PRINTED: 03/31/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6000822 01/19/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11401 SOUTH OAKLEY AVENUE **BELHAVEN NURSING & REHAB CENTER** CHICAGO, IL 60643 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S 000i **Initial Comments** S 000 Complaint Investigation 20810056/IL129819 S9999 Final Observations S9999 Statement of Licensure Violations

Section 300.610 Resident Care Policies

300.610a) 300.1210b) 300.1210d)3) 300.1220b)3)

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care

Attachment A Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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by:

These requirements were not met as evidenced

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S9999	Continued From page 2		S9999			
	failed to promptly a and document the p complained of pain bone after a fall. Th residents reviewed failure resulted in R	and record review, the facility nd properly assess, monitor, pain of a resident who in the shoulder and collar is affected one (R1) of three for pain management. This 1 having a sleepless night and the whole of the next day.				
	Findings include:					
	shows that R1's BII	m Data Set) dated 11/12/2020 MS (Brief Interview for Mental out of 15 (cognitively intact).				
	observation on the was interviewed reg 12/29/20. R1 stated two male staff (V4 a Assistants/CNAs) of using the mechanic the men held him of held him on the leg mechanical lift befor added that he compand collar bone are the nurse did not collar bone and that time was 8 collar bone and that the pain made whole day and that	second floor of the facility, R1 garding his pain after he fell on a that he was on the floor and and V5, Certified Nurse same to move him back to bed, cal lift. R1 explained that one of an his arms and the other one is, and they put him on the putting him in bed. R1 clained of pain in his shoulder at the male staff (V4), but ome to see him or give him in. R1 stated that his pain level out of 10, and the pain was so not sleep. R1 was asked ours he stayed awake because ed he could not sleep all night, him to have a bad mood the was why he told his family that it was the following				
ois Depar	morning that the nu stated that the Tyle	urse gave him Tylenol. R1 nol helped him a little bit. ed to rate the pain after the				

PRINTED: U3/3 I/ZUZI FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6000822 01/19/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 11401 SOUTH OAKLEY AVENUE **BELHAVEN NURSING & REHAB CENTER** CHICAGO, IL 60643 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 Tylenol was given the next morning, and R1 stated that the pain went down to about 5. R1 insisted that no one gave him Tylenol on the day he fell and that it could have helped his pain if he got the pain medicine. Again, on 1/13/21 at 11:19am, R1 was asked the same questions as the previous day, and R1 gave the same answers, using the same pain rate numbers. On 1/12/21 at 11:30am, V4 (CNA) was interviewed regarding the occurrence with R1. V4 stated that after R1 was put back in bed, R1 told him about the pain and he went and told V8 (Licensed Practical Nurse/LPN) that R1 was in pain. V4 added that V8 is a part-time nurse who does not come frequently, and she was not working today (Tuesday). Two attempts to reach V8 on phone were unsuccessful on 1/12/21. On 1/13/21 at 12:05pm, V8 was interviewed regarding why R1 was not assessed and the pain was ignored two weeks ago on 12/29/20 after R1 fell, since R1's pain assessment and progress note documentation show yesterday's date (1/12/21) after the surveyor was told that she (V8) was off work. V8 responded that she was off yesterday (1/12/21) but she (V8) was told that she had to come into the facility to complete R1's pain assessment and finish up her documentation on the resident because of risk management. V8 stated that was the reason she came to the facility and did the documentation. V8's documentation for 12/29/20 that showed "created date" of 1/12/21 include: Pain Review, Fall Risk

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Review, Daily Skilled Nursing Notes, and E-MAR

R1's progress notes show that V8 made an electronic medication administration record

Pain medication documentation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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S9999	(E-MAR) progress (regarding the occuthat R1 was given complained of pain shows that it was a 11:58am. In additionassessment dated date 1/12/21 at 2:4 pain that happened in addition, V8 mac Notes" created on same "Effective Date of the complete it at that the complete it at that the complete it at that the following incomplete frequency states in function states assessed." There is the complete it at the complete it at the complete it at that the complete it at that it is seen to see the complete it at that the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it at that it is seen that V8 started the complete it is seen tha	notes entry on R1 on 1/12/21 urrence on 12/29/20) to say Tylenol on the day R1 fell and (on 12/29/20). This entry actually created on 1/12/21 at on, V8 made a "Pain Review" 1/12/21 at 2:31pm with lock 4pm regarding R1's post-fall d on 12/29/20 (two weeks ago) de a "Daily Skilled Nursing 1/12/21 at 12:43pm (with the ate" of 12/29/20). Typm, V2 (Nurse Consultant) these discrepancies in the time of the Pain Review Skilled Nursing Notes, and the otes; V2 stated that it could be pain assessment but did not					
	On 1/13/21 at 11:3 was asked if she was resultant pain on the area. V9 stated that the expectation is the nurse practitioner, resident complained added that if she was done an assessment	ultant pain from the fall. 5am, V9 (Nurse Practitioner) was notified of R1's fall and the he shoulder and collar bone at she was not notified, and tha that the nurse should notify the especially because the ed of pain from the fall. V9 was notified, she would have ent to determine if the resident the hospital or if he should get a	9				

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residents will be utilized.

anticipated pain when possible. A standard format for assessing, monitoring, and documenting pain in both cognitively intact and cognitively impaired

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