, the facility failed to ensure incoming and outgoing nurses counted the controlled medications/substances during shift change. This failure affected 7 (R15, R41, R66, R82, R152, R158 and R164) residents taking controlled medications on 1-West and 5 (R16, R56, R135, R144, and R314) residents taking controlled medications on 2-East.</p> <p>Findings include:</p> <p>On 10/28/24 at 12:11pm during the medication storage and labeling task with V3 (Licensed Practice Nurse) of the 1-West medication cart, V3 stated 1 [NAME] includes rooms from 101 and 117.</p> <p>On 10/28/2024 at 12:26pm, observed the 1-West Shift Change Accountability Record for Controlled Substances has missing signatures. This was pointed out to V3. V3 stated the accountability form has missing signatures.</p> <p>On 10/28/2024 at 12:30pm, the controlled substance count for R15, R41, R66, R82, R152, R158 and R164 was completed with V3. V3 stated we have 7 residents taking controlled substances in 1 West.</p> <p>On 10/29/2024 at 10:21am during the medication storage and labeling task with V20 (Registered Nurse) of the 2-East Medication cart, the Shift Change Accountability Record for Controlled Substances had missing signatures. This was pointed out to V20. V20 stated the accountability form has missing signatures.</p> <p>On 10/29/2024 at 10:26am, the controlled substance count for R16, R56, R135, R144, and R314 was completed with V20. V20 stated we have 5 residents taking controlled substances in 2 East.</p> <p>On 10/29/2024 at 2:44pm, V2 (Director of Nursing) stated once the nurses counted the controlled medications, the nurses are expected to sign off on the shift change accountability sheet to indicate they have counted the controlled substances.</p> <p>R15's (Active Order as Of: 10/28/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) seizure, bipolar disorder, and repeated falls. Order Summary: Clonazepam 1mg 1 tablet by mouth two times a day. Start date: 10/09/24.</p> <p>R16's (Active Order as Of: 10/29/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) epilepsy. Order Summary: Lacosamide 50mg1 tablet by mouth two times a day. Start date: 11/14/2020.</p> <p>R41's (Active Order as Of: 10/28/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) Type II diabetes mellitus, convulsions, and post traumatic disorder. Order Summary: Clonazepam table 0.5mg give 1 tablet by mouth two times a day for seizure. Start Date: 10/22/24.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Belhaven Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11401 South Oakley Avenue Chicago, IL 60643	
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R56's (Active Order as Of: 10/29/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) depression. Order Summary: Tramadol 50 mg 1 tablet by mouth. Start date: 04/12/24.</p> <p>R66's (Active Order as Of: 10/28/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) encounter for surgical aftercare, seizure, and muscle weakness. Order Summary: Clonazepam 1 mg via g-tube three times a day. Start date: 09/05/24.</p> <p>R82's (Active Order as Of: 10/28/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) aneurysm of lower extremity and acute osteomyelitis of right ankle. Order Summary: Tramadol 25mg by mouth every 6 hours for moderate to severe pain. Start date: 10/07/24.</p> <p>R135's (Active Order as Of: 10/29/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) bipolar disorder and osteoarthritis. Order Summary: Zolpidem 5mg 1 tablet by mouth at bedtime. Start date: 09/10/2024.</p> <p>R144's (Active Order as Of: 10/29/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) epilepsy and insomnia. Order Summary: Clobazam 10mg 1 film by mouth two times a day. Start date: 03/11/24.</p> <p>R152's (Active Order as Of: 10/28/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) multiple fractures of pelvis and open wound of external genital organ. Order Summary: Norco tablet 5/325mg give 1 tablet by mouth every 12 hours as needed for moderate pain. Start date: 10/22/24.</p> <p>R158's (Active Order as Of: 10/28/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) fracture of the right ilium. Order Summary: Tramadol 50mg give 1 tablet by mouth every 6 hours as needed for moderate and severe pain. Start date: 08/28/2024.</p> <p>R164's (Active Order as Of: 10/28/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) gout and repeated falls and history of falling. Order Summary: Norco 5-325mg give 1 tablet by mouth every 8 hours as needed for pain. Start Date: 10/08/24.</p> <p>R314's (Active Order as Of: 10/29/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) pain in right foot and pain in right shoulder. Order Summary: Tramadol 50mg 1 tablet by mouth every 6 hours as needed for pain. Start date: 10/06/24.</p> <p>The (10/2024) 1-West Shift Change accountability record for controlled substances has no entry on Day: 24, Shift: 2nd, Nurses initials On; Day: 24, Shift: 2nd, Nurses initials Off; Day: 24, Shift: 3rd, Nurses initials Off; Day: 27, Shift: 1st, Nurses initials On; Day: 27, Shift: 2nd, Nurses initials Off.</p> <p>The (10/2024) 2nd floor East Shift change accountability Record for Controlled Substances has no entry on Day: 24, shift 1st, Nurses initial On; Day: 24, Shift: 2nd, Nurses initials Off.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The (undated) Licensed Practical Nurse Job Description documented, in part Position Summary: the licensed practical nurse provides direct care to the residents, and supervises the day-to-day nursing activities performed by nursing assistants. The person holding this position is delegated the administrative authority, responsibility, and accountability for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures to ensure that the highest degree of quality care is maintained at all times. C. Role Responsibilities-Drug Administration: 6. Ensures that narcotic records are accurate for your shift.</p> <p>The (undated) Guidelines for Controlled Substance Medication - an Overview documented, in part Controlled Substance Medications is defined as medication included in the Drug enforcement Administration classification as controlled substance and subject to special handling, storage, disposal and record keeping in the facility in accordance with federal and state laws and regulations. Shift to shift Controlled substance/medication counting: At each shift change, a physical inventory of controlled substances/medications will be conducted by 2 licensed nurses. This will be documented on the Shift Change Accountability Record for Controlled Substances Form. The 2 nurses will sign the Shift Change Accountability Record for controlled Substances Form acknowledging that the actual count of controlled substances and count sheets matches the quantity documented.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</p> <p>Based on observation, interviews and record review the facility failed to ensure that four residents (R55, R104, R116 and R118) had psychotropic consents signed prior to administering antipsychotic medication. This failure has the potential to affect 85 other residents who have orders for psychotropic medication.</p> <p>Findings include:</p> <p>R55 is [AGE] year old with diagnosis including but not limited to: Alzheimer's disease, dementia without behavioral disturbance, major depressive disorder, impulsiveness, and delusional disorders.</p> <p>R55's MDS (Minimal Data Set), Cognitive Patterns assessment dated [DATE] documents severe cognitive impairment.</p> <p>R104 is [AGE] year old with diagnosis including but not limited to: Unspecified Dementia, schizophrenia, strange and inexplicable behavior, and unspecified symptoms and signs involving cognitive functions and awareness.</p> <p>R104's MDS (Minimal Data Set), Cognitive Patterns assessment dated [DATE] documents severe cognitive impairment.</p> <p>R116 is [AGE] year old with diagnosis including but not limited to: Alzheimer's disease, unspecified dementia without behavior disturbances, delusional disorders, unspecified psychosis, and impulsiveness.</p> <p>R116's MDS (Minimal Data Set), Cognitive Patterns assessment dated [DATE] documents severe cognitive impairment.</p> <p>R118 is [AGE] year old with diagnosis including to: Unspecified asthma, epileptic seizures related to external causes and generalized abdominal pain.</p> <p>R118's MDS (Minimal Data Set), Cognitive Patterns assessment dated [DATE] documents severe cognitive impairment.</p> <p>On 10/30/2024 at 10:10 AM, during investigation, Surveyor noted orders for psychotropic medication for residents R55, R104, R116 and R118.</p> <p>Surveyor inquired about psychotropic consents for R55, R104, R116 and R118.</p> <p>On 10/30/2024 at 12:05 PM, V2 (DON/ Director of Nursing), said that there were no additional psychotropic medication consents for R55, R104, R116 or R118.</p> <p>Surveyor inquired about the check marks on the MAR (Medication Administration Record).</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/30/2024 at 12:05 PM, V2 (DON) stated that the checks on the MAR indicates that the medication was administered.</p> <p>Surveyor inquired about the expectations regarding psychotropic consents.</p> <p>On 10/30/2024 at 12:05 PM, V2 (DON) stated that she (V2) expected for psychotropic consents to be obtained before administering a medication.</p> <p>On 10/30/2024 at 12:08 PM, V29 (ADON/ Assistant Director of Nursing) said, Psychotropic medication cannot be administered without consent. Some psychotropic medication can be considered a chemical restraint and we need consent for those. The consents should be obtained with the order and not after administering the medication. There are also side effects to the medication such as sedative effects which is why consents are needed.</p> <p>R55's Physician Order sheet documents the following active orders: Quetiapine (antipsychotic) 100 MG (Milligrams) daily ordered on 12/07/2022; and Paroxetine Hydrochloride 20 MG daily ordered on 03/21/2022.</p> <p>R55's Psychotropic Medication Consents for Seroquel (Quetiapine) and Paroxetine (antidepressant) were obtained on 10/10/2024.</p> <p>R55's Medication Administration Record for the period of 09/01/2024- 09/30/2024 documents the following: Quetiapine was administered to R55 on twenty- seven different days in September; Paroxetine was administered to R55 on twenty-nine different days in September.</p> <p>R55's Medication Administration Record for the period of 10/01/2024- 10/31/2024 documents the following: Quetiapine was administered to R55 on twenty- two different days in October; Paroxetine was administered to R55 on twenty-four different days in October.</p> <p>R104's Physician Order Sheet documents the following active orders: Hydroxyzine Pamoate (antihistamine) 25 MG twice daily; Risperdal (antipsychotic) 3 MG twice daily; and Trazadone Hydrochloride (antidepressant) 50 MG daily.</p> <p>R104's Psychotropic Medication Consents for Hydroxyzine Pamoate, Risperdal and Trazadone Hydrochloride were obtained on 10/30/2024.</p> <p>R104's Medication Administration Record for the period of 09/01/2024- 09/30/2024 documents the following: Hydroxyzine Pamoate was administered to R104 on twenty- eight different days in September; and Risperdal was administered to R104 on twenty-eight different days.</p> <p>R104's Medication Administration Record for the period of 10/01/2024- 10/31/2024 documents the following: Hydroxyzine Pamoate was administered to R104 on twenty- three different days in October; Risperdal was administered to R104 on twenty-three different days in October; and Trazadone was administered on twenty-two different days in October.</p> <p>R116's Physician Order Sheet documents the following active orders: Quetiapine 25 MG daily ordered on 01/20/2024; and Risperidone (Risperdal) 1 MG daily ordered on 01/20/2024.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R116's Psychotropic Medication Consent for Risperidone was obtained on 10/10/2024.</p> <p>R116 has no consent or Quetiapine.</p> <p>R116's Medication Administration Record for the period of 09/01/2024- 09/30/2024 documents the following: Quetiapine was administered to R116 on twenty-six different days in September; and Risperidone was administered to R116 on twenty-six different days in September.</p> <p>R116's Medication Administration Record for the period of 10/01/2024- 10/31/2024 documents the following: Quetiapine was administered to R116 on twenty-two days in October; and Risperidone was administered to R116 on twenty-two days in October.</p> <p>R118's Physician Order Sheet documents the following active order: Risperidone 1 MG daily ordered on 09/10/2024.</p> <p>R118's Medication Administration Record for the period of 09/01/2024- 09/30/2024 documents the following: Risperidone was administered to R118 on eight different days in September.</p> <p>R118's Medication Administration Record for the period of 10/01/2024- 10/31/2024 documents the following: Risperidone was administered to R118 on twenty-four different days in October.</p> <p>R116 has no informed consent for Risperidone.</p> <p>Facility document titled List of Residents on Psychotropic Medicine, lists a total of 89 residents with psychotropic medication orders including R55, R104, R116 and R118.</p> <p>Facility policy titled Psychotropic Drug Usage documents, Informed consents will be initiated upon the start of the medication usage and upon any additional increase in dosage.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43351</p> <p>Based on observation, interview and record review, the facility failed to ensure multidose medications have open and discard dates and failed to ensure a multidose medication of a discharged resident was removed from the medication cart. These failures affected 4 (R14, R41, R154, and R165) residents reviewed for Medication Storage and Labeling in the total sample of 74 residents.</p> <p>Findings include:</p> <p>On 10/28/24 at 12:11pm during the medication storage and labeling task with V3 (LPN) of the 1-West medication cart, V3 stated 1 [NAME] includes rooms from 101 and 117.</p> <p>On 10/28/2024 at 12:15pm, V3 checked R41's Novolin N and Basaglar insulin pens, R154 Lantus insulin pen, and R165 Lispro insulin pen and stated the insulin pens are opened and have no open and discard dates.</p> <p>On 10/28/2024 at 12:16pm, V3 checked R14's Humulin R vial and stated the vial is opened and has no open and discard date.</p> <p>On 10/28/2024 at 3:48pm, inquiring if R165 was still admitted at the facility. V3 checked R165's electronic health record and stated he (R165) is no longer here at the facility.</p> <p>On 10/29/2024 at 2:46pm, V2 (Director of Nursing) stated the nurse who opened the insulin is expected to label the insulin with open and discard dates. Insulins are good for 28days upon opening. The importance of dating it so the nurse will know when to discard it. It will not be as effective after 28days.</p> <p>On 10/29/2024 at 2:48pm, V2 stated when the resident was discharged from the facility, the expectation is to send back some medication to the pharmacy. Insulin should be removed from the medication cart.</p> <p>On 10/29/2024 at 9:52am, inquiring about the CMS Medication Storage and Labeling pathway form provided to this surveyor as one of the policies requested by this surveyor, V2 (Director of Nursing) stated we follow the CMS policy.</p> <p>R14's (Active Order as Of: 10/29/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) Type 1 diabetes mellitus. Order Summary: Humulin R Injection solution inject as per sliding scale. Start Date: 09/19/24.</p> <p>R41's (Active Order as Of: 10/28/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) Type II diabetes mellitus. Order Summary: Lantus inject 10 units subcutaneously at bedtime. Start date: 10/21/2024. Novolin N inject 3 units subcutaneously two times a day. Start Date: 10/22/2024.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R154's (Active Order as Of: 10/27/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) Type II diabetes mellitus. Order Summary: Insulin Glargine solution inject 10 units subcutaneously. Start Date: 09/20/24.</p> <p>R165's (Active Order as Of: 09/29/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) diabetes mellitus due to underlying condition. Order Summary: Insulin Glargine solution inject 20 units subcutaneously one time a day for diabetes. Start Date: 09/13/2024.</p> <p>R165's (undated) clinical census report documented that R165 was discharged on [DATE].</p> <p>The (undated) Licensed Practical Nurse Job Description documented, in part Position Summary: the licensed practical nurse provides direct care to the residents, and supervises the day-to-day nursing activities performed by nursing assistants. The person holding this position is delegated the administrative authority, responsibility, and accountability for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures to ensure that the highest degree of quality care is maintained at all times. C. Role responsibilities-Drug Administration: 10. Disposes of drugs as required, and in accordance with established procedures.</p> <p>The (2/2017) CMS Medication Storage and Labeling pathway provided to the surveyor by V2 documented, in part Multi-dose vials which have been opened or accessed (needle punctured) should be dated and discarded within 28 days.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47303</p> <p>Based on observation, interviews and record review the facility failed to accurately log dish machine temperatures and failed to ensure that that the dish machine was functioning properly. This failure has the potential to affect 162 residents who receive meals from the facility kitchen.</p> <p>Findings include:</p> <p>On 10/28/2024 at 9:46AM, during kitchen tour, Surveyor observed V16 (Dietary Aide) operating the facility dishwasher.</p> <p>At that time, V16 placed a temperature strip on a dish to run through the dishwasher in order to test the temperature of the dishwasher.</p> <p>On 10/28/2024 at 9:46 AM, V16 removed the temperature stick from the dishwasher.</p> <p>At that time, Surveyor noted a white box on the temperature stick.</p> <p>Surveyor asked what the white box on the temperature stick indicated.</p> <p>On 10/28/2024 at 9:46 AM, V16 stated that if the white box on the strip does not turn black, that means that the dish washer is not getting hot enough and that the dishwasher should reach a temperature of 160 degrees F (Fahrenheit) to properly sanitize the resident's dishes.</p> <p>Surveyor asked how long the dishwasher has had issues.</p> <p>On 10/28/2024 at 9:46 AM, V16 stated the dishwasher had not reached the proper temperature for over a week and that she forgot to inform V15 (Dietary Manager).</p> <p>Surveyor inquired about the expectations regarding the dishwasher temperature and temperature log.</p> <p>On 10/30/2024 at 12:30 PM, V15 (Dietary Manager) said, My expectations is that my staff check the dishwasher daily, after each meal, to ensure that it is properly working to sanitize dishes for the residents.</p> <p>The dishwasher should reach a temp of 160 degrees F. If the strip does not reach 160 degrees, they (dietary staff) should stop using the dishwasher immediately and contact me. With the test strip, the sensor will turn black once a temp of 160 has been reached. If it does not turn black, that means that the machine has not reached the proper temperature for sanitation. It is absolutely not acceptable to color in the sensor with a black marker to indicate that the required temperature has been reached.</p> <p>Facility Dishwasher Temperature Log for the month of October of 2024 documents twenty- five times that the dishwasher temperature strip was colored in with a black marker.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility Dishwasher Temperature Log documents that a temperature of 160 degrees F was not reached on 10/28/2024.</p> <p>Facility Diet Report documents a total of 162 residents that receive meals from the facility kitchen as of 10/29/2024.</p> <p>Facility policy titled Machine Dishwashing documents: Facility will clean and sanitize food service utensils, dishes and tableware; the Dietary Manager or designee will ensure that dish machine is in good repair; For High Temperature Dish machine, the final sanitizing rinse must be at least 180 degrees F; for sanitary rack, single-temperature machines the final sanitizing rinse must be at least 165 degrees F; If temperatures do not meet guidelines, report to the Food Service Manager.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43351</p> <p>Based on observations, interviews, and record review, the facility failed to ensure a resident (R57) on enhanced barrier precaution (EBP) has an EBP sign posted by the resident's room, failed to ensure residents (R32, R57, R94, and R100) on enhanced barrier precautions have readily available PPE (personal protective equipment) for the staff, failed to ensure staff don appropriate PPE when performing ADL (Activities of Daily Living) care for 2 resident (R109 and R148, failed to ensure soiled linens coming out of laundry chute and soiled linens on laundry room floor were contained, and failed to monitor measures to prevent the growth of Legionella and other opportunistic waterborne pathogens in building water systems that is based on nationally accepted standards. These failures affected 6 (R32, R57, R94, R100, R109, and R148) residents and have the potential to affect all the residents at the facility.</p> <p>Findings include:</p> <p>The (10/28/2024) List of Residents on Enhanced Barrier Precautions on 2nd floor include R32, R57, R94, and R100.</p> <p>On 10/28/24 at 10:48 AM, there was no EBP (enhanced barrier precaution) sign posted by R57's room and no PPE bin on site.</p> <p>On 10/28/24 at 10:55 AM, V12 (Social Service Director) stated he (R57) already has a g-tube. This surveyor requested V12 to check for an EBP sign and PPE bin. V12 stated there is no EBP sign and there is no PPE bin by his (R57) door.</p> <p>On 10/28/24 at 11:05AM, V6 (Infection Preventionist/LPN) stated he (R57) did not have sign. He should have a sign posted. The purpose of placing resident on EBP is to reduce the transmission of MDROs (multi drug resistant organism). We placed residents on EBP if they have wounds, catheter, central line, or g-tube. There should be available PPEs like gown and gloves. PPE should be readily available to staff. This surveyor inquired for the location of the PPEs. V6 stated PPEs are located in the clean utility room of each floor. This surveyor inquired if PPEs were located in the clean utility room, were PPEs readily available for staff. V6 paused and then stated placing the PPE in the clean utility is not making it readily available for staff. It will take time to get the PPE in the clean utility room. I am going to provide the EBP rooms with PPE bins.</p> <p>On 10/28/24 at 11:13 AM, this surveyor and V6 did a visual check of the 2nd floor East wing and counted 3 residents (R32, R94 and R100) with EBP sign posted on the door and with no PPE bin available.</p> <p>On 10/29/2024 at 2:52pm, V2 (Director of Nursing) stated there should be a signage by the resident's door for residents on EBP. The purpose of posting an EBP sign is to make the staff aware that the resident is on the precaution, so they know what PPE to wear.</p> <p>As for the PPEs, these should be accessible for the staff.</p> <p>(continued on next page)</p>		

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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.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R32's (Active Order as Of: 10/29/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) dependence on renal dialysis. Order Summary: Maintain enhanced Barrier Precautions every shift for infection control. Order Date: 07/23/2024.</p> <p>R32's (07/29/2024) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 14. Indicating R32's mental status as cognitively intact.</p> <p>R32's (07/30/2024) careplan documented, in part Focus: I am on enhanced barrier precautions for left AV (arteriovenous) fistula, dialysis access. Goal: Enhanced precautions will be maintained, and I will not exhibit signs of active infection. Interventions: Follow Enhanced Precaution Guidelines when providing care and coming in direct contact with potentially infected material or devices that put me (R32) at risk. Direct Activities include dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, assisting with toileting and incontinence care. Device use: any skin opening requiring a dressing.</p> <p>R57's (Active Order as Of: 10/29/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) gastrostomy. Order Summary: Maintain enhanced Barrier Precautions every shift for infection control. Order Date: 10/26/2024.</p> <p>R57's (10/24/2024) Minimum Data Set documented, in part Section K. - Swallowing/Nutritional status. K0520. Nutritional approaches. B. Feeding tube. 3. While a resident.</p> <p>R57's (07/30/2024) careplan documented, in part Focus: I am on enhanced barrier precautions for Feeding tube. Goal: Enhanced precautions will be maintained, and I will not exhibit signs of active infection. Interventions: Follow Enhanced Precaution Guidelines when providing care and coming in direct contact with potentially infected material or devices that put me (R32) at risk. Direct Activities include dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, assisting with toileting and incontinence care. Device use: Feeding tube, any skin opening requiring a dressing.</p> <p>R94's (Active Order as Of: 10/29/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) gastrostomy status. Order Summary: Maintain enhanced Barrier Precautions every shift for infection control. Order Date: 07/23/2024.</p> <p>R94's (10/04/2024) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 14. Indicating R94's mental status as cognitively intact. Section K- Swallowing/Nutritional Status. K0520. Nutritional Approaches. B. Feeding tube. 3. While a resident.</p> <p>R94's (07/30/2024) careplan documented, in part Focus: I am on enhanced barrier precautions for left AV (arteriovenous) fistula, dialysis access. Goal: Enhanced precautions will be maintained, and I will not exhibit signs of active infection. Interventions: Follow Enhanced Precaution Guidelines when providing care and coming in direct contact with potentially infected material or devices that put me (R32) at risk. Direct Activities include dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, assisting with toileting and incontinence care. Device use: feeding tube, or any skin opening requiring a dressing.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R100's ((Active Order as Of: 10/29/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) neuromuscular dysfunction of bladder and encounter for fitting and adjustment of urinary device. Order Summary: Maintain enhanced Barrier Precautions every shift for infection control. Order Date: 10/24/2024.</p> <p>R100's (07/23/2024) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 13. Indicating R100's mental status as cognitively intact. Section GG. G0170. Mobility.</p> <p>R100's (07/09/2024) careplan documented, in part Focus: I am on enhanced barrier precautions for (Foley Catheter), indwelling Devices. Goal: Enhanced precautions will be maintained, and I will not exhibit signs of active infection. Interventions: Follow Enhanced Precaution Guidelines when providing care and coming in direct contact with potentially infected material or devices that put me (R32) at risk. Direct Activities include dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, assisting with toileting and incontinence care. Device use: Catheter.</p> <p>The (undated) EBP (enhanced barrier precaution) sign documented, in part Provider and staff must also: wear gloves and a gown for the following high-contact resident care activities: device care or use: urinary catheter, feeding tube. Wound care: any skin opening requiring a dressing.</p> <p>The (undated) 2nd Floor Plan indicated that the clean utility room, in which the PPEs were stored, was located on the opposite wing of where R32, R57, R94, and R100 were residing.</p> <p>The (7/29/24) Inservice report documented, in part Residents identified on EBP. Signage posted on the door.</p> <p>The (10/30/2024) email correspondence with V1 (Administrator) documented, in part our expectations are also that the IP (infection preventionist) Nurse to place bins in front of the enhanced barriers rooms of each resident to ensure that when staff need to utilize the PPE they are immediately available next to the required rooms.</p> <p>The (undated) Licensed Practical Nurse Job Description documented, in part Position Summary: the licensed practical nurse provides direct care to the residents, and supervises the day-to-day nursing activities performed by nursing assistants. The person holding this position is delegated the administrative authority, responsibility, and accountability for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures to ensure that the highest degree of quality care is maintained at all times. C. Royal responsibilities-Drug Administration: 6. Ensures that narcotic records are accurate for your shift. 10. Disposes of drugs and narcotics as required, and in accordance with established procedures. I. Role responsibilities-infection control and sanitation: 6. Ensures that an adequate supply of personal protective equipment is on hand and are readily available to personnel who perform procedures that involve exposure to blood or body fluids.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The (undated) enhanced standard precautions documented, in part Purpose: to prevent the spread of infection within the facility through the use of enhanced standard precautions with resident when appropriate. Policy: it is the policy of this facility to use less stringent/ flexible enhanced standard precautions in addition to standard precautions for residents known or suspected to have colonization with epidemiologically significant organisms such as CRE (carbapenem resistant enterobacteriaceae) or candida Auris and whose secretions/excretions are contained. VII. Resident placement. A. Residents who are colonized with epidemiologically significant MDRO may remain on enhanced standard precautions for the duration of his/her stay in the facility as determined by the interdisciplinary team. VIII. Gloves and hand hygiene. E. Gloves should be worn when entering the room and while providing care for the resident. IX. Gowns. A. A gown should be donned prior to entering the room or residence area when substantial contact with the resident or environmental services is expected.</p> <p>50662</p> <p>Findings include:</p> <p>On 10/28/24 at 11:13am, V32 (Certified Nursing Assistant/CNA) observed cleaning R148 with no PPE (Personal Protective Equipment) gown on. EBP (Enhance Barrier Precaution) sign on the door of R148's room.</p> <p>On 10/28/24 at 11:30am V32 stated PPE is only worn while caring for residents with infection. V32 stated that the main thing the facility wants staff to use when caring for residents if gloves and she had on two pair of gloves.</p> <p>On 10/28/24 V32 observed performing peri care to R109 with no PPE gown on. EBP (Enhance Barrier Precaution) sign on the door of R109's room.</p> <p>R109 has an active physician's order dated 09/24/2024 that documents in part, Maintain Enhanced Barrier Precautions every shift for infection control.</p> <p>R109's care plan dated 08/06/2024 documents in part, Risk for infection post-Surgical .Initiate appropriate isolation precautions.</p> <p>R148's care plan dated 08/20/24 documents in part, I am on enhanced barrier precautions for wounds or skin openings requiring a dressing .Enhanced precautions will be maintained and I will not exhibit signs of active infection thru next review .Follow Enhanced precaution guidelines when providing care and coming in direct contact with potentially infected material or devices that put me at risk.</p> <p>On 10/29/24 at 10:50am V6 (Infection Preventionist/IP) stated that the expectation of the facility is for the staff to wear PPE when caring for a resident on EBP precautions. V6 stated that if staff don't wear PPE when caring for a resident on EBP precautions the staff could possibly infect the residents.</p> <p>On 10/29/24 at 12:18pm unbagged soiled linen observed coming out of the laundry chute in the laundry room and unbagged soiled linen observed on the floor of the laundry room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/29/24 at 12:18 V30 (Laundry Aide) stated that soiled linen should be in a tied bag before linen is sent down the laundry chute. V30 stated that soiled linen should not be on the floor of the laundry room and that he was in the middle of sorting the linen.</p> <p>On 10/30/24 at 11:23am V29 (Assistant Director of Nursing/ADON) stated that staff should wear PPE when caring for a resident on EBP. V29 stated that soiled linen should be placed in a bag and tied before being placed in the soiled utility area.</p> <p>On 10/29/24 at 11:57am V31 Maintenance Assistant stated that he was unsure if the facility had done the required Legionella water testing. V13 stated that he contacted the company that does the water testing and is waiting to hear back from the company.</p> <p>On 10/29/24 at 2:45pm V1 Administrator stated that the facility's water testing for Legionella had not been done since 03/2022.</p> <p>Facility's undated policy titled Water Management Program documents in part, CMS expects Medicare certified healthcare facilities to have water management policies and procedures to reduce the risk of growth and spread of Legionella and other opportunistic pathogens in building water supplies .Conduct a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens(Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system .Policy .Facility will implement and practice a Water Management Program to reduce the building's risk for growing and spreading Legionella associated with the building's water system and devices according to local, State, Federal, and CDC Guidelines.</p> <p>Facility's undated job description for Laundry Aide documents in part, Role Responsibilities - Infection Control .4. Complies with all established infection control and standard precaution practices when performing laundry procedures.</p> <p>Facility's policy titled Enhanced Standard Precautions documents in part, Purpose: to prevent the spread of infection within the facility through the use of Enhanced standard precautions with residents when appropriate .IX. Gowns .A. a gown should be donned (put on) prior to entering the room or resident's area when substantial contact with the resident or environmental surfaces is expected.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>50662</p> <p>Based on interview and record review, the facility failed to follow policies and procedures for immunization of residents against pneumococcal disease in accordance with national standards of practice. The facility failed to vaccinate eligible residents with the pneumococcal vaccine. The facility failed to document the refusal and/or the benefits and side effects in the resident's electronic medical records. This deficient practice affected 9 residents (R40, R46, R55, R74, R104, R118, R132, R148 and R159) sampled in a total sample size of 74 and has the potential to affect all eligible residents that reside at the facility.</p> <p>Findings include:</p> <p>Review of records for R40, R46, R55, R74, R104, R118, R132, R148 and R159 from their dates of admission up to 10/30/24 have no findings of documentation of pneumococcal vaccine offering or education of the vaccine. Review of physician orders for R40, R46, R55, R74, R104, R118, R132, R148 and R159 from admission to 10/30/24 show no orders of pneumococcal vaccination. Immunization records for R40 R46, R55, R74, R104, R118, R132, R148 and R159 has no current pneumococcal vaccination listed.</p> <p>On 10/29/24 at 10:50am V6 (Infection Preventionist/IP) stated that facility uses a mobile vaccination clinic that only comes to the facility on ce a year and the mobile vaccination clinic is scheduled to come to the facility in November 2024. V6 stated that she is aware that the pneumococcal vaccination can be given at any time of the year but has not developed a plan to have the residents vaccinated if needed.</p> <p>On 10/30/24 at 11:09am V6 stated she was unable to produce a list of residents that the facility had given the pneumococcal vaccine to. V6 stated that the facility has not given the pneumococcal vaccine to a resident that she is aware of.</p> <p>On 10/30/24 at 11:23am, V29 (Assistant Director of Nursing/ADON) stated that the expectation of the facility is that pneumococcal vaccines are offered for new residents on admission if the resident has not already received the vaccine and the resident is eligible to receive it. V29 stated that vaccination education, administration and/or refusal of vaccination should be documented in the resident's electronic medical record (EMR).</p> <p>Facility's undated policy titled Guidelines For Pneumococcal Vaccination documents in part, 'Purpose: It is the intent of the facility to minimize the risk of residents acquiring, transmitting and/or experiencing complications from Pneumococcal pneumonia .The facility will obtain a standing order, (or an order which repeats annually on the orders sheet), from each resident's attending physician and/or the facility's Medical Director for the administration of the Pneumococcal vaccine. This will be obtained on admission unless the resident has already received the Pneumococcal vaccine per the resident's medical records .Upon admission to the facility the resident and/or their representative will be given information stating the risks and benefits of the Pneumococcal pneumonia vaccine.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>32338</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the two wall heating unit vents in dining room and the hallway on the third floor are maintained in good repair and in a sanitary manner. This failure has the potential to affect all 50 residents on the third floor.</p> <p>Findings include:</p> <p>On 10/28/24 at 10am after the entrance conference, V1(Administrator) presented the census that shows that the third floor has 50 residents.</p> <p>On 10/28/24 at 11am and at 12:45pm, on the third-floor dining room, the hallway heating unit vent and the 2 wall heating unit vents were observed to be without covers and filthy with some garbage items such as paper, straws, plastic cups, hairbrush, and medication cups. V22 (Memory Care Director) was shown these and V22 stated those items should not be inside the vent units, and that she(V22) would notify Maintenance.</p> <p>On 10/31/24 at 9:25am, V31(Maintenance Assistant) stated that he was just notified about the heating vents in the dining room and he's working on cleaning them out and getting the appropriate covers for them, and that there is no danger of the trash items in the heating units catching fire because the heat is from the boiler unit. V31 added that the heating vent in the hallway on the third floor stopped working a while ago when a resident urinated in it. V31 explained that he would work on fixing or replacing it.</p> <p>Facility's document Maintenance Staff job description says in #2: Performs all inspections, documentation, and other duties required of you under the facility's preventive maintenance plan. #3: Performs routine scheduled, preventive, and other maintenance of facility furnishings, fixtures, equipment, and grounds according to established procedures. #12: Ensures that equipment is properly maintained, cleaned, and prepared for use by the next shift and keep supervisor informed of supply and the equipment needs.</p>