PRINTED: 05/14/2015 FORM APPROVED

Illinois Department of Public Health

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	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	1	PLE CONSTRUCTION	(X3) DATE SURVEY
ANDFLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3:	COMPLETED
					С
		IL6000822	B. WING		04/22/2015
NAME OF	PROVIDER OR SUPPLIER	STDEET AF	DDECC CITY	STATE 71D OODS	
TV/IIVIL O.	THO TIDE! CONTON!			STATE, ZIP CODE	
DELFIAVEN NUCCINU & CENAD CENTER			D, IL 60643	EY AVENUE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF	D BE COMPLETE
				DEFICIENCY)	
S 000	Initial Comments		S 000		
			Of the later and		
	Complaint Investiga				
	1582054/IL76561- N	No findings	***************************************		
	Incident Report Inve	estigation			
		416- Refer to 300.615 and			0000
	300.625				
	IRI of 4/09/15 IL764	468- No findings			
			7		
S9999	Final Observations		S9999		
	STATEMENT OF LI	CENSURE VIOLATIONS	COCOCOCIO POR COCOCIO POR COCIO PO		
		etermination of Need	A CALL CONTRACTOR AND POPULATION AND		
	History Record Infor	uest for Resident Criminal mation	of damagnaments		
			NOVO HA de la companie de la compani		
,	e) In addition to	the screening required by			
		of the Act and this Section, a			
		4 hours after admission of a criminal history background			
974		ne Uniform Conviction			
		all persons 18 or older			
		o the facility, unless a			
		as initiated by a hospital			TO STEEL PLANTS OF THE PARTY OF
	pursuant to the Hosp				
	resident's name, dat	shall be based on the			
		d by the Department of State			77
	Police. (Section 2-2	01.5(b) of the Act)			
	This requirement is a	not met as evidenced by:		Attachment A	
777/4				Claimant of Lamanua Vial	Adiana
244	Rased on intorvious	and record review the facility		Statement of Licensure Viol	duviis
		riminal history background			
		resident, failed to verify the			

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 05/11/15

	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION		E SURVEY PLETED
		IL6000822	B. WING		•	C 22/2015
	F PROVIDER OR SUPPLIER	AB CENTER 11401 SC	DDRESS, CITY, : DUTH OAKLE O, IL 60643	STATE, ZIP CODE		
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\$999	date of birth for a rehistory background an identified offende (R1) in the sample R1 residing in the fafor harm risk level at Findings Include: On 4/15/15 the facil history report from twhich was observed correct name but the report. Due to the father incorrect birth dwas not conducted correct information. from the facility on another ISP crimina On 4/15/15 the facil history report on R1 of Corrections (IDO on active parole with date of 8/9/2017. Retain that R1 was sentent felony possession of a store (DON) stated the id IDOC report is R1. On 4/16/15 at 9:20 at (former Social Service) was not aware of Restated R1 was coun behaviors with femal that it was reported in impropriate commembers, coming to break room staring female staff. E5 stares.	esident during a criminal check and failed to develop er care plan for one resident of four. This failure resulted in acility without the assessment and supervision required. It provided R1 's criminal the Illinois State Police (ISP) d by this surveyor to have R1's reincorrect birth date on the facility's error and oversight of ate R1's criminal history report through the ISP using the Although R1 was discharged 4/6/15, the facility initiated al history report on 4/15/15. It provided a criminal from the Illinois Department of the indicated that R1 is h a projected parole discharge to 4/6/15 is IDOC report indicates ced to 6 years on 8/9/2011 for use of firearm and unlawful len vehicle. On 4/15/15 E2 entifying photograph on the am E5 Admission Coordinator ice Coordinator) stated that he 1 's criminal history. E5 useled for his inappropriate ale staff members. E5 stated that R1 was making sexually				

stopped.

Illinois Department of Public Health

PRINTED: 05/14/2015

Illinois Department of Public Health

SAMPLEANOF CORRECTION ILG000822 **RAME OF FROWDER OR SUPPLIER** **BELHAVEN NURSING & REHAB CENTER** **ILG000822 **STREET ADDRESS. CITY. STATE. ZIP CODE** **ILG000822 **STREET ADDRESS. CITY. S	IIIIIOIS L	repartment of Fublic	neal(II	·		
IL6000822 B. WINNS		_		1		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE SIMMARY STATEMENT OR DEFICIENCES 11401 SOUTH OAKLEY AVENUE CHICAGO, IL 6643 VAI) D PREFIX TAG SUMMARY STATEMENT OR DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY PULL PREFIX TAG CONTINUED FROM THE SECULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 2 On 41 6/15 at 11:37 am E6 Admissions Coordinator stated that she recalls inquiring about R1 's criminal history indicated on the IDOC report with the hospital social worker who stated that R1 denied a criminal history. E6 stated she thought the IDOC report had incorrect information on R1's criminal history. E6 stated there was no criminal history seport in R1 which stated there was no criminal history seport and ISP reports. E6 stated that a cross check on both criminal history report is usually conducted. E6 stated social service was not informed of R1's IDOC criminal history report because the ISP criminal history report indicated that R1 had no record on file. E6 stated she may have mistakenly put the incorrect birth date in the system for the ISP report for R1 and was so busy with multiple things she may not have remembered to double check R1's background reports. E6 stated R1's IDOC criminal history report was received before R1 entered the facility and she did not follow—up to see if the identifying photograph on the IDOC report was that of R1, once R1 arrived at the facility R1 's Minimum Data Set (MDS) dated 3/27/15 indicates R1 has a Brief interview for Mental SCALES R1 and R1 was observed on the report indicated that R2 was observed in her bed without clothes and with the incontinence brief open. The incident report indicates that R1 was placed on 1:1 observation and set out for psychiatric evaluation. The				A. BUILDING	S:	COMPLETED
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	T	CHICAGO	, IL 60643			[
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	Procedure dated 20 facility shall: request Conviction Informat background check and other identifiers of State Police for a admission to the factor the Identified (business day, confit was submitted correfollowed. (B)	of 11 indicates in part that the st a name-based Uniform ion Act (UCIA) criminal history based on name, date of birth is required by the Department in resident seeking cility; check for confirmation Offender Program within one rming that all the information ectly. The policy was not					
		shall review the results of the kground checks immediately					
	history background is an identified offer	of a resident's criminal check reveal that the resident nder as defined in Section the facility shall do the					
777770000000000000000000000000000000000	State Police, in the	notify the Department of form and manner required by State Police, that the resident oder.					
	fingerprint-based cr be requested on the The inquiry shall be sex, race, date of bi other identifiers requ	ours, arrange for a iminal history record inquiry to e identified offender resident. based on the subject's name, rth, fingerprint images, and uired by the Department of inquiry shall be processed					

Illinois Department of Public Health

STATE FORM 0SY711 If continuation sheet 5 of 11

PRINTED: 05/14/2015 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 04/22/2015 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 PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.

- If identified offenders are residents of a facility, the facility shall comply with all of the following requirements:
- 1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders or are serving a term of parole. mandatory supervised release or probation for a felony offense who are residents of the facility. If a resident of a licensed facility is an identified offender, any federal, State, or local law enforcement officer or county probation officer shall be permitted reasonable access to the individual resident to verify compliance with the requirements of the Sex Offender Registration Act, to verify compliance with the requirements of Public Act 94-163 and Public Act 94-752, or to verify compliance with applicable terms of probation, parole, or mandatory supervised release. (Section 2-110(a-5) of the Act) Reasonable access under this provision shall not interfere with the identified offender's medical or psychiatric care.
- The facility staff shall meet with local law enforcement officials to discuss the need for and to develop, if needed, policies and procedures to address the presence of facility residents who are

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	parole, mandatory sprobation for a felor compliance with Se 4) If the identification parole, or mandator facility shall contact parole officer, acknowledge contact information in the results.	nders or are serving a term of supervised release or my offense, including action 300.695 of this Part. Tied offender is on probation, my supervised release, the atthe resident's probation or owledge the terms of release, remation with the probation or naintain updated contact esident's record. The record me resident's criminal history				
	offenders, the facility measures listed in the and Recommendation Department of the State of the	sion of an identified offender ision to retain an identified, the facility, in consultation ector and law enforcement, dress the resident's needs in an of care. Shall incorporate the Identified d Recommendation into the care plan. (Section				
	Offender Report and	reliance on the Identified d Recommendation prepared 2-201.6(a) of the Act shall not				

Illinois Department of Public Health

relieve or indemnify in any manner the facility's

STATE FORM 6899 0SY711 If continuation sheet 7 of 11

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		oility with regard to the or other facility residents.				
	local law enforcement Prisoner Review Bo Corrections of the insubstance abuse, a inappropriate sexual necessitate relocation. As evidence by the Based on interview failed to perform a concify the proper authorized background check was active parole and fareviewed for an offer Findings Include: On 4/15/15 the facil history report from the was observed correct name but the report. Due to the function the facility on 4 another ISP crimina On 4/15/15 the facil history report on R1 of Corrections (IDO on active parole with date of 8/9/2017. R					
		se of firearm and unlawful				

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BELHAV	'EN NURSING & REHA	AR CENTER	UTH OAKLE), IL 60643	Y AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 8	S9999			
S9999	(DON) stated the id IDOC report is R1. On 4/16/15 at 9:20 (former Social Serv was not aware of R stated R1 was cour behaviors with femathat it was reported inappropriate commembers, coming the break room staring female staff. E5 stamonitoring for 72 hostopped. On 4/16/15 at 11:37 Coordinator stated in R1's criminal historeport with the hosp that R1 denied a crithought the IDOC reon R1's criminal bacreceived the ISP repwas no criminal histore reliable and compared R1's IDO ISP reports. E6 stamonial history reports.	olen vehicle. On 4/15/15 E2 dentifying photograph on the am E5 Admission Coordinator vice Coordinator) stated that he R1's criminal history. E5 nseled for his inappropriate ale staff members. E5 stated that R1 was making sexually nents to female staff to the basement employee and taking pictures of the ated R1 was placed on close ours until the behaviors 7 am E6 Admissions that she recalls inquiring about bry indicated on the IDOC oital social worker who stated iminal history. E6 stated she eport had incorrect information ckground. E6 stated once she port on R1 which stated there tory she placed the report in no further action was needed s. E6 stated the ISP report is not cannot recall whether she IOC criminal history report and ated that a cross check on both orts is usually conducted. E6	S9999			
	IDOC criminal histo	e was not informed of R1 's ory report because the ISP ort indicated that R1 had no				POPOPOROZOZOZOZO A A ARIAN A P. A P. A B. A B
	record on file. E6 si mistakenly put the in system for the ISP r with multiple things remembered to dou	stated she may have ncorrect birth date in the report for R1 and was so busy				
		before R1 entered the facility				

Illinois Department of Public Health

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	S:	COM	PLETED
			1			<u></u>
		IL6000822	B. WING		1	C
		12000022	1		04/4	22/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
DEL HAV	EN MUDONO 9 DELLA	11401 SO	UTH OAKL	EY AVENUE		
DELITAV	EN NURSING & REHA	CHICAGO), IL 60643			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR LS	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				DEFICIENCY)		
S9999	Continued From page	ge 9	S9999			
	and she did not follo	ow-up to see if the identifying	Acceptance of the control of the con			
	photograph on the I	DOC report was that of R1,				
A	once R1 arrived at t					
		a Set (MDS) dated 3/27/15	TO 000 COVID-100			
		Brief Interview for Mental	Ti Concessora			
		e of 15 indicating no cognitive	****			
	deficits.	5	TATA CANADA			
	R1's incident repor	rt dated 4/6/15 indicates that	attraction			
		xiting R2 's room at 12:45	CO DAMINIO DE PORTO D			
	am. The incident re	port indicates R2 was	444			
	observed in her bed	without clothes and with her				
	incontinence brief of	pen. The incident report				
		as placed on 1:1 observation	O Colorova			
	and sent out for psy	chiatric evaluation. The				
	incident report indica	ates that R2 was sent to an				
A CO	area hospital for ass	sessment and evaluation.				
		cludes diagnoses pre-senile				
		imer 's. R2 's MDS dated				
		BIMS score of 8 indicating				
	moderate cognitive	deficits.				
		d dated 4/6/15 indicates no				
		sexual assault and that R2				
	denies pain or histor					
		gress note dated 4/6/15 for				
		at E1 (Administrator) and E6				
		ess his sexual inappropriate				
-	behavior towards sta	aff. The progress note				
	indicates R1 was inf	ormed by E1 (Administrator)				
		e to take pictures of female				
		note indicates that R1 was				
		monitoring until compliance is				
	met.	DO (, I (,			:	
		am R3 stated that he shared				
		stated R1 was always saying				
		to the female staff. R3				
		omfortable with R1 being his				
1	roommate because I	R1 often told him (R3) " you				
:	stink", called him a	"b**ch " and stated " I will				4
1	wnoop you're a** mu	*******ck " . R3 stated the				
	staff knew about R1	's behavior and moved R1				

PRINTED: 05/14/2015 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 04/22/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11401 SOUTH OAKLEY AVENUE **BELHAVEN NURSING & REHAB CENTER** CHICAGO, IL 60643 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 10 S9999 to a new room because R1. On 4/16/15 at 10:40 am E1 stated that he was not aware of any sexually inappropriate behaviors from R1. When presented with the late entry progress note dated 4/6/15 for 3/31/15 as mentioned above E1 stated to E5 Admissions Coordinator that he should not have written that note because it was a bad choice of words used. The facility could not provide an individualized plan of care for R1 related to identified offender and sexual inappropriateness. The facility could not provide proof that local law enforcement and state agency was notified of R1's IDOC criminal history report. The facility's Identified Offender Policy and Procedure dated 2011 indicates in part that the facility shall: request a name-based Uniform Conviction Information Act (UCIA) criminal history background check based on name, date of birth and other identifiers required by the Department of State Police for any resident seeking admission to the facility; check for confirmation from the Identified Offender Program within one business day, confirming that all the information was submitted correctly. The policy was not followed. (B)