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Illinois Department of Public Health

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6000822	B. WING _			C	
		NAMEC	F PROVIDER OR SUPPLIER				11,
IVAIVIL	F FROVIDER OR SUPPLIER			Y, STATE, ZIP CODE			
BELHA	VEN NURSING & REHA			LEY AVENUE			
044)	0.00.00.00.00.00.00.00.00.00.00.00.00.0	·	), IL 60643	3			
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
S999	9 Continued From page	ge 1	S9999				
	During phone interv Z1 stated she saw the bump on head, need and soiled incontine on Facebook by E5. remove the photos be and it is a violation of Portability and Account E1 (Administrator) stapproximately 9:20a employee who worked short time and abruph Review of E5's personan employment date 10/25/14. Livescan firm 10/3/14 was filed in Ethere is no evidence	iew on 11/20/14 at 2:40pm, he pictures of a resident with dles in the bed with residents, nt briefs on residents posted Z1 states she told E5 to because E5 could lose her job of HIPAA (Health Insurance untability Act)  itated on 11/18/14 at m, that E5 is a former ed in the facility for a very offy resigned her post.  Innel file on 11/18/14 shows of 10/12/14 through ngerprint request dated E5's personnel file, however that this request was edility. There is no Health Care	39999				
	Health care Worker F	Registry requirement is that be completed within 10					
	the Health Care Work (77 III. Adm. Code 95% This requirement is no Based on interviews a facility failed conduct a criminal background c (certified nurse assistation).	with the Health Care Check Act [225 ILCS 46] and the Background Check Code 5).  of met as evidenced by: and record review, the					

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Illinois Department of Public Health

AND PLAN OF CORRECTION  IDENTIFICATION NUMBER:  IL6000822  IL6000822  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  11401 SOUTH OAKLEY AVENUE  CHICAGO, IL 60643  (X4) ID PREFIX  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL  PREFIX  (X2) MOCTIFLE COINSTRUCTION  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X4) DEFINITION  (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX  (EACH CORRECTION (X5)		Department of Public	Health				VL	_
AMME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  SELHAVEN NURSING & REHAB CENTER  11401 SOUTH OAKLEY AVENUE  CHICAGO, IL 60643  [XA1]D  PREFIX TAG  XA2]D  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  S9999  Continued From page 2 Findings include:  Review of the facility's census dated 11/13/14 notes 184 residents residing in this facility.  E5 (former certified nurse assistant) was hired to worked on the nursing units on 10/3/14. On 10/3/14 at 2:11pm, the facility reviewed the OIG LEIE (Office of Inspector General List of Excluded Individuals/Entities) exclusions database via the internet. Review of the lilinois Premier Fingerprinting Service document dated 10/4/14 notes E5 did complete the fingerprinting process. During the survey, the facility was unable to produce documentation to indicate the results of E5's fingerprint criminal history background check.  During interview with E1 (Administrator) on 11/18/14, at approximately 2:30pm, E1 stated E5 was employed until 10/19/14 when E5 suddenly resigned without notice. When asked why results of a criminal background not included in E5's personnel file, E1 had no explanation. According to E1, E5 was employed from 10/12/14 through 10/25/14.  Review of the facility's Code of Conduct policy and Employee Handbook dated May 2012, notes the facility considers the care and safety of its residents to be its highest goal. Therefore the facility conducts criminal background checks, to include the OIG LEIE, on all applicants considered for employment.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					
BELHAVEN NURSING & REHAB CENTER  ### CHICAGO, IL. 60043  [X4] ID   SUMMARY STATEMENT OF DEFICIENCIES CHICAGO, IL. 60043  [REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION CHICAGO, IL. 6004)  #### CONTINUED FROM INSTRUCTION OF LSC IDENTIFYING INFORMATION)   PROVIDER'S PLAN OF CORRECTION CHICAGO	IL6000822		IL6000822	B. WING				
Summary Statement of Deficiencies   Summary Statement of Deficiencies   Summary Statement of Deficiency Substitute   Substit	NAME O	F PROVIDER OR SUPPLIER	STREET AC	DRESS CITY	STATE ZIP CODE	11/	25/2014	
SUMMARY STATEMENT OF DEFICIENCIES   10   PREFEX   EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFEX TAG   PROVIDERS PLAN OF CORRECTION (SCAN CAPROPRIATE   CACH CORRECTIVE ACTIONS HOULD BE CROSS REFERENCE ON the APPROPRIATE   CACH CORRECTIVE ACTIONS HOULD BE CROSS REFERENCE ON the APPROPRIATE   CACH CORRECTIVE ACTIONS HOULD BE CROSS REFERENCE ON the APPROPRIATE   CACH CORRECTIVE ACTION HOUSE OF THE APPROPRIATE   CACH CORRECTIVE ACT OF THE APPROPRIATE   CACH CA	BELHA	VEN NURSING & REHA	AB CENTER 11401 SC	UTH OAKL				
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