STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145948	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Bement.	601 North Morgan Bement, IL 61813

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility failed to provide the services of a registered nurse for eight consecutive hours seven days per week. This failure has the potential to affect all 39 residents residing in the facility. Findings include:The facility's Staffing Postings dated 9/1/25 through 9/7/25 document there was not a registered nurse working in the facility on 9/1/25 nor 9/6/25.The facility Employee Roster (undated) documents two registered nurses employed by the facility, V4 Minimum Data Set Coordinator, and V8 Registered Nurse.On 9/12/25 at 12:50 PM, V1 Administrator, confirmed on 9/6/25 there was not a registered nurse on duty in the facility. V1 further stated on 9/1/25 there was a registered nurse who worked the overnight shift from 8/31/25 and was in the facility from midnight until approximately 7:40 AM which still falls short of the requirement of having eight hours of coverage. V1 then stated the facility had not been able to provide services such as intravenous medications due to the lack of a registered nurse to administer those types of medications.The facility Resident Roster dated 9/11/25 documents 39 residents reside in the facility.

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