

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000822	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/09/2022
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NAME OF PROVIDER OR SUPPLIER BELHAVEN NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643
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S 000	Initial Comments Annual Licensure Survey Complaint 2281058/IL143331	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 300.230a) 300.230b)7) 300.230d) Section 300.230 Information to Be Made Available to the Public by the Licensee a) Every facility shall conspicuously post for display in an area of its offices accessible to residents, employees, and visitors the following: b) A facility shall retain the following for public inspection: 7) A copy of the current Consumer Choice Information Report required by Section 2-214 of the Act. (Section 3-210 of the Act) d) All Cook County facilities with Colbert Class Members shall conspicuously display, in a public and accessible location, a Department-provided poster informing residents of their right to explore or decline community transition, and their right to be free from retaliation, regardless of their decision on transition. This poster shall include a telephone number for reporting retaliation to the Department and shall include the steps a resident should take	S9999	Attachment A Statement of Licensure Violations	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>if retaliation does occur. The display of the poster will be included as a compliance measure in the Department's survey process. These requirements were NOT met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to display the Retaliation Hotline poster for the residents on each floor. This failure has the potential to affect all 181 residents residing in the facility.</p> <p>On 2/6/22 and 2/7/22, the facility tour was conducted on all floors and Surveyors were unable to locate any postings for the Williams Colbert Retaliation Hotline poster on any of the floors in the facility. V31 (Social Service Staff) was asked by the surveyor to locate the bulletin board posting for the Williams Colbert Retaliation Hotline poster and V40 stated that the facility does not have any posting. V31 was asked to locate the facilities posting for the Williams Colbert Retaliation Hotline poster and V31 stated that the Williams Colbert Retaliation Hotline poster is not currently being displayed in the facility.</p> <p>Facility's undated documented titled "Colbert Decree List," has 16 residents currently listed in the William Colbert Decree Program.</p> <p>(C)</p> <p>2 of 3</p> <p>300.675b)3) 300.675b)4)</p> <p>Section 300.675 COVID-19 Training Requirements</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>EMERGENCY</p> <p>b) Required Frontline Clinical Staff Training</p> <p>3) Facilities shall ensure at least 100% of frontline clinical staff have completed the CMMS Training by February 28, 2021.</p> <p>4) Facilities shall require, within 14 days after hiring, CMMS Training for all frontline clinical staff hired after January 31, 2021.</p> <p>These requirements were NOT met as evidence by:</p> <p>Based on interview and record review, the facility failed to ensure compliance with training requirements (CMS Targeted for COVID-19 Training for Frontline Nursing Home staff and Nursing Home and Nursing Home manager for staff and new hires.) This failure has the potential to affect all 181 residents residing at the facility.</p> <p>Findings include:</p> <p>On 02/07/22 at 2:30pm, when the surveyor requested for documentation regarding (CMS Targeted for COVID-19 Training for Frontline Nursing Home staff and Nursing Home and Nursing Home manager). V21 (Infection Preventionist) stated that (V21) will have to find the facility binder because V21 was not sure it has been done. As at 4:30pm no documentation was provided.</p> <p>On 02/08/22 at 10:42am, during interview with V21 (Infection Preventionist) concerning the facility documentation attesting to completion of the CMS Targeted COVID-19 training for frontline nursing home staff. V21 replied I don't have them</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>on hand. The HR (Human Resources) has a binder for the certificates after the training. V21 stated right now (V21) we (referring to the facility) don't have them.</p> <p>On 02/07/22 and 02/08/22 two days of the survey the facility was unable to present any documentation showing that V1 (Administrator), V2 DON (Director of Nurse's), V3 (social Services/ Dementia Care Coordinator), V14 CNA (Certified Nurse's Aide) and V19 LPN (Licensed Practical Nurse) had the CMMS training completed.</p> <p>On 02/08/22 at 11:45am, interview conducted with V14 in regards to CMS Targeted COVID-19 training for frontline nursing home staff, V14 replied that (V14) has not done any training concerning this topic on the computer.</p> <p>On 02/08/22 at 1:03pm, during interview with V1 in regards to CMS Targeted COVID-19 training for frontline nursing home staff and management. V1 replied that (V1) has not completed the training.</p> <p>On 02/07/22 and 02/08/22, two days of the survey the facility was unable to present any documentation showing that V1, V2, V3, V14 and V19 had the training completed.</p> <p>On 02/09/22 at 10:44am, during interview with V39 (Human Resources), V39 explained that the front line staff training documentation cannot be presented but moving forward the training link site will be sent to all staff members to be completed within 14 days.</p> <p>(B)</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>3 of 3</p> <p>300.1060b) 300.1060c) 300.1060d)</p> <p>Section 300.1060 Vaccination</p> <p>b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, refused or medically contraindicated. (Section 2-213 of the Act)</p> <p>c) A facility shall provide or arrange for administration of a pneumococcal vaccination to each resident who is age 65 or over, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination, or the vaccination is medically contraindicated. (Section 2-213 of the Act)</p> <p>d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213 of the Act) (Source: Added at 29 Ill. Reg. 12852, effective August 2, 2005)</p> <p>These recommendations were NOT met as evidenced by:</p> <p>Based on interview and record review the facility failed to follow its policy for implementing an immunization program that ensures protection against pneumococcal disease for five of five</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>residents (R18, R33, R42, R47, and R145) in the sample reviewed for pneumococcal vaccine immunization; and failed to provide education regarding the risks, benefits and potential side effects of immunization. This failure affected (R18, R33, R42, R47, and R145) and all remaining 176 residents in the facility at risk for pneumococcal disease.</p> <p>Findings include:</p> <p>On 02/06/2022 and 02/07/2022 (two days of the survey) R18, R33, R42, R47, and R145 were reviewed for pneumococcal vaccination. R18, R33, R42, R47, and R145 electronic medical records showed that pneumococcal vaccine is required. R33 and R42 pneumococcal consents documented that both R33 and R42 gave their consent to receive the pneumococcal vaccine. There was no date listed on the consents. R18, R47 and R145 did not have a pneumococcal vaccine consent. When this finding was brought to the attention of V21 (Infection Preventionist), V21 was not able to provide the consents for the remaining residents.</p> <p>On 02/08/2022 at 11:04 am, V21 was unable to present any tracking documentation for all five residents reviewed and was unable to present education documentation for R47, R18, and R145. V21 stated that (V21) just reviewed the pneumococcal vaccines for these five residents today (2/08/2022). V21 stated, "I (V21) could have just put "refused" on them" (referring to the pneumococcal consents).</p> <p>On 02/08/2022 at 11:35 am, V21 was unable to provide any facility tracking of eligible residents nor documentation of who was vaccinated or who refused vaccination for 2021/2022.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>The undated facility policy for Infection Prevention subtitled "Influenza and Pneumococcal Immunization" documented in part, the purpose of immunizations is that immunizations are an important measure in preventing morbidity and mortality in Long Term Care Residents. The policy documented, "This facility will minimize the risk of resident acquiring, transmitting, or experiencing the complications from influenza and Pneumococcal pneumonia. Each resident is informed about the benefits and risks of immunizations and has the opportunity to receive, unless medically contraindicated or already immunized, the influenza and Pneumococcal pneumonia vaccine. This facility will assure documentation in the medical record of the information and education provided regarding the benefits and risks of immunization and the administration or refusal or medical contraindication of the vaccine." The procedure includes but not limited to, the physician order will be followed unless immunization is medically contraindicated, the resident has already been immunized, or the resident and/or responsible party refused for the immunization to be administered. Also, upon admission to the facility, the resident and/or responsible party (POA, Power of Attorney) will be given information containing risks and benefits of the Influenza and Pneumococcal immunization vaccine.</p> <p>(C)</p>	S9999		