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 03/25/2024

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: #2482148/IL170958 #2482021/IL170807 #2482098/IL170899	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3) 300.1210d)6 300.3210t) 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 b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological	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 03/25/2024

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		

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.

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:

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

A. Based on observation, interview and record review, the facility failed to ensure that residents were free of abuse/physical assault. This affected two (R1, R3) of three residents reviewed for physical abuse with injuries. R4 hit R3 and R3 sustained injuries to the forehead and lips. As a result, R3 was sent to the hospital. And R2 physically attacked R1, R1 sustained injuries to the head and face and was hospitalized for 2 days.

B. Based on interview and record review, the facility failed to: adequately supervise and monitor

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 03/25/2024

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		

a resident(R2) who has a history of physically assaulting other residents, and failed to provide the appropriate intervention when R2 refused to sleep and paced the hall all night on 2 consecutive days; and failed to supervise R1 who has weakness due to paralysis. As a result, R2 physically attacked R1, and R1 sustained injuries to the head and face and was hospitalized for 2 days.

Findings include:

1. R4's records show the following:
Face sheet shows diagnoses which include but are not limited to Homicidal and Suicidal Ideation, and Bipolar Disorder with Manic Episode.
MDS (Minimum Date Set) dated 3/8/24, Section E(Behavior) shows that R4 has verbal behavioral symptoms directed toward others.
MDS section C (BIMS-Basic Interview for Mental Status) shows a score of 15(Cognitively Intact).
POS (Physician Order Sheet) dated 9/8/23 shows order for Divalproex Sodium Oral Tablet Delayed Release 500 MG; Give 750 mg by mouth two times a day for mood disorder.
MAR (Medication Administration Records) shows missing entries for R4's mood stabilizer medication (Divalproex 750 mg) on the following dates: 2/5/24 at 5pm, 2/6/24 at 5pm and 3/6/24 at 5pm.
There were no entries for Behavior Monitoring on the evening shifts on the dates listed above.

Care plan dated 2/22/24 states in part: Active Socially Inappropriate Behavior: Resident displays socially inappropriate and maladaptive behavior related to: A history of dysfunctional behavior, anger, agitated depression., Communicating anxiety & restlessness. 9/13/23 - Resident threatened to shoot his nurse with a

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 03/25/2024

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		

9mm gun. 2/6/2024 - Resident was reported yelling at staff and refusing redirection. 2/22/24-Resident became agitated with staff.

Care plan dated 9/18/23 states in part: Displays conflictual, difficult behavior with other persons related to: A difficult time adjusting to life in the long-term care facility., History of substance abuse, General intolerance, and limited ability to deal with frustration.

R4's progress notes dated 3/8/24 at 7:28am written by V14 states in part: Resident came out of room and stated his roommate tried to hit him and he hit his roommate a few times. Administrator/DON/MD/Police notified. Resident then left the facility.

On 3/18/24 at 1:20pm, R3 was observed in the hallway propelling self in the wheelchair. The surveyor asked R3 about the incident with his former roommate. R3 stated "He hit me on the head and busted my lips. It was a lot of pain, and I went to the hospital. But now I'm okay." R3 again verbalized that he(R3) feels safe at the facility.

On 3/20/24 at 1:54pm, V21(Nurse Practitioner) was interviewed about resident-to-resident assault for a resident with a history of aggressive behavior who has refused or missed medications a few times. V21 stated in part: The nurse needs to notify the doctor or Nurse Practitioner if the resident is refusing medications. We generally get the state guardian or POA involved and the psychiatric Doctor, if a resident is refusing to take their medication and becoming aggressive, and the POA is not cooperative about injections, then, we'll send the patient to the hospital or maybe find another place that can better assist with their

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 03/25/2024

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		

needs. When we send them out to the hospital, the hospital has a little more autonomy to administer chemical restraints to help the patient calm down and we can revise the plan to get another facility that will better serve the patient. Meanwhile, the patient can be monitored frequently and every 2 hours rounding to keep them and others safe.

On 3/21/24 at 11:40am, V2(Director of Nursing) was asked if the MAR could be left blank without any entries to show if the resident refused the medication or if the medication was administered and the nurse forgot to sign. V2 stated that there should be no missing entries on the MAR because there is a code to enter if the resident refused the medication or if the resident is out of the facility. V2 added, "Nurses have to initial the MAR for Behavior Monitoring for residents with behaviors. Sometimes, they (nurses) leave the MAR blank if the resident is out of the building, but it should not be left blank. I will in-service the nurses."

On 3/21/24 at 11:45am, V1 (Administrator) stated "I could not get any interview from (R4) because he(R4) left AMA (against medical advice)." V1 had earlier presented the facility's initial and final incident investigation report that states in part: During the investigation, it was determined that R4 did make contact with R3. R4 and R3 misunderstood each other leading to the contact. R3 was noted with swelling to his face and was sent out to the hospital for evaluation. R3 returned with a nasal fracture of indeterminate age, only receiving pain medication with no new orders. R4 who is alert and oriented times 3 decided to discharge from the facility. The police took no further action.

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 03/25/2024

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		

R3's records show the following:
Face sheet shows diagnoses which include but are not limited to Hemiplegia and Hemiparesis, Cerebral Infarction, Bipolar Disorder, Generalized Muscle Weakness. Care plan dated 12/14/23 states in part that R3 is weak due to history of fracture of bi -lateral lower extremities.
BIMS score dated 2/1/24 is 14(Cognitively Intact).

R3's progress notes dated 3/8/24 at 4:50am written by V14 (LPN, Licensed Practical Nurse) states in part: Resident came out of room and stated his roommate was verbally and physically abusive to him, noted swelling to left forehead and busted lip, ice applied to forehead and lip cleaned. Administrator notified, police notified/MD (Medical Doctor) and family notified. Order given to send resident to the hospital for evaluation.

2. On 3/18/24 at 11:20am, V1(Administrator) presented the facility's report of incident submitted to the state agency on 3/10/24. Both the initial and final reports were reviewed. This report states that the facility investigated the allegation that R2 made contact with R1, and that R2 has Dementia and was not aware of the incident. R1 was sent to the hospital for evaluation and determined to have subdural hematoma.

On 3/18/24 at 11:45am, R1 was observed in the hallway and later in the room. R1 was asked if his former roommate hit him on the face some time ago. R1 responded and nodded "Yes". R1 was asked if he(R1) is still feeling any pain on the nose and the head from the assault, and R1 nodded "No".

On 3/18/24 at 12:44pm, V1 stated that she(V1) completed the final investigation on the incident

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 03/25/2024

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		

where R2 allegedly assaulted R1, and it was not witnessed by any staff. V1 explained that staff were not sure whether it happened on 11-7 shift(night) or 7-3 shift(morning). V1 added "(R2) was sent to the hospital and refused to come back here."

R1's records show the following:
Face sheet shows diagnosis which include but are not limited to Hemiplegia, and History of Accidental Discharge from Firearms/Gun.
MDS section C (BIMS-Basic Interview for Mental Status) shows a score of 99 (unable to participate in the assessment due to being non-verbal).

Progress notes dated 3/10/24 at 3:30pm written by V11(LPN/ Licensed Practical Nurse) states in part: Resident accused roommate of attacking him in his sleep. Incident went unwitnessed. Resident noted to have scratches on front of face.

Progress notes dated 3/14/24 at 11:00am written by V18(Nurse Practitioner) states in part:
Chief Complaint/Reason for this Visit: Abrasions on face, forehead hematoma
HPI Relating to this Visit / Consultation / Evaluation: 41 y/o male s/p (status post) hospitalization for facial abrasions, forehead hematoma following altercation with peer, readmitted to LTC (long term care) facility.

Care plan dated 10/30/23 states in part:
"Self-Care Deficit" with impaired Dressing and Grooming abilities and would benefit from participation in a Dressing/Grooming Restorative Nursing Program as evidenced by the following risk factors and potential contributing Diagnosis: Diabetes Mellitus, General Weakness and/or fatigue, Hemiparesis, Impaired Communication,

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 03/25/2024

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		

Impaired ROM and/or Loss of Functional Movement, Right hemiplegia.

R2's records show the following:
Face sheet shows diagnosis which include but are not limited to Dementia, Schizophrenia, Seizures, Cerebral Infarction, Opioid Abuse, and Strange and
Inexplicable Behavior.
MDS section C (BIMS-Basic Interview for Mental Status) shows a score of 10(Moderate Cognitive impairment).

POS (Physician Order Sheet) dated 10/03/23 states "Behavior Monitoring (verbal aggression, hitting, pushing). Document interventions attempted every shift for behavior monitoring.
MDS (Minimum Date Set) dated 1/19/24, Section E(Behavior) shows that R2 has Psychosis, Hallucinations, and physical behavioral symptoms directed toward others.

Recorded history of physical aggression towards others:
Progress notes dated 9/21/23 at 1:51pm written by V16(RN) and at 8:07pm written by V17(LPN) both show that R2 was physically aggressive toward another resident and was sent to the hospital for evaluation.
Progress notes dated 2/25/24 at 3:44pm written by V11(LPN) - Resident noted to go inside peer's room and punch her in the arm while sitting in her wheelchair. Housekeeper witnessed him walking away from resident with fist in air, while resident was screaming "he just punched me!" Resident was redirected to bedroom where he was put on 1:1 with a CNA (Certified Nurse Assistant) until ambulance picked him up.

Care plan dated 2/7/24 states in part: History of

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 03/25/2024

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		

aggressive, inappropriate, attention-seeking and/or maladaptive behavior, but has demonstrated stability during the admission screening process & is therefore considered appropriate for admission. The history includes Conflicts/altercations with others, Verbal, or physical aggression, Acting impulsively, erratically. The resident has a diagnosis of: Strange & Inexplicable behavior.
5/27/2023 - Resident was physically aggressive towards staff.
01/18/24 - Resident made physical contact with his roommate.
01/19/24 - Resident is making frequent attempts to enter his peer's room when behaviors are being redirected, he is becoming verbally and physically aggressive toward staff.

Care plan dated 10/20/23 and revised on 2/25/24 states that R2 had inappropriate physical contact with another resident on 9/21/23, 1/3/24, 1/18/24 and 2/25/24.

Care plan dated 4/20/23 intervention states in part: If behavioral symptoms are observed, record and document on behavioral tracking form. Report abnormalities to medical doctor.

On 3/20/24 at 1:54pm, V21(Nurse Practitioner) was interviewed about the interventions to put in place for a resident with diagnosis of Dementia with Agitation, with history of hitting other residents, who has refused medications a few times, and refused to go to bed and pacing during the night. V21 stated "The nurse needs to notify the doctor or Nurse Practitioner. We generally get the state guardian or POA involved and the psychiatric Doctor, if a resident is refusing to take their medication and becoming aggressive, and the POA is not cooperative about injections, then,

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 03/25/2024

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	S9999		

we'll send the patient to the hospital or maybe find another place that can better assist with their needs. When we send them out to the hospital, the hospital has a little more autonomy to administer chemical restraints to help the patient calm down and we can revise the plan to get another facility that will better serve the patient. Meanwhile, the patient can be monitored frequently and every 2 hours rounding to keep them and others safe."

The assigned nurse for on 3/9/24, 11pm-7am, V15, (LPN-Licensed Practical Nurse) and the assigned nurse for 7am-3pm shift on 3/10/24 (V11/LPN) both stated that they did not know when the incident happened.

On 3/19/24 at 11am, V15 stated "I worked the 11-7 shift, and when I gave medication to (R1) at 5:30am, I did not see any injury on his face. I did not know when it happened. His roommate(R2) was walking up and down the hall all night and did not sleep. My shift ended at 7:30am and I left around 7:45am. I did not assess him(R1) because I was not aware of any incident or injury. I heard about it the next day when I came to work."

R2's progress notes do not contain any documentation to show that R2 did not sleep all night on 3/9/24 and the previous night. Also, there is no documentation to show any intervention from staff regarding R2 not sleeping and pacing the hall all night on 2 consecutive days.

On 3/19/24 at 11:20am, V11(LPN) stated "When I came in on 7-3 shift, the 11-7 nurse(V15) was gone, so I did not receive any shift report of what happened on night shift. Later, the CNA (Certified Nurse Assistant) called me to see (R1) in his

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 03/25/2024

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	S9999		

room, I went and saw the bruises on his face and nose. Usually, (R1) follows direction and understands what you ask him to do, but he(R1) cannot speak, he only nods to say yes or no. I used sign language and asked when and how it happened, he signed that it was his roommate that hit him and it happened before now, so I believe it happened on the night shift, or during change of shift. I immediately called the Doctor, Administrator, DON (Director of Nursing), and the daughter. I spoke with the daughter on phone and asked her to inform the brothers, who usually come on Sundays to take him out. The Nurse Practitioner answered for the doctor and ordered to send him out to the hospital." V11 explained that R1 uses a wheelchair and needs some assistance while R2 walks around without assistance.

The Pay-Roll records show that V15(night nurse) clocked out at 7.30am and V11(day nurse clocked in at 8am). So, there was a 30-minute gap when there was no nurse for that side of the hall.

On 3/21/24 at 9:32am, V22(CNA) stated "(R2) was up all night, he would go into his room and come right back out. He was up all night the previous night also. I worked with the same nurse(V15) the previous night." The surveyor inquired from V22 if V22 notified the nurse that R2 did not sleep and was pacing, and if the nurse called the doctor to let them know that R2 has been up all night for 2 days in a row. V22 responded that the nurse(V15) was aware, and they both tried to redirect R2, but R2 refused redirection.

On 3/21/24 at 10:08am, V2(Director of Nursing) was asked about the appropriate intervention

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 03/25/2024

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		

when R2 had been pacing all night and refused to sleep 2 days in a row. V2 responded that the nurse should have called the doctor and should have documented it in the progress notes. V2 added "The nurse did not inform me. I will in-service staff to let them know that such should be reported so the interdisciplinary team will do the appropriate intervention."

Hospital Records dated 3/12/24 written by V19(Hospital Physician Assistant) and reviewed by V20(Hospital Physician) states in part:
41-year-old male .... presents after he was attacked by a roommate in the middle of the night.

Facility's undated Abuse Prevention Policy states in part: It is the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment, and involuntary seclusion.
Facility's undated policy on "Behavior Monitoring" states in part: Long term residents that have new behaviors will be referred to social services by using a social service referral form and then the social service director will initiate a target behavior monitoring log for 30 days.
Facility's policy with latest revision 9/25/13 titled "Abuse Prevention Program" states in part: It is the policy of this facility to prevent resident abuse, neglect, mistreatments, and misappropriation of resident's property.
#4 states: Physical Abuse: Hitting, slapping, pinching, kicking etc. It also includes controlling behavior through corporal punishment.
#1 - Abuse is the willful infliction of injury, unreasonable confinement, intimidation, punishment with resulting physical harm or pain or mental anguish or deprivation by an individual ...#2 - Physical Abuse is defined as hitting,

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 03/25/2024

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 slapping, pinching, kicking etc. It's also includes controlling behavior through corporal punishment. Facility's undated policy on "Standard Supervision and Monitoring" states in part, #2: A staff member that has been assigned to care for the resident will visualize the resident at the start and end of the shift, during mealtimes, and at a minimum every two hours in between. Facility's policy on "Accident Incident Reporting Policy" with revision date 08/03/17 states in #11: The occurrence is to be communicated shift to shift as part of the unit report until the resident is stabilized. Facility's undated policy on "Behavior Monitoring" states in part: Long term residents that have new behaviors will be referred to social services by using a social service referral form and then the social service director will initiate a target behavior monitoring log for 30 days. (A)	S9999		