STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 2487418/ IL178061	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 2) 300.610a) 300.1210a) 300.1210b) 300.1210d)4)D)5) Section 300.610 Resident Care Policies 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

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 plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

4)Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:

D)Each resident shall have clean bed linens at least once weekly and more often if necessary.

5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2	S9999		

develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

These regulations were not met as evidenced by:

Based on observation, interviews and record review the facility failed to follow Medical Doctor's orders for PRN (as needed) wound dressing change and wheel chair cushion to prevent the worsening of a wound for one patient (R1) who has a facility acquired stage four pressure wound. This failure has resulted in R1's facility acquired DTI (deep tissue injury) to progress to a Stage 4 pressure wound. And the facility failed to follow Medical Doctor's orders for PRN wound dressing change for one patient (R6) with a stage 4 pressure wound observed to be saturated with feces. This failure could result in worsening of R6's wound.

Findings include:

R1 is 80 year old with diagnosis including but not limited to: Unspecified osteoarthritis, unsteadiness n feet, cognitive communication deficit, Hemiplegia and Hemiparesis following cerebral infarction.

R6 is 74 year old with diagnosis including but not limited to: Hidradenitis suppurativa, overactive bladder, repeated falls and hereditary and idiopathic neuropathy.
R6's BIMS (Brief interview of mental status) score is 13, indicating cognitively intact.

During investigation on 09/23/2024 at 10:15 AM,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3	S9999		

Surveyor observed R1's incontinent brief being changed by V9 CNA (Certified Nurse Assistant). At that time, Surveyor observed a saturated wound dressing removed from R1's sacrum.

R1's dressing appeared wet and had yellowish and brownish bodily fluid on it.

On 09/23/2024 at 10:15 AM, V9 CNA (Certified Nurse Assistant) stated that R1's wound dressing was dirty.

On 09/23/2024 at 10:21 AM V6 LPN (Licensed Practical Nurse) said, "R1 has a PRN (as needed) wound care treatment order. Any nurse can change R1's wound, not just the wound care nurse. I did not know that R1's dressing needed to be changed."

On 09/23/2024 at 12:41 PM, R1 was observed sitting in the first floor dining room her wheelchair.

At that time, R1 did not have a donut cushion in her wheel chair.

On 09/24/24 at 6:15 AM, R6 was observed lying in bed and Surveyor noted a strong odor of feces in R6's room.

At that time, Both V14 (CNA) and V13 (CNA) went into R6's room to get him (R6) cleaned for a Doctor's appointment.

On 09/24/24 at 6:25 AM, after gathering incontinent supplies, V14 (CNA) pulled R6's bed sheet back.

At that time, a brown, thick liquid substance was observed on R6's bed sheet and on R6's perineal (Private) area.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

On 09/24/24 at 6:25 AM, V14 (CNA) said, "He (R6) had a large bowel movement."

At that time, V13 and V14 proceeded to roll R6 on his side to clean him.

On 09/24/24 at 6:25 AM, R6's brief, bed pad and bed linen was saturated with a brown, thick, liquid substance.

At that time, R6's sacral wound appeared to be the size of a football and was also filled with a brown, thick, liquid substance.

Surveyor inquired about the brown substance adhered to R6's wound.

On 09/24/24 at 6:25 AM, V13 said that the brown substance observed on R6 was feces.

Surveyor inquired about R6's wound care orders.

On 09/24/24 at 6:36 AM V3 (WCC/ Wound Care Coordinator) said, "R6 has PRN wound care orders. R6's wound should never be full of feces. This could worsen the wound. I come in early in the morning to start my wound care treatments, but I am not here to do treatments 24 hours a day."

On 09/24/24 at 6:40 AM V5 (LPN/ Licensed Practical Nurse) said, "I am R6's assigned nurse. I did not know that his wound dressing needed to be replaced or that he had a bowel movement."

Surveyor inquired about R1' wound.

On 09/25/2024 at 12:04 PM, V3 (WCC) said, "R1's wound is facility acquired. From her (R1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5	S9999		

initial wound assessment to now, her wound has worsened. If the wounds are changed and if the wound is clean, that promotes the healing of the wound. I am currently the only wound care nurse in the building and I do the daily dressing changes, but sometimes the wounds require more frequent dressing changes depending on how they are draining or if they become saturated with urine or feces. R1 has PRN (as needed) wound care orders that the assigned nurse is to follow when I am not available."

Surveyor inquired about the possible contributing factors of R1's wound decline.

On 09/25/2024 at 12:04 PM, V3 (WCC) said, R1's wound may have worsened for multiple reasons. Apart from the wound care, turning and repositioning to offload the wound is important. I created a "get up" schedule for R1. She (R1) is scheduled to get out of bed on Mondays, Wednesdays and Fridays and up in her wheelchair. She (R1) has an order for a donut cushion since April of 2024 and I informed the previous Restorative Director about the donut cushion. I have not seen a donut cushion for R1 as of today. Restorative orders all cushions."

On 09/25/2024 at 12:30 PM, R1 was observed sitting in her wheel chair in the first floor dining room.

At that time, there was no donut cushion observed in R1's wheel chair.

On 09/25/2024 at 1:15 PM, V6 (LPN) said, "I see that R1 has an order for a donut cushion but I was not aware of that order. I believe the restorative department orders the wheelchair cushions."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6	S9999		

Surveyor inquired about PRN wound care orders.

On 9/25/2024 at 1:30 PM, V19 (WCC) said, "The PRN dressing change is for times when the dressing may become soiled in between regular dressing changes."

Surveyor asked if a wound that is not cleaned, with saturated dressing or covered with feces would heal properly.

On 9/25/2024 at 2:20 PM, V19 (WCC) said, "If a wound is not cleaned as needed, the healing process could be impeded. It all depends on the length of time the wound was not cleaned and the number of occurrences."

Surveyor inquired about the difference between DTI (Deep tissue injury) and a stage 4 wound.

On 9/30/2024 at 2:20 PM, V19 (WCC) said, "A DTI is a deep tissue injury, technically an injury with intact skin. A stage 4 wound is the deepest level of pressure wounds, with an open area on the skin."

Surveyor inquired about the donut cushion for wheelchairs.

On 9/30/2024 at 2:20 PM, V19 (WCC) said, "The donut cushion is like an inner tube with no middle and can help to offload the wound area. A standard wheelchair cushion is square and foam."

On 9/25/2024 at 1:40 PM, V2 (DON/ Director of Nursing) said, "Restorative usually orders the supplies. I didn't know that R1 had an order for a donut cushion. The difference between the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7	S9999		

regular cushion and the donut cushion is that the donut cushion has a hole in it in order to relieve pressure from her (R1) sacral area while she is up in a chair."

Surveyor inquired about the purpose of PRN (as needed) wound care orders.

On 9/25/2024 at 1:40 PM, V2 (DON) said, "My expectations are that the wound dressings are changed per doctors' order and as needed. If the CNA (Certified Nurse Assistant) notices that a dressing is removed or is soiled, they should let the assigned nurse know so that the wound dressing can be changed. The floor nurses are responsible for PRN wound treatments and keeping the integrity of the wound for healing. The purpose of PRN (as needed) wound orders is to minimize the risk of the wound deteriorating and or becoming infected. Nurses should be checking the integrity of the wound each shift. It is not only the wound care nurse's responsibility to keep the wound clean and dry."

R1's Section M of MDS (Minimal Data Set) dated 07/12/2024 documents: R1 has one or more unhealed pressure injuries; R1 is at risk for developing pressure injuries; R1 requires a pressure reducing device for wheelchair; R1 requires pressure ulcer care; R1 requires nonsurgical dressing.

R1's Section GG of MDS dated 07/12/2024 documents, R1 requires maximal assistance with personal hygiene.

R1's facility wound care evaluation dated 09/25/2023 documents a facility- acquired suspected DTI (deep tissue injury) to the sacrum region with the following measurements: 6.6 cm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 8	S9999		

(centimeters) in length; 7.1 cm in width; and 0.2 cm in depth.

R1's wound care report dated 09/27/2023 documents an Unstageable DTI (deep tissue injury) to the sacrum region with the following measurements: 6.5 cm in length; 7 cm in width; and 0.2 cm in depth.

R1's wound care report dated 04/09/2024 documents a Stage Four Pressure Wound to the sacrum region with the following measurements: 5.5 cm in length; 5 cm in width; and 2.8 cm in depth.

R1's Weekly Wound Evaluation dated 09/19/2024 documents a Facility- Acquired Stage Four Pressure Wound to the sacrum region with the following measurements: 6.8 cm in length; 5.4 cm in width; and 1.6 cm in depth.

R1's Order Summary Report dated 09/23/2024 documents, apply Metronidazole powder as needed to sacrum for wound care; cleanse sacrum with NSS (normal saline solution), pat dry and cover with dry dressing.

R1's Order Summary Report dated 09/23/2024 documents, donut cushion while up in wheel chair for sacral wound.

R6's facility wound care evaluation dated 09/14/2024 documents, R6 has a stage four sacral wound with the following measurement: 22.5 cm in length; 17.0 cm in width, and 1.8 cm in depth.

R6's Section GG of MDS dated 09/20/2024 documents, R6 is dependent on staff for personal hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9 R6's Order Summary report dated 09/25/2024 documents the following active order: Cleanse sacrum with nss (normal saline solution) Dakin's ¼ solution, dry and apply calcium alginate and cover with dry dressing as needed for wound care. R6's care plan dated 09/17/2024 documents, R6 has a "self-care deficit" and requires assistance with ADLs (Activities of daily living) to maintain the highest possible level of functioning; R6 has an alteration in skin integrity and is at risk for additional and/ or worsening of skin integrity issues related to Hidradenitis Suppurative, diabetes, comorbidities and sacral wound to sacrum. R6's care plan dated 09/17/2024 documents the following interventions: R6's skin to be checked during routine care on a daily basis. Facility policy titled Treatment/ Services to prevent/ Heal Pressure and Non-Pressure wounds documents, the facility will ensure that based on the comprehensive assessment of a resident: a resident with pressure ulcers or non-pressure wounds receive necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new wounds from developing; Interventions will be implemented in each resident's plan of care to prevent and prevent healing of the pressure and non-pressure wound. Facility policy titled Physician Orders documents, it is the policy of the facility to follow the orders of the Physician. (B)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 10 Statement of Licensure Violations (2 of 2) 300.610a) 300.1210a) 300.1610a)1) Section 300.610 Resident Care Policies 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 a)Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 11	S9999		

resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

Section 300.1610 Medication Policies and Procedures

a)Development of Medication Policies

1)Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.

These regualtions were not met as evidenced by:

Based on observation, interviews and record review the facility failed to ensure that one patient's (R6) pain was managed with prescribed medication every four hours as ordered. This failure has resulted in R6 experiencing pain of 10 on a scale of 1-10 during wound care and ADLs (Activities of daily living).

Findings include:

R6 is 74 year old with diagnosis including but not limited to: Hidradenitis suppurativa, overactive bladder, repeated falls and hereditary and idiopathic neuropathy.
R6's BIMS (Brief interview of mental status) score is 13, indicating cognitively intact.

On 09/24/24 at 6:15 AM, R6 was observed lying in bed and Surveyor noted a strong odor of feces in R6's room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 12	S9999		

At that time, Both V14 (CNA/Certified Nurse Assistant) and V13 (CNA) went into R6's room to get him (R6) cleaned for a Doctor's appointment.

On 09/24/24 at 6:25 AM, V13 and V14 proceeded to roll R6 on his side to clean him.

At that time, R6's sacral wound appeared to be the size of a football and was also filled with a brown, thick, liquid substance.

On 09/24/24 at 6:25 AM R6 yelled out, "Oh! It hurts."
Surveyor asked if R6 was ok.

On 09/24/24 at 6:25 AM, R6 reported a pain level of 10 on a scale of 1-10.

Surveyor left the room to go and get the wound care nurse and R6's assigned nurse for medication.

On 09/24/2024 at 6:31 AM, V15 LPN (Licensed Practical Nurse) said that he (V15) was the assigned nurse for R6 and that R6 had run out of prescribed pain medication (Norco).

At that time, V15 said that R6 was already given a Tylenol at 6:00 AM and that He (R6) missed his scheduled Norco for 2 AM and 6 AM. R5 is supposed to get the Norco every four hours.

Surveyor inquired about the difference between Norco and Tylenol.

On 09/24/2024 at 6:31 AM, V15 LPN said, "Well the Norco is much stronger, but all R6 only has available is the Tylenol right now. I am waiting for R6's Norco order to be refilled."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 13	S9999		

At that time, V13 CNA and V14 CNA, proceeded to turn and clean R6 again to clean him (R6).

On 09/24/2024 at 6:31 AM, R6 yelled out again.

On 09/24/2024 at 6:31 AM, V3 (WCC/ Wound Care Coordinator) said, "R6 needs pain medication. I've never seen him in this much pain."
At that time, V13 and V14 continued to render incontinent care as R6 grimaced and moaned.

On 09/25/2024 at 12:04 PM, V3 (WCC) said, "R6 was definitely in pain on yesterday (09/24/2024) and I have never seen him (R6) like that before. He is usually in good spirits and smiling. I can tell that R6 was uncomfortable."

Surveyor inquired about the expectations regarding medication availability for residents.

On 9/25/2024 at 1:40 PM V2 (DON/ Director of Nursing) said, "When the nurse get down to about 5 tablets of a controlled medication such as Norco, the medication is supposed to be ordered at that time. When the nurse is proactive with re-ordering the prescribed medication, this can ensure that the medication does not run out and is available for the resident when needed."
Surveyor inquired about pain management and wound care.

On 9/25/2024 at 1:30 PM at 1:40 PM, V2 (DON) said, "Pain should be managed before the wound care is performed. If the alternative medication was not effective, the doctor should be notified. In order to meet the resident's needs. The resident must be comfortable."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 14	S9999		

Surveyor inquired about R6's MAR (Medication Administration Record).

On 9/25/2024 at 1:40 PM, V2 (DON) said, "When a medication is administered, it will reflect on the MAR as a checkmark and the Nurse's initial. If there is no checkmark, the medication was not administered for whatever reason indicated." Surveyor inquired about R6's pain.

09/25/2024 at 4:00 PM, R6 said," Sometimes when I pass gas, I have a bowel movement and I have to wait over an hour to be cleaned. I just try to stay still and not move because the pain shoots back up to a 10 when I move. It makes me feel terrible."
On 09/27/2024 at 2:50 PM, V10 (NP/Nurse Practitioner) said, "I specialize in pain management and physical therapy."

At that time, Surveyor inquired about the purpose of R6's schedule Norco for every four hours.

On 09/27/2024 at 2:50 PM, V10 (NP) said, "The Norco is necessary for severe pain management. It could help with pain from wounds."

Surveyor asked if Norco would be more effective than Tylenol.

On 09/27/2024 at 2:50 PM, V10 (NP) said, "The Norco would be more effective than Tylenol during wound care. Pain is subjective. If a patient reports a pain level of 10 on a 1-10 pain scale, I (V20) can't argue with that."

R6's care plan dated documents, R6 is at increased risk for alteration in pain / discomfort related to recent surgery, chronic disease process and skin or tissue impairment;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000822	A. BUILDING: _____ B. WING _____	C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELHAVEN NURSING & REHAB CENTER	11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 15 Interventions include administration of analgesic medication as ordered per pan of care. R6's Order Summary Report documents the following active order: Hydrocodone-Acetaminophen (Norco) oral tablet 10-325 MG; give one tablet by mouth every four hours for pain. R6's Nursing Progress Note dated 09/24/2024 and written by V15 (LPN) documents, Hydrocodone- Acetaminophen (Norco) not available for resident. R6's Medication Administration Record for period of 09/01/2024- 09/30/2024 documents five missed doses of R6's scheduled Norco on 09/24/2024 for the following times: 0200, 0600, 1000, 1400, 1800 and 2200. Facility policy titled Guidelines for Pain Management documents the following: It is the intent of the facility to promote resident independency, comfort, and to preserve resident dignity in an ongoing effort to promote the highest level of quality for their lives; to maintain and effective pain management plan to provide residents the mean to receive necessary comfort, exercise greater independence, and therefore enhance their overall welfare an well-being. Facility policy titled Guidelines for Pain Management documents the following methods to achieve goals of pain management: Monitor the efficacy of any medications being used for pain management and control; preventing and minimizing anticipated pain when possible. (B)	S9999		