

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 12/17/2025
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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, interview and record review, the facility failed to update the daily nurse staffing information. This failure affected all 199 residents residing in the facility. Findings include: On 12/14/25 at 8:55 am, Surveyor entered the facility at 8:55 am, and observed the daily staff posting displayed in a clear standing frame holder, at from the receptionist desk dated 12/13/25. On 12/15/25 at 11:20 am, V33 (Receptionist) stated that receptionist arrives at the facility at 6:30 am and are responsible for changing the daily staff posting every day. V33 stated that the daily staff posting shows how many residents, Certified Nursing Assistants, CNA's, and nurses are present in the building each day. V33 stated that she does not know why the daily staff posting was not updated on 12/14/23. The facility's document dated 12/13/25 and titled Daily Nursing Staff For Direct Resident Care shows the daily staff was not posted for 12/14/25 at the facility. (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17) S483.35(g) Nurse Staffing Information. S483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. S483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. S483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. S483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. INTENT S483.35(g) To make staffing information readily available in a readable format to residents and visitors at any given time. GUIDANCE S483.35(g) The facility's document may be a form or spreadsheet, as long as all the required information is displayed clearly and in a visible place. The information should be displayed in a prominent place accessible to residents and visitors and presented in a clear and readable format. This information posted must be up-to-date and current. The facility is required to list the total number of staff and the actual hours worked by the staff to meet this regulatory requirement. The information should reflect staff absences on that shift due to call-outs and illness. Staffing must include all nursing staff who are paid by the facility (including contract staff). The nursing home would not include in the posting staff paid for through other sources; examples include hospice staff covered by the hospice benefit, or individuals hired by families to provide companionship or assistance to a specific resident. KEY ELEMENTS OF NONCOMPLIANCE To cite deficient practice at F732, the surveyor's investigation will generally show that the facility failed to do any one of the following: Ensure staffing information was posted in a prominent place readily accessible to residents and visitors; or Ensure staffing information was accurate and current; or Ensure staffing information was complete and was not missing information (e.g specific units were not reflected on the posting); or Maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</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 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>Based on observations, interviews and record reviews, the facility failed to meet safe food temperatures for four residents (R48, R50, R83, and R182), sanitize food preparation table and clean kitchen environment. All has the potential to cause foodborne illnesses. This applies to 196 residents receiving oral nutrition. Finding includes:</p> <p>During the initial kitchen tour on 12/14/2025 at 9:48 AM, there were no paper towels available to dry hands at the only kitchen sink. The kitchen floor contained buildup of dry brown substances, dark food particles and sticky liquids especially the area in the back where the macaroni pasta was boiling/setting in 20-gallon kettle. There was also residue liquid from the pasta pot that leaked onto the floor. The perimeter of the floor behind the 50-gallon pot was compacted with dark brown particles. These dark brown substances appeared throughout the kitchen preparation areas and on the walls.</p> <p>On 12/14/2025 at 10:05 AM, personal items were in the walk-in cooler on a serving tray. The items included bottled water, can soda pop, large can of tea, condiments and a written note that read: Employee Meals & Drinks Only. V48 (Traveling Chef Manager) stated that employee's personal food and beverages should not be in the area where resident food is stored.</p> <p>The solution in the red bucket contained a dish towel and the liquid substance that was dirty in appearance. When surveyor asked V48 to check the sanitizing bucket under cook's preparation table adjacent to the stoves, V52 (Dietary Cook) immediately grabbed the red bucket from V48 and took it over to the 3-compartment sink. Surveyor repeated that the bucket needed to be tested. V52 ignored the request and threw the solution in the wash sink of the three-compartment sink while murmuring. V48 explained that V52 threw it away because the solution was not sanitizing solution but dishwashing solution that he said he used to wipe the food preparation areas.</p> <p>On 12/15/2025 at 9:13 AM, V32 (Dietary Manager) stated that the green bucket is for soap/dish detergent and the red bucket is used for sanitizing liquid and all staff are required to follow the standard. V32 said that paper towels should always be in the dispensers and that V32 was surprised because there was a supply of paper towels in the box.</p> <p>On 12/15/2025 at 11:55 AM, there were greasy sticky brown substances throughout the walls to the right of the stove and in the back area near the large mixing bowl where the pasta. There were fruit flies flying within 12 inches of the sticky walls. V9 (Regional Director of Dietary) looked at the areas and commented that the dirty areas of the kitchen and floors should be deep cleaned and was not sure of the kitchen's cleaning or deep cleaning frequency.</p> <p>On 12/16/2025 at 2:11 PM, V2 (Director of Nursing) stated that it is expected for the entire kitchen to be clean. V2 added that V2 expects cleanliness as a kitchen standard and expects a pristine kitchen on a regular basis.</p> <p>On 12/16/2025 at 2:24 PM, V1 (Administrator), stated that kitchen walls, floors, baseboard along the walls, appliances and counter tops should be deep cleaned regularly and at every angle to prevent foodborne illnesses. V1 added that if sanitizing buckets are not meeting sanitizing requirements, then dietary staff should ask for help on bucket requirements. (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>The facility failed to follow their Cleaning Standard, 812 Food Procurement, Store/Prepare/Serve undated policy that reads Cleaning is the use of water, chemicals and elbow grease to remove all food and debris from equipment and work surfaces. Floors and walls do NOT need to be sanitized, just cleaned and THEN sanitized. And sanitizing solution should be clean.</p> <p>Findings include:</p> <p>R83 has a diagnosis of but not limited to Multiple Sclerosis, Hyperlipidemia, Malaise, and Bipolar Disease.</p> <p>R83 has a Brief Interview of Mental Status score of 15 that indicates cognition intact.</p> <p>R48 has a diagnosis of but not limited to Ataxia, Acute Embolism and Thrombosis Deep Veins of Left Lower Extremity, Type 2 Diabetes Mellitus, Major Depressive Disorder, Vitamin D Deficiency and Atrial Fibrillation.</p> <p>R48 has a Brief Interview of Mental Status score of 14 that indicates cognition intact.</p> <p>R50 has a diagnosis of but not limited to Spinal Stenosis, Malignant Neoplasm of Right Female Breast, Type 2 Diabetes Mellitus, Suicidal Ideations and Generalized Anxiety Disorder.</p> <p>R50 has a Brief Interview of Mental Status score of 15 that indicates cognition intact.</p> <p>R182 has a diagnosis of but not limited to Chronic Obstructive Pulmonary Disease, Atherosclerotic Heart Disease, Type 1 Diabetes Mellitus, Generalized Anxiety and Major Depressive Disorder.</p> <p>R182 has a Brief Interview of Mental Status score of 15 that indicates cognition intact.</p> <p>On 12/14/2025 at 1:10pm surveyor tested the 2nd floor steam table with hand and the first compartment closet to the door held semi hot water. The first compartment held beef goulash in the first compartment, green beans in the second compartment and bread in the third compartment. The water in the last 3 compartments was lukewarm.</p> <p>On 12/14/2025 at 1:13pm V9 (Regional Director of Dietary) stated the steam table is hot and that it takes about 10-15 minutes to warm up once it is plugged up.</p> <p>On 12/14/2025 at 1:18pm R83 stated that the food is always cold and that he had given his lunch tray away because the food was cold. R83 stated that hot meals are most often cold or room temperature even though they are coming off the steam table.</p> <p>On 12/14/2025 at 1:20pm surveyor asked V9 to check the temperature of the foods items and the green beans were 131.3 F degrees. The other food items were 135 F degrees or higher.</p> <p>On 12/16/2025 at 9:20am R48 stated that sometimes the food is cold and that he won't eat it if it's cold and he has never asked for it to be warmed up.</p> <p>On 12/16/2025 at 9:24am R50 and R182 stated for the most part the hot meals are either room temperature or cold and we cannot ask them to warm the food up. (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>On 12/16/2025 at 10:00am V9 stated the steam tables are plugged up and filled with water 30 minutes prior to the start of the meal service and the tables take about 10-15 minutes to warm up. V9 stated that hot food items should be held at a temperature of 135 degrees or higher and the purpose of holding hot food items at this temperature is to keep the food items out of the danger zone because it's dangerous for the residents.</p> <p>Undated policy titled Food Temperatures documents, in part, Hot food will be held at temperatures 135F degrees or above and hold at 135F degrees or greater throughout the service process.</p> <p>Undated job description titled cook, documents, in part, ensures that safety regulations and precautions are followed at all times by all personnel and ensures that established infection control and standard precautions are maintained when performing dietary procedures.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observations, interviews and record reviews, the facility failed to properly dispose of dietary trash in their garbage disposal bins. This applies to 199 residents living in the facility. Finding includes: On 12/16/2025 at 9:00 AM, there were four dumpsters outside the back of the kitchen. Two of the four dumpsters closest to the building were open that contained dietary food trash. The side sliding doors of each of dumpsters were open and there was trash on the ground surrounding the two dumpsters. Trash items included small packets of what appeared to be coffee creams or butter, and sanitizing gloves too numerous to count. And there were two large clear bags that were bulging out of the open window of the sliding door of one of the dumpsters. V9 (Regional Director of Dietary) stated that he was not certain of the trash pick-up dates and times for the facility. And that dumpster lids/sliding doors should be closed. On 12/16/2025 at 2:11 PM, V2 (Director of Nursing) stated that it is expected that the garbage area should be monitored on a regular basis for fallen trash and if dietary staff sees the trash on the ground, they should pick it up. V2 added that the facility must be compliant in all areas of nutrition. On 12/16/2025 at 2:24 PM, V1 (Administrator) stated that it was unfortunate that the ground area of the dumpsters contained trash. And that the dumpster grounds should be clean, no debris, and no scattered trash. V1 added that trash should always be picked up and tossed out. The facility failed to follow their Cleaning Standard, 812 Food Procurement, Store/Prepare/Serve undated policy that reads Cleaning is the use of water, chemicals and elbow grease to remove all food and debris from equipment and work surfaces. Floors and walls do NOT need to be sanitized, just cleaned and THEN sanitized. And sanitizing solution should be clean.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure that Enhanced Barrier Precaution (EBP) sign was visibly posted; failed to provide Personal Protective Equipment (PPE) for a resident who requires EBP; failed to don PPE and perform hand hygiene in a contact isolation residents room; failed to follow infection control protocols by not tracking for legionella's; and failed to track antibiotic per facilities guidelines. These failures affected four residents (R140,R158 and R161,R197) and has the potential to affect all 199 residents reviewed for infection control. Findings include:</p> <p>R161 face sheet shows that R161 has diagnosis which include but not limited to difficulty in walking, type 2 diabetes mellitus with hyperglycemia, weakness, chronic obstructive pulmonary disease with (acute) lower respiratory infection,</p> <p>R161 Physician Order Sheet (POS) shows active order dated 12/14/25 documents, in part: Right Heel: 1. Cleanse with normal saline. 2. Apply Betadine moistened gauze to base of the wound. 3. Secure with kerlix. 4. Change 3 times per week, and PRN. Every day shift every Tue (Tuesday), Thu (Thursday), Sat (Saturday) for wound care.</p> <p>R161 Physician Order Sheet (POS) shows active order dated 12/14/25 documents, in part: Enhanced Barrier Precautions (EBP) r/t (related to) wounds: Maintain enhanced precautions by using gown and gloves when providing high-contact care to the resident wo when blood or body fluid exposure is anticipated. Every shifts for infection control.</p> <p>On 12/14/25 at 11:09 am, R161 was observed in her room, sitting in the wheelchair with a dressing to her right foot that had visible strike through drainage. R161 stated that she is diabetic and has had a wound to right foot for several weeks that is changed daily by the wound nurse. Surveyor did not observe a Enhanced Barrier Precaution (EBP) sign on R161's door or a PPE (Personal Protective Equipment) bin outside of R161's room or door for staff use.</p> <p>On 12/14/25 at 1:09 pm, V11 (Infection Preventionist Licensed Practical Nurse, LPN) stated that residents with wounds should have a EBP sign on their door and PPE bins for staff use when providing patient care. V11 stated that she is given the wound report and is responsible for ensuring that residents who require EBP have a EBP sign and PPE bin for staff use. V11 explained that it was an oversight that V11 did not place a EBP sign and PPE supplies on R161's door.</p> <p>The facility's document dated 12/8/25 titled Enhanced Barrier Precaution does not show that R161 was not placed on EBP at the facility.</p> <p>The facility's policy dated 12/19/22 and titled Enhanced Barrier Precautions (EBP) and documents, in part: Policy: It is the policy of the facility to ensure that additional appropriate PPE (Personal Protective Equipment) is utilize when indicated, to prevent the spread of multidrug-resistant organisms also known as MDRO's (Multi Drug Resistant Organisms) . Procedure: 4. Ensure that all necessary supplies are available in an enclosed clean labeled container outside the residents room. 5. Ensure that proper receptacles are in placed to collect discarded EBP in the residents room.</p> <p>Facility (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>NwankpaBrown, NneNna - Infection Control</p> <p>On 12/15/25 at 12:51 pm, V13 (Maintenance director)</p> <p>Stated that he was not familiar with Legionnaires disease water testing, and not aware if there have been any Legionnaires cases this year. The water company came out and did testing on October 13,2025 but I'm not sure if the water was tested for Legionnaires disease. The facility does track temperatures, but I (V13) am not sure if they check for Legionnaires disease in the water.</p> <p>On 12/16/25 at 5:14pm V1(Administrator) stated he is not aware of Legionella testing logs, I will give the water testing company a call to see if they can send over documentation stating that they have tested the facility's water for legionella disease, my expectation of maintenance director is that V13 is able to relay any concerns regarding Legionella water testing and is expected to do the required testing in the facility and if this task cannot be completed with the current water testing company that the information is communicated to me (V1) in a timely manner so another water company for testing can be contacted for service. If the water system is infected with Legionella disease this can negatively affect our residents.</p> <p>Policy dated 8/25/23 titled Water Management Program documents in part that; 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; Procedure:1)identify building water systems for which Legionella control measures are needed.</p> <p>Water management program team:V1 and V13 the program documents that the facility utilizes the safety committee/maintenance supervisor as the water management program team, and the safety committee/maintenance supervisor is responsible for developing, implementing, and reviewing facility water management program along with consultants.</p> <p>On 12/16/2025 at 12:04 pm, V11 (Infection preventionist/LPN) stated the purpose for tracking infections is to identify and track the that the resident is receiving the right antibiotics for the infection and that the information is tracked and recorded. The purpose for surveillance is to prevent transmission of infection and make sure the residents are on the right antibiotics. I (V11) utilize the Mc [NAME] criteria which helps to identify that the right antibiotics are used, and the time frame is monitored for the use of the medication to ensure that the resident receives their full antibiotic therapy and to ensure that the resident doesn't develop multiple drug resistant organism (MDRO). If the antibiotic is not appropriate, then I will follow up with physician for further orders. V11 stated she tries to keep up with tracking information the best she can, but she doesn't log all the antibiotic information until the end of the month for all the floors, when asked does she think this practice is appropriate and affective for the facility tracking she reported that she is doing the best she can.</p> <p>On 12/16/2025 at 1:00pm, V11 provided a Monthly Infection Log with a title of Isolations and date for September 2025,R197 was written of log with site of rash with no onset date and in comment section arrow pointing down to line that reads rash/contact droplet isolation. V11 stated that she could not remember the name of cream that was ordered for R197 and that she did not record the cream on the log because it was an oversight on her part.</p> <p>On 12/16/2025 at 1:05 pm, V11 provided three sheets for the Monthly infection log with a title of Monitor Infection Log with date for November 2025 with logs submitted for all three units, R140 was (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>not listed on the log for any floors,R140 was in room [ROOM NUMBER] in the month of November 2025 and Physician order sheets reflects that R140 had an order for Doxycycline 100 mg twice a day from 11/20/25 through 11/29/25 and also Ertapenem 1 gram from 10/31/25 through 11/2/25, information is not tracked on log. V11 stated it was an oversight on her part.</p> <p>On 12/16/2025 at 1:40 pm, V22 (Social service director) stated that she was off on sick leave because she contracted Varicella from exposure with a resident in the facility, when V22 was asked who the resident was she stated it was R197 and that she was off work for weeks from 10/8/25 through 10/29/25. V22 stated she did not submit any paperwork to infection prevention nurse prior to returning to work because she was not asked to .</p> <p>On 12/16/2025 at 4:00 pm V11 was asked about her surveillance log for employee infections, and she stated she does not have a log for employees but that she thinks she should have a log in place to track infections, so the infection doesn't spread to other employees or residents.</p> <p>On 12/16/2025 at 4:43 pm, V2(Director of Nursing/DON) stated the purpose of having infection surveillance is to make sure the resident is receiving the right antibiotics and that monitoring is in place for the residents so we will be able to assess for any reactions if they arise, and the Mc [NAME]'s tool is utilized to check if the patient actually needs antibiotic and this should be communicated with the physician if changes need to be made to the antibiotic and how long the resident should remain on antibiotic therapy. My expectations of V11 are for her to obtain all appropriate documentation for residents to ensure that the resident is receiving the appropriate antibiotics and surveillance is in place, and that the information is documented in a timely matter. V11 is expected to effectively communicate with me (V2) if she is running into any issues related to creating a vaccine clinic, keeping up with antibiotic/ isolation tracking, and or any issues as it relates to her job duties and surveillance of infection program of the facility.</p> <p>Job description titled Infection Control dated 11/9/25 documents in part Position summary; Infection control is responsible for the infection prevention program, collects , prepares, and analyzes healthcare- associated infection data. Essential job functions: 17) champion the antibiotic stewardship program,19)ensure the surveillance program is completed in a timely manner and maintain records appropriately. Document is signed and dated by V11 on 11/9/2025.</p> <p>Guidelines for Infection prevention and control dated 8/17/2023documents in part; Purpose: it is the intent of the facility to establish, maintain and manage an effective infection prevention and control program will meet the dictates of the CMS guidelines as well as recommendations by CDC. Surveillance system designed to do the following will be maintained: recording to be completed by infection control preventionist on a regular basis, observations, and tracking. Ensure that any communicable diseases are identified and reported timely and to the required parties.</p> <p>Findings include:</p> <p>On 12/15/2025 at 08:55 AM, V27 (Assistant of Director of Nursing/ADON) confirmed total census of 199 residents living in the facility and 69 residents living on the second-floor unit.</p> <p>On 12/15/2025 at 09:59 AM, observed R158's room having Contact precautions sign on the door. Observed Personal Protective Equipment (PPE) hanging on the door in the over the door storage bag stocked with gloves and gowns. R158 was observed laying in the bed, dressed well, eating breakfast (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>cereal from the breakfast tray that was on the bedside table right next to R158's bed. Observed juice, snacks and other personal items on the table and dresser next to the bed. Reaching tool was next to R158 inside of bed, urine catheter observed in the privacy bag on the side of the bed, privacy curtains pulled all the way around the bed. R158 stated, that R158 is on isolation and that the staff sometimes wears gown and gloves when performing care, but not all the time. R158 said, that most of the time, the staff just comes in without any PPE's.</p> <p>On 12/15/2025 at 10:20 AM, observed inside R158's room (Contact Isolation Room) V28 (Certified Nursing Assistant/CNA) without gloves and gown donned, picking up R158's breakfast tray, tiding up R158's belongings, touching R158's bedside table, and items on the table, privacy curtains were touching V28's whole body, and helping R158 with positioning. Contact isolation precaution observed on the door, with PPE supplies hanging on the door. Observed V28 coming out of R158's room without performing hand hygiene or washing hands, carrying R158's breakfast tray with no gloves or gown on, putting the breakfast tray on the food cart. V28 did not perform hand hygiene or washed hands after placing the tray on the food cart.</p> <p>On 12/15/2025 at 10:22 AM, V28 (CNA) stated, that V28 should have been wearing gown and gloves when performing tasks in the contact isolation room to prevent infection spreading and cross-contamination. V28 also said, that V28 should have performed hand hygiene as soon as V28 came out of the contact isolation room, but V28 did not.</p> <p>On 12/15/2025 at 10:30 AM, V15 (Licensed Practical Nurse/LPN) stated, that to provide care for resident on contact isolation, the staff should wear PPE like gowns and gloves, wash hands and use hand sanitizers to prevent infection spread and cross-contamination.</p> <p>On 12/15/2025 at 10:34 AM, V19 (CNA) stated that, staff should always wear PPE like gowns and gloves prior entering room and perform hand hygiene. The nurse or aide should be washing their hands prior entering resident's room, during care and after exiting the contact isolation room to prevent infection spread and cross-contamination.</p> <p>On 12/15/2025 at 10:35 AM, V29 (LPN) stated, that , when the staff is performing tasks in the contact isolation room, the staff should wear gloves and gowns and perform hand hygiene. V29 confirmed that R158 is on contact isolation for multidrug resistant organisms in the urine and the contact isolation is effective until the physician discontinues the contact isolation orders.</p> <p>On 12/15/2025 at 12:45 PM, V 31(CNA) stated, that when performing care in the contact isolation room, the staff should always gown up and wear PPE's. V31 said, that PPE's include gowns and gloves and are usually hanged on the door in the over the door storage bag. V31 said, that performing hand hygiene and wearing PPEs should be automatic, even when just tiding up resident's room. V31 said, that using PPE's helps prevent cross contamination and infection spreading to staff and/or other residents.</p> <p>On 12/15/2025 at 1:15 PM, V2 (Director of Nursing/DON), stated that, the staff should wear PPEs in contact isolation room when decluttering resident's room, when picking up resident's food tray or when performing any other direct care. V2 said, that gown and gloves should be used as PPE, to prevent cross-contamination and spreading of infection V2 also said that hand hygiene should be performed before and after entering or exiting resident's room, during providing care and between resident's care. V2 said, that to discontinue contact isolation, the physician would have to place an order to discontinue the contact isolation.</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 12/16/2025 at 10:46 AM V11 (Infection preventionist) stated that V11 is familiar with R158 and confirmed that R158 is on contact isolation for Multiple drug resistant organisms (MDRO) in the urine. V11 stated, that a Nurse practitioner or physician will reevaluate R158 and then order discontinuance of contact isolation when appropriate. V11 stated, that the staff should don on the personal protective equipment (PPE) before entering contact isolation room. V11 also said, that the staff should wash hands before and after entering resident's room and prior and after care. V11 also stated, that when the staff is in contact isolation room picking up food trays, organizing resident's room and touching resident's items, the staff should be wearing PPE (Gown and gloves), to prevent transmission of infection and cross contamination to themselves and other residents.</p> <p>On 12/16/2025 at 12:20 PM, V 27 (ADON) stated that the staff should wear gown and gloves when going to contact isolation room. V27 also said, that the staff should not be in contact isolation without proper PPE's. V27 stated, that hand hygiene should be performed before and after entering resident's room. V27 also said, that the staff should not be performing tasks or touching anything in resident's room that is on contact isolation without gloves and gown. V27 stated, that the contact precautions are important to follow, to help prevent spread of the infection or cross-contamination between resident's and staff.</p> <p>R158's admission record showed initial admission on [DATE] and diagnosis includes but not limited to Paraplegia; History of ulcer of the penis; Anxiety disorder; Resistance to multiple antibiotics; Encounter for attention to colostomy; History of Urinary tract infection and Enterotoxigenic Escherichia coli infection.</p> <p>R158's Minimum Data Sheet (MDS) in section C for Cognitive Patterns the Brief Interview for Mental Status (BIMS) score showed 15, which documents intact cognition.</p> <p>R158'S Care plan (Initiated 3/31/2025) showed in part, that R158 is care planned for potential for infection complications of the ostomy and suprapubic catheter site and should remain on contact precautions per facility policy. Care plan (6/24/2025) also showed in part, that R158 is on isolation for Ac.Baumannii-CRE/Kiebsiella Pneumoniae/VRE/E Coli in urine and isolation precautions should be maintained if infection is active and until next review. R158's Care plan (12/2/2025) also showed in part, that R158 is on contact isolation precautions due to suspected infections that could be transmitted by direct contact with R158 and that contact isolation precautions should be maintained according to state agency guidelines.</p> <p>R158's Physician Order Summary Report (POS) (12/15/2025) showed in part, an active order as of 11/24/2025 to Maintain Contact Isolation precautions multidrug resistant organisms in the urine. The POS also showed in part, that R158 has suprapubic catheter and colostomy bag.</p> <p>12/16/2025 Facility's document titled Contact Precautions (7/19/18) showed in part, that the facility should use contact precautions with appropriate residents to prevent the spread of infection and that is the policy of the facility to use contact isolations for residents known or suspected to have serious illnesses easily transmitted by direct resident contact or by contact with items in the resident's environment. The policy also showed in part, that hand hygiene should be completed prior to donning gloves and gloves should be worn when entering the room and during providing care for resident. Document also showed in part, that hands should not touch potentially contaminated environmental surfaces or items in the resident room. Policy also showed in part that a gown should be donned prior to entering resident's room or area when substantial contact with the resident or environmental surfaces is expected.</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>12/16/2025 Facility's document titled Contact Isolation (9/21/2025) showed in part, that the staff must wear Personal Protective Equipment (PPE) before entering isolation room and must properly don on and doff off PPE before leaving room and must complete good hand hygiene after disposing PPE</p> <p>Facility's document titled ' Enhanced Barrier Precautions Policy (12/19/2022), showed in part that it is the policy of the facility to ensure that additional and appropriate Personal Protective Equipment (PPE) is used, when indicated, to prevent the spread of Multidrug-resistant organisms (MDROs). Vancomycin Resistant Enterococci (VRE) is an example of MDRO.</p> <p>12/16/2025 Facility's document titled Hand Hygiene Policy (undated) showed in part that hand hygiene is the single most efficient means of preventing the spread of infection and the staff should wash hands with either a non-antimicrobial soap and water or anti-microbial soap and water if exposure to a spore forming organism is proven or suspected. Staff should wash hands before and after contact with a resident's intact skin and after removing gloves.</p> <p>12/16/2025 Facility's document titled Infection Control/Isolation Guidelines (2/2023), showed in part, that contact precautions are used to prevent transmission of infectious agents which are spread by direct contact with the resident or indirect contact with an intermediate object/person. The document showed in part, that contact precautions require the use of gloves and a gown when entering the room regardless of resident contact. Document showed in part that to use Personal Protective Equipment (PPE) staff should perform hand-hygiene per policy prior to donning, don gown and don gloves upon entry into resident's room and remove gown and gloves and perform hand hygiene prior to exiting resident's room.</p> <p>Facility's document titled Job Description Certified Nursing Assistant (4/23/2023) showed in part, that the Certified Nursing Assistant (CNA) should provide each resident with routine daily nursing care and services according to resident's care plan; follow all safety precautions in the performance of all duties and ensure that established infection control and standard precaution practices are maintained according to facility's policies.</p> <p>Facility's document titled Job Description Licensed Practical Nurse (Undated), showed in part, that the nurse's responsibilities include but not limited to direct the day-to-day functions of the nursing assistants in accordance with current rules, regulations and guidelines of the facility; ensure that all nursing staff is in compliance with the job descriptions; Monitor assigned staff to ensure following of established safety regulations in the use of equipment and supplies; Ensure that established departmental policies and procedures are followed by assigned nursing personnel; Ensures that all personnel wear and uses safety equipment and supplies; Ensures that assigned personnel follows established infection control procedures when isolation precautions become necessary; Ensures that assigned staff follows established handwashing techniques and established isolation, personal protective equipment, and infection control precautions and procedures.</p> <p>Facility's document titled Job Description Registered Nurse (undated) showed in part, that the nurse's responsibilities include but not limited to: supervise day-to-day nursing activities performed by nursing assistants; ensure that assigned personnel follows established infection control procedures when isolation precautions become necessary; ensure that nursing personnel follows established procedures in the use and disposal of personal protective equipment; follows established isolation, personal protective equipment, and infection control precautions and procedures and demonstrates proper hand-washing techniques. The document also showed in part, that the nurse should ensure that assigned certified nursing assistants (CNAs) are aware of the resident care plans. (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>12/16/2025 Facility's document titled Job Description Director of Nursing (Undated), showed in part, that the Director of Nursing (DON) has the responsibility and accountability for the functions, activities and training of the nursing services staff and should ensure that nursing staff always follows established safety regulations in the use of equipment and supplies and should ensure that all nursing staff follows established hand-washing procedures.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use.</p> <p>Based on interview and record review the facility failed to maintain an adequate antibiotic stewardship program to prevent the spread of infectious Disease throughout the facility. This failure affected one resident (R140) and has the potential to affect all 199 residents residing in the facility. R140 has a diagnosis of but not limited to is currently a discharged resident but was admitted to facility on 10/17/2025-12/2/2025 with diagnosis documented in part: Neuralgia and neuritis, chronic pain, anxiety, abnormal liver function, personal history of COVID -19, anemia, benign prostatic hyperplasia with lower urinary tract symptoms, pressure ulcer of right buttock stage 4, pressure ulcer of right hip stage 4, neurogenic bowel. R140's record review of Order Summary Report displays that R140 in November 2025 R140 was on Doxycycline x 14 days from 11/20/25 -11/29/2025 . In review of R140's medical record and Monthly infection log for November 2025 ABT tracking surveillance R140 was not recorded on November log as receiving any antibiotics. On 12/14/2025 at about 10:30, surveyor requested from V1 (Administrator) to review the facility's antibiotic stewardship program. Antibiotic stewardship program was not provided to the surveyor as requested. On 12/16/2025 at about 3:05pm surveyor reviewed the facility's antibiotic surveillance log and found that the V11 (Infection preventionist nurse/IP) did not include R140 on the November 2025 Monthly Infection Log. On 12/16/2025 at 3:45 pm, V11 stated that she is not sure why she did not record R140 on the monthly infection log for November 2025 and that it was an oversight on her part. V11 could not remember if R140 was on antibiotics and if there was a current infection in place for R140. V11 states she understands the purpose of recording and tracking antibiotics to ensure that residents receive the treatment that they need to get rid of infection and decrease risk for resident getting worse. On 12/16/2025 at 4:45 pm, V2 (Director of Nursing/DON) stated the purpose of having antibiotic stewardship program and maintaining it with up-to-date data is to ensure make sure the residents are receiving the appropriate antibiotics, because if an antibiotic is not effective for the infection it can cause the resident to remain with the infection longer than anticipated and the infection can worsen. The facility utilizes Mc Grier's criteria to check if the residents need antibiotics and to ensure the appropriate antibiotics are being provided. V2 stated that communication with the physician is conducted if changes need to be made to the antibiotics. V2's expectation of the infection control nurse is that she reports any concerns that she may be encountering as it relates to recording antibiotics on the monthly tracking log and communicate with the physician regarding any concerns that may arise related to the resident receiving antibiotics. Job description dated 11/09/2025 titled Infection Control documents in part that; Position summary: infection control is responsible for the infection prevention program. Essential job functions: 17). Champion the Antibiotic Stewardship Program; 19). Ensure the surveillance program is completed in a timely manner and maintain records appropriately. Guidelines for Infection prevention and control dated 8/17/23 titled Purpose documents in part : Purpose : It is the intent of the facility to establish, maintain, and manage an effective infection prevention and control program as part of its QAPI process. The program will be inclusive of the facility's own infection control program and any related policies. This will be accomplished through preventing, identifying, reporting, investigating, and controlling infections; Infection Preventionist: The infection preventionist in the facility will spearhead the infection control program. The director of nursing and administrator will receive regular communication from the IP nurse as to the status of infections.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to vaccinate eligible residents with the influenza and pneumococcal vaccine. The facility failed to document the declination and/or the benefits and side effects in the resident's electronic medical records. This deficient practice affected 6 residents (R4,R50,R114,R183,R197,R210) sampled in a total sample size of 72 and has the potential to affect all eligible residents that reside at the facility. Review of records for R4, R50, R114, R183, R197, R210, from admission dates to 12/16/25 have no findings of documentation of pneumococcal and or Influenza vaccine offering or education of the vaccine. Review of physician orders for R4, R50, R114, R183, R197, and R210 from admission to 12/16/25 show no orders of pneumococcal and or influenza vaccination. Immunization records do not reflect any tracking for pneumococcal and or influenza vaccination listed on the logs. On 12/16/2025 at 12:04pm, V11 (Infection Control Nurse/LPN) stated all immunizations are recorded under the immunization tab when offered or after administration is given. V11 stated she only scheduled one vaccine clinic this year on 10/30/2025, there was vaccine clinic scheduled on another date for 11/7/25 but it was rescheduled and I did not follow up on it because I forgot to call the company back to verify for a November clinic and when I called in December they informed me that they will get back to me when they have an available date for a vaccine clinic. V11 stated RSV vaccine was offered but I did not document if the residents consented or declined, I remember asking one patient if they wanted RSV vaccine, I only asked that one person because he inquired but right now, I cannot remember who the resident was, and I never followed thru on it to ensure the resident received the vaccine. V11 stated she has not been recording declination and or consents for residents and that was an oversight on her part, and she understands that this places the residents and staff at risk. R4 who was admitted on [DATE], documents in part; diagnosis of Dementia, schizoaffective disorder, anxiety, anoxic brain damage, thyroid dysfunction, essential hypertension. R4 medical record does not reflect that she was offered or administered Influenza vaccine as of 12/16/2025, R4 did not receive any vaccines on 10/30/25 clinic. R50 who was admitted on [DATE], documents in part, diagnosis of Spinal stenosis ,malignant neoplasm of right breast, major depressive disorder, diabetes mellitus, hyperlipidemia, essential hypertension, anxiety, chronic obstructive pulmonary disease. Medical record does not display any vaccines listed for administration or declination for influenza or pneumococcal vaccines, because R50 did not receive any immunization this year per V11. There is no documentation to reflect that the R50 signed a declination form after review of medical records. V11 stated the declination form should be in a binder and recorded in medical record under immunization tab. V11 stated she thinks R50 signed declination form, but she doesn't know where the form is, and she also did not document in the medical record of R50 because that was an oversight on her part. V11 stated she should document under the immunization tab also if the resident declined, I cannot give you a straight answer that was an oversight for me. R114 who was admitted on [DATE], documents in part; diagnosis of encephalopathy, idiopathic epilepsy, essential hypertension, seizures, hypokalemia, personal history of COVID-19. Medical record displays that Influenza vaccine consent was signed on 10/9/25 but R114 has not received her Influenza vaccine as of 12/16/25 and there is no documentation in chart to reflect vaccine was administered. V11 stated this is another oversight because consent was signed to have vaccine on 10/9/25. V11 submitted a signed consent for that displayed another resident's name and stated that it was an error from the company that documents were mixed up when faxed over to the facility and that she just stapled the documents together. After review of the medical record and review of list submitted from vaccine clinic R114 did in fact receive her Influenza vaccine on 10/30/25. V11 stated she offered COVID and RSV to resident but failed to document if the R114 consented and or declined to have either vaccine given. R183 who was admitted on [DATE], documents in part; diagnosis of Hemiplegia, diabetes mellitus, hyperlipidemia, chronic kidney disease, schizoaffective disorder, essential hypertension, (continued on next page)</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>personal history of COVID-19. R183 was not offered pneumococcal vaccine or the influenza vaccine, and there is no documentation to reflect that vaccine was offered or declined in the medical record. V11 stated she did not offer R183 and vaccines including COVID this year 2025. R197 who was admitted on [DATE] documents in part, diagnosis of Cerebral palsy ,asthma, disorder of thyroid, major depressive disorder, adult failure to thrive, anxiety, hyperlipidemia. R197 was not offered Influenza vaccine this year 2025. No consent or documentation is reflected in immunization records that the vaccine was offered and consented or declined and recorded in medical records as declination. R210 who was admitted on [DATE] and readmitted on [DATE] documents in part, diagnosis of Multiple sclerosis, ataxic gait, protein calorie malnutrition ,suicidal ideation, schizoaffective disorder, major depressive disorder. V11 stated that there are no consents for R210 for any vaccinations being offered or administered to R210. On interview with R210 he stated that he wanted to be vaccinated because he does not want to be sick and that he informed someone when he admitted to the facility, R210 stated he was not offered the consent form to sign by any staff member. On 12/16/2025 at 1:22 pm, V11 stated that social service department obtains consents and give to her for recording and administration but the social was not in facility when R210 admitted and that is why he was not offered the vaccinations. V11 stated she understands that R210 not being asked if he wanted to be vaccinated is an oversight and I will have social worker ask him now. 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. Job description titled Infection Control dated 11/9/2025 documents in part; Essential job functions: 20). Ensure maintenance of the resident health program including but not limited to the influenza and pneumococcal vaccines.</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>Based on Observation, interview, and record review, the facility failed to ensure that COVID vaccine was offered to residents and documented and failed to offer and provide education to staff regarding COVID vaccination. this failure has the potential to affect all 199 residents that reside in the facility. On 12/15/2025 at 11:09 am,V14 (Certified Nursing Assistant) stated that he was offered Influenza vaccine and declined the vaccine because he received the vaccine at his clinic on 11/19/25, V14 stated he gave human resource director a copy of his immunization records and signed the declination form.On 12/16/2025 at 12:10 pm,V11 (Infection Control Nurse) stated that she has not offered the COVID vaccine to residents for 2025 and does not have any records to display that the residents consented or declined the vaccine and stated it was an oversight on her part. V11 stated that she does not document or have staff document on the declination forms, and she ask the staff verbally and if they decline that she takes a mental note. V11 stated she also offers Influenza and pneumococcal vaccines to staff but if the staff declines, she does not have staff complete declination forms. I have been the infection control nurse for three plus years, and I know that tracking staff immunizations is part of my responsibility and if staff are not vaccinated it can place residents at risk and cause the residents and staff to be compromised.On 12/16/2025 at 12:17 pm, V23(Human Resource director) stated that she has not received any documentation from V11 as it relates to staff receiving vaccinations that need to be placed in their files and that there is no information available in V14's file that reflects that he has been educated or offered immunizations for 2025,V24 stated that V14 did not give her any medical records related to immunizations to place in his file .V23 states that she called V14 and asked him where the immunization records were that he (V14) stated he submitted and that he said he does not have them currently.On 12/16/2025 at 4:45pm , V2 (Director of Nursing) stated her expectations of immunization being done for residents is for V11 to be able to get immunizations completed in a timely manner, residents should be asked about immunizations on admission and during influenza season and V11 should ensure the residents are immunized because if not that is how other patients and staff can become sick. V2 stated it is equally important to educate the staff, so they understand the pros of vaccines. If staff decides to refuse the vaccinations, then V11 is expected to educate them because education sometimes can have a staff member to change their mind and get vaccine even after saying no originally. Staff should be educated and sign consent or declinations because that will explain the purpose of receiving vaccines and why they need it to protect themselves and their families. If they say no, then V11 should ask why and educate the staff even more and check and see if they understand the purpose of it. It is expected that V11 discusses this information related to staff and resident's vaccines and declination in our monthly meeting and or daily as concerns arise. All consent forms should be signed by residents and or guardians whether its consented or declined to have the vaccine. The only way to prove that someone was vaccinated is by reviewing documentation, consent forms and or review of staff files. The resident consents should be uploaded in their charts and recorded under the immunization tabs. V2 stated it is her expectation of V11 to ask residents and staff if they would like to be vaccinated and record and track in two separate surveillance logs to ensure that the facility would have a proper way to analyze and complete a root cause analysis if a resident or staff becomes infected with COVID-19.V2 stated she was not aware that V11 was not offering COVID -19 vaccine to residents or staff and was not providing education to residents or staff.Job description titled Infection Control dated 11/09/2025 documents in part; Essential job functions: 8)provides educational offerings for orientation and ongoing inservices,15).ensure resident and staff vaccinations programs are completed timely,</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observations, interviews and record reviews, the facility failed to prevent insects from flying above and around food and food preparation areas. All has the potential to cause foodborne illnesses. This applies to 196 residents (census of 199 residents minus 3 residents with gastronomy tubes) receiving food from the facility's kitchen. Finding includes: During the initial kitchen tour on 12/14/2025 at 9:48 AM, there were two insects flying around the kettle bowl containing uncovered pasta and over the stove where the ground beef or ground meat was cooking. The flying insects were in the aisle between the three stoves and the food preparation area. On 12/15/2025 at 11:55 AM, there were multiple flying insects within 12 inches of the sticky walls. The insects were also flying in the back area near the large 20-pound kettle and near the greasy sticky brown substances on the walls. V9 (Regional Director of Dietary) said that the flying insects were fruit flies. On 12/16/2025 at 11:42 AM, there were two fruit flies flying around the steam table where food temperatures were taken. V9 stated that V9 was not certain of the kitchen's pest control schedule or policy. On 12/16/2025 at 2:11 PM, V2 (Director of Nursing) stated that flying insects in the kitchen should be non-existent. V2 said there should not be even a hint of their existence in the food preparation areas. V2 said what if they do not know if and where pests are laying their eggs on the food. V2 added that it is not acceptable. On 12/16/2025 at 2:24 PM, V1 (Administrator) stated that the facility and kitchen should be pest free. The facility failed to follow their Sanitation and Food Safety: Pest Control policy dated 8/8/2023 which documents This company will also respond to any reports of active pest infestations.</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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, and record review the facility failed to respect a resident's dignity by not maintaining a resident's urinary catheter drainage bag in a privacy bag for 1 of 1 (R209) reviewed for residents right in a sample of 72. Findings include:</p> <p>On 12/14/2025 at 12:29pm, R209 was lying in bed with clean linen and in a clean gown; on air mattress with appropriate layers; urinary catheter and urinary bag not in privacy bag draining to gravity with 330 milliliters of urine; and dressing to his left foot clean. R209 stated the care is good for the most part and staff gets him up, dresses him and takes him to the dining room when requested. R209 stated sometimes the staff takes a long time to answer his call light. R209 can't remember the last time he waited a long time for his call light to be answered and what day it was. R209 stated he participates in activities at times, and he doesn't like the food because it is cold at times.</p> <p>On 12/14/2025 at 12:39 pm, V6 (Certified Nurse Assistant) verified R209's urinary catheter drainage bag was not in a privacy bag. V6 stated R209's drainage bag should be placed in a privacy bag. V6 stated the purpose of placing a resident's urinary catheter drainage bag in a privacy bag is to maintain the resident's dignity.</p> <p>R209's Face Sheet dated 12/17/2025 documents a diagnosis of but not limited to Malignant Neoplasm of Prostate, Chronic Kidney Disease, Obstructive and Reflux Uropathy, Hypertension, and Presence of Urogenital Implants.</p> <p>R209's Minimum Data Set Section C dated 11/25/2025 documents a BIMS (Brief Interview Mental Status) Score of 6 which is indicative of Severely Impaired.</p> <p>R209's Physician Order Sheet Scheduled Details dated 12/10/2025 documents and active order to monitor and record color of urine within the urinary catheter.</p> <p>R209's Care Plan dated 11/18/2025 documents, in part, a focus for chronic kidney disease and risk for renal complications.</p> <p>12/14/2025 at 12:29pm, R209 was lying in bed with clean linen and in a clean gown; on air mattress with appropriate layers; urinary catheter and urinary bag not in privacy bag draining to gravity with 330 milliliters of urine.</p> <p>On 12/14/2025 at 12:39 pm, V6 (Certified Nurse Assistant) verified R209's urinary catheter drainage bag was not in a privacy bag. V6 stated R209's drainage bag should be placed in a privacy bag. V6 stated the purpose of placing a resident's urinary catheter drainage bag in a privacy bag is to maintain the resident's dignity.</p> <p>On 12/17/2025 at 10:54 am, V2 (Director of Nursing) stated the urinary catheter bag should be placed in a privacy bag. V2 stated the purpose of the privacy bag is to maintain a resident's dignity and the nurses and Certified Nurses Assistants (CNAs) are responsible for making sure the resident's urinary catheter bag is in a privacy bag.</p> <p>Facility Policy titled Resident Privacy and Dignity dated 4/10/2011 documents, in part To ensure that (continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>all residents are provided with dignity and privacy and to provide all residents with a home like environment that promotes dignity and respect to the residents of the facility.</p> <p>#6. All resident's rights will be honored throughout the resident's daily routine as listed on the Resident Rights for People in Long Term Care Facilities.</p> <p>Facility Policy titled Resident Rights undated documents, in part, As a resident of this facility, you have the right to a dignified existence and to communicate with individuals and representatives of choice. The facility will protect and promote your rights as designated below.</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, interview, and record review the facility failed to ensure the call light device was within reach for one resident, (R67). This failure affected one resident (R67) and has the potential to affected all residents in the sample size of 72. Findings include: R67 has a diagnosis of Acute Right Heart Failure, Acute Pulmonary Edema, Lack of Coordination, Shortness of breath and Reduced Mobility. R67 has a Brief Interview of Mental Status score of 11 that indicates moderate cognitive impairment. On 12/14/2025 at 11:14am surveyor observed R67's call light device attached to the bottom of the quarter hand rails not within reach of the resident. On 12/14/2025 at 11:17am R67 said, the call light is normally on the floor and no I cannot reach it. R67 said my right hand does not work and I cannot reach the call light with my other hand as he is showing me that he cannot reach it. On 12/14/2025 at 11:32am V15 (Licensed Practical Nurse-LPN) stated call light should be within reach of the resident and that R67 can reach it, but R67 showed us (surveyor and V15) that he could not reach it. V15 stated the purpose of the call light being placed properly is for the resident to be able to reach it and contact staff for assistance. On 12/16/2025 at about 11:50am V2 (Director of Nursing-DON) stated call light devices should be within reach of the resident. Policy titled Guidelines for Call Lights with a date of 3/04/2024 documents, in part, It is the policy o the facility to have a system in place to allow the staff to respond promptly to a resident's call for assistance and to ensure that the call system is in proper working order, call lights are to be answered promptly by staff who see that the call light has been activated and always place the call light in an accessible location to where the resident is located in their room. Job description titled Certified Nursing Assistant with a revised date of 4/01/2023 documents, in part, The Certified Nursing Assistant (CNA) provides each resident with routine daily nursing care and services, and responds to/ answers resident call lights promptly.</p>		

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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>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** Based on interview and record review, the facility failed to ensure that a code status physician's order was in a resident's electronic medical record (EMR). This failure affected one resident (R16) in a sample of 72 residents reviewed for advance directives. Findings include: R16 face sheet shows that R16 has diagnosis which include but not limited to peripheral vascular disease, type 2 diabetes mellitus, primary osteoarthritis, pneumonia, acute kidney failure, chronic diastolic heart failure, unspecified dementia, anemia, lack of coordination, need for assistance with personal care, unsteadiness on feet, weakness, dysphagia, impulsiveness, left bundle-branch block and transient cerebral ischemic attack. R16's physician Order Sheet (POS) shows active order dated [DATE] with no orders for R16's code status. R16's Care plan dated [DATE] documents, in part: Advance Directives R16 resident elected to be full code status. However, there are no code status orders on R16 physician order sheet (POS). R16's Brief Interview for Mental Status (BIMS) dated [DATE] shows that R16 has a BIMS score of 6 which indicates that R16 has some cognitive impairments. On [DATE] at 10:05 am, V2 (Director of Nursing, DON) stated that when a resident admits to the facility, the admitting nurse implements the residents code status order from the residents verified transfer orders from the hospital with the residents physician. V2 explained that if a resident admits to the facility the resident should have a code status order implemented from the residents admission orders. V2 then explained if a resident does not have a code status order on the residents physician order sheet the resident can experience a delay in care and staff will not know if they are violating the residents code status wishes. R16's Practitioner Order for Life-Sustaining treatment (POLST) form dated [DATE] shows that R16 has a attempt to resuscitation/CPR status. The facility policy dated [DATE] and titled Advanced Directives Policy and Procedure documents, in part: Purpose: The facility provides to all residents the right to accept or refuse medical and surgical treatment, and at the resident's option, formulate and advance directive. The following steps will be completed to promote and implement this process. Determine upon admission whether the resident/legal representative has an advance directive and if not, determine whether the resident/legal representative wishes to formulate and advance directive. The facility's undated document titled Residents Rights documents, in part: Resident Rights document, in part: As a resident of this facility, you have the right to a dignified existence and to communicate with individuals and representatives of choice . Notice of Rights and Services: . You have the right to formulate and advance directive in accordance with facility policy and applicable state law.</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>Based on observation, interview and record review the facility failed to ensure that resident's equipment is clean for two residents (R4, R116) and the privacy curtains are clean and not tattered for one resident (R6). This failure affected 3 residents (R4, R6, R116) and has the potential to affect all 72 residents in the sample size. Findings include:</p> <p>R6 has a diagnosis of Vitamin D Deficiency, Presence of Urogenital Implants and Osteomyelitis.</p> <p>R6 has a Brief Interview of Mental Status score of 15 that indicates cognition intact.</p> <p>On 12/14/2025 at 10:47am surveyor observed R6's privacy curtains with two large holes in the netted area (mid-way to top) and a large pinkish stain at the bottom of the curtain.</p> <p>On 12/14/2025 at 10:52am R6 stated I have been asking for another curtain since I got here in June of 2024 and was told he will get new privacy curtain when they become available. R6 also stated the privacy curtain has been stained for months.</p> <p>On 12/15/2025 at 10:54am V20 (Housekeeper) stated yes, we are responsible removing, cleaning and replacing residents' privacy curtains and if they are torn and or stained, we will remove and put up new privacy curtain. We notify the supervisor of the ones we are removing and cleaning.</p> <p>On 12/16/2025 at 11:35am surveyor observed R6's new clean privacy curtain. R6 stated that they put it up on 12/15/2025.</p> <p>On 12/17/2025 at 10:54am V53 (Housekeeping Director) stated if a resident's privacy curtain is stained, we will remove, wash, dry and replace them. If a resident's privacy curtain is torn my staff will get new ones from my office to replace them. My staff are also required to complete a Deep Cleaning Duties form that lets me know which room needs new curtains. Stated she was not made aware that R6 needed new curtains prior to this week. V53 stated that R6's curtains were removed and new curtains were put up on 12/16/2025.</p> <p>Deep Cleaning Duties dated 12/16/2025 documents R6's privacy curtain was checked and V53 documented that it was completed on 12/16/2025.</p> <p>Job description titled Director of Housekeeping dated 1/29/24 documents, in part, supervises staff and assists with all aspects of cleaning and maintaining the facility interior, ensures residents' rooms are maintained in an attractive manner.</p> <p>Undated Resident Rights documents, in part, Environment: the facility must provide a safe, clean, comfortable, home-like environment and the facility will provide housekeeping and maintenance services.</p> <p>Undated Job Description for Housekeeper documents, in part, the housekeeper is responsible for cleaning resident rooms and other interior and exterior facility areas and assisting in maintaining a clean and attractive environment for the residents.</p> <p>On 12/14/2025 at 11:30 am, R116 was observed sitting in his wheelchair in dining room, the (continued on next page)</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>wheelchair was observed with debris and old particles on side of chair, the lever for the wheelchair brake displayed old, dried particles next to lever on both sides.</p> <p>On 12/14/2025 at 12:15 pm,R4 was observed sitting in her wheelchair in dining room, wheelchair was observed with old dry particles on chair and in front and back and on leg rest.</p> <p>On 12/15/25 at 11:09 am, V14 (certified nursing assistant/CNA) stated that he is the union representative of the facility and that the cna's should be aware of their job duties, when asked about the appearance of R116's wheelchair,V14 stated is could be cleaner and that night shift cleans the wheelchairs because that is part of their duties.</p> <p>On 12/16/25 at 11:42 am, V50(CNA) stated it is the job duty of the cna to clean the wheelchair. If the wheelchair is dirty, I would wipe it down with soap and disinfectant, so my resident doesn't have to sit in a dirty chair.</p> <p>On 12/16/25 at 12:10pm, V2 (Director of Nursing) stated the nursing assistant is responsible to clean the wheelchair and the nurse is responsible to check and make sure the task is completed, there is a cleaning schedule for odd and even days. I expect the nursing staff to clean the wheelchairs per schedule and as needed to ensure that chairs are clean and presentable for resident's comfort.</p> <p>On 12/16/25 at 2:00 pm, V2 Document Re: Wheelchair cleaning schedule dated September 15,2025 provided by V2 documents in part cleaning schedule for wheelchair should be done on 11p-7a shift by CNAs, Odd rooms are to be cleaned on Tuesdays and Thursdays and even rooms are to be cleaned on Mondays and Wednesdays. Nurse, please ensure that this is being performed.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to refer one resident (R8) for rescreening to the state agency for Preadmission Screening and Resident Review (PASRR) before R8's Short Term Approval without Specialized Services determination had expired. This deficient practice affected one resident (R8) in a total sample size of 72 residents. Findings include: R8's PASRR dated 05/23/25 documents in part, PASRR Determination: Short Term Approval without Specialized Services. Date Short Term Approval Ends: [DATE]. R8's medical diagnoses include but is not limited to type 2 diabetes mellitus without complications, lack of coordination, cognitive communication deficit, schizophrenia, anxiety disorder, essential hypertension. On [DATE] at 12:21pm V22 (Social Service Director) stated that R8 had a short term PASSR approval. V22 stated that she should have submitted a new PASSR request for R8. Facility's policy titled Pre-admission Screening and Resident Review dated 12/2023 documents in part, Policy: Comply with Federal, State, and the appointed screening agency in standards addressing the PASRR assessment/screening process.</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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled:72Number of residents cited:1Based on Observation, interview, and record review, the facility failed to ensure that restorative rehabilitation program for splint device application was being thoroughly implemented as documented in plan of care. This failure affected one resident (R183) reviewed for splint devices in a sample of 72 residents. On 12/14/2025 at 11:00am, R183 was observed sitting in his wheelchair next to side of his bed, no leg rest were observed on the wheelchair and AFO splint was on shelf directly in front of where R183 was sitting, right lower extremity/foot was laying on the floor in an inward position.R183 stated that staff places the splint on sometimes but that they did not place the AFO on today and that he would like the AFO placed on.On 12/14/2025 at 11:25 am, V14 (Certified Nursing assistant/CNA) came into the room of R183 and read the sign on the wall that read Certified nursing assistant (CNA) please put R183's AFO on upon getting him up. Place it on the shelf upon laying him down, Restorative. I don't know what the sign means but our restorative aide places the AFO on. Restorative aide places the AFO on his right leg, the right leg and the splint will help keep his foot straight.V14 stated that AFO should be placed on R183 to prevent his feet from becoming worse and that he was not the staff member who got R183 up from the bed. On 12/14/2024 at 11:29 am, V15 (Licensed Practical Nurse/LPN) came to the room of R183 and read the sign on the wall that read Certified nursing assistant (CNA) please put R183's AFO on upon getting him up. Place it on the shelf upon laying him down, Restorative, and stated the CNA should place the AFO on to decrease the risk of further decline to the extremity. AFO brace to right leg, is to stabilize the leg. AFO should be on when R183 is up in wheelchair. CNA or restorative aide should place the AFO on. The sign states that the CNA is to place AFO on resident and V14 should have put it on, I'm not sure why V14 didn't put AFO splint on but I will talk to him (V14).R183's face sheet dated 12/16/2025 documents that he was admitted on [DATE] with diagnosis of Hemiplegia ,diabetes mellitus, hyperlipidemia, chronic kidney disease, reduced mobility, limitation of activities due to disability, cognitive communication deficit, schizoaffective disorder, dysphagia, essential hypertension, personal history of COVID-19.R183's Minimum data set(MDS) section C- cognitive patterns dated 9/23/25, with brief interview for mental status has a score of 13 which means that R183 is cognitively intact.R183's physician order sheet dated 6/9/2025 documents that R183 has an order for right AFO with insert to be placed on in am and removed in evening, to be worn for 4-6 hours daily.R183's MDS section GG for functional abilities dated 9/23/25 documents that R183has a score of 2 which means substantial/maximal assistance resident needs more than half the effort from staff for lower body dressing.R183's care plan dated 6/9/2025 documents in part that R183would benefit from a splint/brace; staff to apply splint(right AFO with insert on in am and off in evening wear for 4-6 hours daily 6-7 days a week to help maintain and improve current range of motion status and prevent any further deterioration. Interventions/Tasks[staff to apply splint after am care for 4-6 hours as tolerated, apply splint as ordered, staff to observed splint site for any skin irritation with routine daily care and as needed. R183 requires extensive assistance and one staff as involved in the transfer activity, staff provides weight bearing support for transfers; staff to provide transfer assistance, staff will provide bed mobility assistance. On 12/14/2025 at 1:12pm ,R183 was observed in dining room prepared to eat lunch and right leg was observed to be laying on the floor without his AFO splint on in place.On 12/14/2025 at 1:15 pm , V14 was interviewed in the hallway and asked why R183's AFO splint was not placed on his right leg.V14 stated that he became busy and it slipped his mind and by the AFO not being on the resident can drag his foot and leg which can cause him to stumble and fall over out of chair, I (V14) have not had time to put the AFO on the resident yet.On 12/14/2025 at 1:21 pm,V15 was in dining room and observed R183 without his AFO splint on to right leg.V15 stated she was not sure why V14 did not place the AFO splint on after they spoke.On 12/15/2025 at 11:02 am, V42 (Therapy director) submitted a document titled Therapy referral to Restorative nursing dated (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>6/6/25 documents in part that R183 is to be issued a AFO by restorative, transfers, sit to stand 10 repetitions, passive range of motion and active range of motion 15 reps for 2 sets. On 12/15/2025 at 9:04 am, a written sign on the wall next to television in R183's room reads that Certified nursing assistant (CNA) please put R183's AFO on upon getting him up. Place it on the shelf upon laying him down, Restorative. On 12/15/2025 at 9:06 am, V24 (Restorative aide) stated the CNA to place AFO on and the purpose is to readjust the foot to keep it from twisting the foot. If restorative is not in the facility the CNA is to put on. I wrote the sign and placed it on the wall for all staff to be aware of placing the AFO on R183's leg. On 12/15/2025 at 9:15 am, V25 (Restorative nurse /LPN) stated CNA/Restorative aides are responsible to place AFO on resident. The purpose of the AFO is to straighten out the deformity as much as possible and if the AFO is not placed on the resident's contracture could become worse. Inservice dated 3/27/25 titled Range of motion and applying splints and V14 received the in-service and sign that application. Policy titled Range of Motion and Splint Policy and Procedure dated 2/20/2015 documents in part the restorative nurse/nurse designee will consult with the skilled therapy department for residents that may benefit from splint application. Procedure for Splints; 7) Unless otherwise specified, splints will be applied according to the facility splint schedule and will be designated for application on am or pm shift schedules and will be designated on the plan of care. 14) Provide bathing to the affected area following the range of motion exercise to the affected joint and then apply the splint per MD orders. Job Description position title: Restorative Nurse with no date attached documents in part; Position summary: the restorative nurse is responsible for development, implementation, monitoring, and supervision of the restorative nursing program for the facility; 3) maintains a current list of residents practicing in restorative programs for splint/brace. Job Description position title: Certified Nursing Assistant dated 4/1/2023: Position Summary the certified nursing assistant (CNA) provides each resident with routine daily nursing care and services in accordance with the resident's assessment and care plan; Role Responsibilities-Care: always performing assistance as stated in the resident's plan of care. Job Description position title: Licensed Practical Nurse with no date: Position Summary: The licensed practical nurse provides direct nursing care to the residents and supervises the day-to-day nursing activities performed by nursing assistants. Role responsibilities- Nursing Care: 13) carries out restorative and rehabilitative programs to include self-help and care, 21) ensures that personnel providing direct care to residents are providing such care in accordance with the resident's care plan and wishes; Care plan: 5) ensure that assigned certified nursing assistants are aware of the resident care plans.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<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>Based on observation, interview, and record review the facility failed to properly label oxygen nasal cannula tubing to ensure specialized care needs for the provision of respiratory care. This failure affected 1 of 1 resident (R44) reviewed for respiratory care in a sample of 72. R44's Face Sheet dated 12/17/2025, documents a diagnosis of but not limited to Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation, Acute and Chronic Respiratory Failure, Unspecified Whether with Hypoxia or Hypercapnia, Hypertensive Chronic Kidney Disease Stage 1 Through Stage 4 Chronic Kidney Disease, Chronic Bronchitis, and Dependence On Supplemental Oxygen.R44's Physician Order Sheet documents an active order with a date of 6/25/2025 and start date of 6/29/2025 to change oxygen tubing and bottle weekly on Sunday every night shift every Sunday for Chronic Obstructive Pulmonary Disease (Acute) Exacerbation.R44's Care Plan dated 12/8/2025 has a focus for Oxygen Therapy related to Ineffective gas exchange, Respiratory risk related to Asthma and Chronic Obstructive Pulmonary Disease. R44's Minimum Data Set Section C dated 10/25/2025 documents, in part a BIMS (Brief Interview Mental Status) of a 15 which is indicative of an intact cognition. 12/14/2025 at 12:47 pm, R44's oxygen was in progress flowing at 2 liter/minute with the humidifier bottle dated 12/9/2025 and the nasal cannula tubing not dated. R44's Oxygen therapy is ordered for 2 liters/minute. 12/14/2025 at 12:49 pm, V7 (Licensed Practical Nurse) stated the humidifier bottle and tubing are changed every 14 to 30 days. V7 verified the tubing is not dated. V7 stated tubing is changed the same time the humidifier bottle is changes, that is the reason the tubing is not dated. V7 stated the purpose of changing the tubing is to prevent respiratory infection. 12/17/2025 at 10:51 am, V2 (Director of Nursing) stated the humidifier bottle, and the tubing should be labeled. V2 stated the night nurses are responsible for changing and labeling the nasal cannula tubing and humidifier bottles every 7 days on Sunday. V2 stated the purpose of labeling the humidifier bottle and tubing is to prevent contamination and for infection control purposes.Facility Policy titled Oxygen Administration undated documents, in part It is the policy of this facility to provide oxygen to maintain levels of saturation to residents as needed and as ordered by the attending physician. Orders are entered into the clinical record under Medication Administration Record. #4. Tubing, humidifier bottles and filters will be changed, cleaned and maintained no less than weekly and PRN. Each will be labeled with date, time, and initialed with date, time and initialed by staff completing the service of to equipment.</p>		

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 12/17/2025
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 - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on observations, interviews, and record review, failed to ensure the narcotics accountability of controlled medication was accurate. This failure affected one resident (R196) and have the potential to affect all 64 residents on the third floor unit. Findings include: On 12/14/25 the V1 (Administrator) provided a facility census of 31 residents on the 3 [NAME] unit. On 12/14/25 at 11:03 am, Surveyor and V3 (Licensed Practical Nurse, LPN) performed the narcotics accountability for the 3 [NAME] medication cart and observed the Narcotics accountability on/off signatures signed for 12/14/25 day shift. During the controlled medication count of R196's Lorazepam 2 mg/ml (milligram/milliliter) oral solution and morphine sulfate 20 mg/ml solutions the Individual Controlled Substance Records were observed in the 3 [NAME] medication cart narcotics accountability book however, Surveyor did not observe these medications on the 3 west medication cart. V3 stated, I called hospice for the medication yesterday because I did not see it. I have to follow up. V3 explained that R196's Lorazepam 2 mg/ml (milligram/milliliter) oral solution and morphine sulfate 20 mg/ml solutions were not present when V3 counted the narcotics for her oncoming shift on 12/13/25 or 12/14/25. On 12/14/25 at 12:14 pm, this observation was brought to V27 (Assistant Director of Nursing, ADON, Registered Nurse, RN) and V27 stated that R196's Lorazepam 2 mg/ml (milligram/milliliter) oral solution and morphine sulfate 20 mg/ml solutions were in the 1 floor medication room refrigerator. V27 retrieved R196's Lorazepam 2 mg/ml (milligram/milliliter) oral solution and morphine sulfate 20 mg/ml solutions from the first-floor medication room. V27 stated that medications should be accounted for during the nurses on/off shift exchanged and signed for accuracy. V27 explained that nurses should not be signing the narcotics accountability form when the narcotic is not visible to ensure the medication is not stolen and the narcotics count is accurate. R196's Physician Order Sheet (POS) dated active orders as of 12/14/25 shows that R196 has orders for Lorazepam 2 mg/ml (milligram/milliliter) oral solution and morphine sulfate 20 mg/ml solutions. R196's Individual Controlled Substance Records shows that R196 has Lorazepam 2 mg/ml (milligram/milliliter) oral solution and morphine sulfate 20 mg/ml and Morphine Sulfate 20mg/ml solution. The facility's document titled Shift Change Accountability Record for Controlled Substances shows V3 signed that the narcotics accountability was accurate on 12/14/25 for the first shift. The facility's undated policy titled Controlled Substances documents, in part: Policy Statement: The facility complies with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of controlled medications. Policy Interpretation and Implementation: .8 Controlled substances are reconciled upon receipt, administration, disposition, and at the end of each shift . 9. Upon Receipt: . b. Both individuals sign the controlled substance record of receipt . 10. Upon Administration: a. The nurse administering the medication is responsible for recording: (1) name of the resident receiving the medication; (2) name, strength, and dose of the medication; (3) time of administration; (4) method of administration; (5) quantity of the medication remaining; and (6) signature of nurse administering medication . 12. At the End of Each Shift: a. Controlled medications are counted at the end of each shift. The nurse coming on duty and the nurse going off duty determine the count together. The facility's undated policy titled 3.3 Controlled Substances documents, in part: Policy: Medications classified by the Federal Drug Administration (FDA) as controlled substance have high abuse potential and may be subject to special handling, storage and record keeping. Procedure: 3. All controlled substances orders will be delivered to a licensed nurse. It is the nurse's responsibility to promptly: a. Verify drug strength and number received. 4. While a controlled substance is in use the nursing staff will maintain the following medication records: 2. Controlled Substances Count Sheet . b. A schedule II-controlled substances (and other schedules if facility policy so dictates) will be counted each shift or whenever there is an exchange of keys between off-going and on-coming licensed nurses. The two nurses will: 1. Inspect both the drug package and the corresponding count sheet to (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 - Few</p>	<p>verify the accuracy of the amount remaining. 2. Both nurses will count the number of packages of controlled substances that are being reconciled during the shift/shift count and document on the Shift Controlled Substance Count Sheet. 3. Both nurses will count the Controlled Substance count sheets and verify the accuracy of the number of remaining count sheets. 4. Both nurses will sign the Shift/Shift Controlled Substances Count Sheet acknowledging that the actual count of controlled substances and count sheet matches the quantity documented. 5. Discrepancies: Any discrepancy in the count of controlled substances shall be reported in writing to the responsible supervisor and a signed entry shall be recorded on the page where the discrepancy is found.</p>		

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<p>F 0914</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide bedrooms that don't allow residents to see each other when privacy is needed.</p> <p>Based on observation, interview, and record review the facility failed to ensure that a residents had a privacy curtain which extended around the bed. This failure affected one residents (R78) residents in the total sample of 72 residents. Findings include: R78's face sheet documents that R78 has a diagnosis which include but not limited to heart failure, unspecified dementia, atrial fibrillation, dysphagia, gastro-esophageal reflux disease without esophagitis, hyperlipidemia, restless legs syndrome, sepsis, and falls. R78 Brief Mental Status Interview (BIMS) dated 09/15/25 indicates that R78 has memory problems. On 12/14/25 at 10:25 am, Surveyor observed R78's room without a privacy curtain that extended around R78's bed. R78 was not able to state how long her privacy curtain was missing. On 12/15/25 at 9:45 am, V16 (Environmental Service Director) stated, The privacy curtains are to give the residents privacy. V16 explained that R78's privacy curtain was taken down on 12/13/25 to be washed. V16 further explained that she only allow the male housekeepers to replace the privacy curtains. V16 then explained that the male housekeeper that she wanted to replace R78's privacy curtain had an emergency and that she was waiting on him to return to work to replace R78's privacy curtain. V16 stated if a resident does not have a privacy curtain the residents dignity can be at risk. The facility's undated document titled Residents Rights documents, in part: As a resident of this facility, you have the right to a dignified existence and to communicate with individuals and representatives of choice. The facility will protect and promote your rights as designated below . Free Privacy: Your privacy will include: personal care, medical treatment . Dignity: The facility will treat you with dignity and respect in full recognition of your individuality. The facility's undated job description document titled Housekeeper documents, in part: Under the director of housekeeping, the Housekeeper is responsible for cleaning residents rooms and other interior and exterior facility areas and assisting in maintaining a clean and attractive environment for the residents . Essential Job Functions: A. Role Responsibilities Job Knowledge/Duties: .4. Cleans and straightens (including vacuuming, wiping, moping, polishing, etc.) rooms, offices, and common areas; polish and remove items; ensure residents rooms are safe, comfortable, and maintained in an attractive manner.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide a comfortable environment for one resident (R140). This failure affected one resident (R140) reviewed for environmental concerns. Findings include: R140's diagnoses include but are not limited to paraplegia, osteomyelitis, pneumonia, pressure ulcer of sacral region, major depressive disorder, chronic kidney disease, peripheral vascular disease, anxiety. R140's Minimum Data Set, dated [DATE] has a Brief Interview for Mental Status score of 15, indicating R140's cognition is intact. Facility's resident council minutes dated 10/30/25 documents in part, R140 ask for maintenance to check his room [ROOM NUMBER] B. Facility's resident council minutes dated 11/20/25 documents in part, resident in room [ROOM NUMBER] asked if maintenance can stop by his room. On 12/15/25 10:51am surveyor and V13 (Maintenance Director) assessed multiple cracks in the window in room [ROOM NUMBER], R140's bedroom before discharge. On 12/15/25 at 10:51am V13 (Maintenance Director) stated that no one has told him that R140 wanted to see him. V13 stated that he was not told to do any work in room [ROOM NUMBER]. V13 stated that he does feel cold air coming from the window cracks in room [ROOM NUMBER]. V13 stated that a crack in the window with cold air coming through is considered an emergency. V13 stated that staff place work orders into the facility's computer system. V13 stated that he does not have any work orders for room [ROOM NUMBER]. On 12/16/25 at 10:20am V45 (Wound care tech) stated that there was a time the R140 told him that R140 felt cold air coming from his window and that he was cold. V45 stated that he informed maintenance. On 12/16/25 at 11:17am V1 (Administrator) stated that it is expected for maintenance to respond to request as soon as possible. V1 stated that as soon as possible means as soon as they receive the request or within 24 hours of the request. V1 stated that it is not acceptable for a resident to have cold air blowing on them. V1 stated that the problem should be fixed, or the resident should be moved to a new area. V1 stated that he was not aware that R140 complained multiple times about a crack in his window. Facility's job description titled Maintenance Director documents in part, The Maintenance Director is held accountable for the decision making and carrying out the assigned duties and responsibilities for the overall operations of the maintenance department in accordance with current existing federal and state regulations and established company policies and procedures. Essential Duties/Responsibilities: Perform a variety of tasks on both the interior and exterior of buildings in accordance with mechanical, plumbing, EPA, and electrical codes and guidelines Respond to emergency maintenance and life safety needs promptly. E. Role Responsibilities-Resident Dignity: Ensure understanding of, and compliance with, all rules regarding residents' rights. Facility's undated policy titled Resident Rights documents in part, As a resident of this facility, you have the right to a dignified existence and to communicate with individuals and representatives of choice. The facility will protect and promote your rights as designated below. Environment: the facility must provide a safe, clean, comfortable, home-like environment, allowing you the opportunity to use your personal belongings to the extent possible. The facility will provide housekeeping and maintenance services. Facility's policy titled Guidelines for Resident Council dated 06/20/23 documents in part, Participation and involvement in the Resident Council gives the resident a sense of being in control which results in a positive impact on their physical and mental health. Some objectives of the council are as follows: D. Assists individual residents to speak and be heard in a collective voice to affect change. E. identify issues early when they may be easier to correct; before becoming larger scale. Group Concerns and Follow-Up. The council group members who voice a concern usually expect a timely response about the resolution to their concern. This must happen. The Administrator monitors this process.</p>		