

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145549</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BELHAVEN NURSING &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0694  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review the facility failed to ensure assessment and care of the peripherally inserted central catheter (PICC) site dressing was completed as per physician orders [REDACTED]. Findings include: R2 has [DIAGNOSES REDACTED]. R2's Brief Interview for Mental Status (BIMS) score was documented as 15 indicating intact cognition. Record review of Medication Administration Record [REDACTED]. On 03/10/20 at 02:36 PM R2 was observed with a double lumen (PICC) line to the left upper arm with a transparent dressing covering the insertion site dated 02/14. On 03/10/20 at 02:38 PM R2 stated, I was receiving [MEDICAL CONDITION] through it but the last time I had chemo was 4 months ago because I [MEDICAL CONDITION] free. The date on the PICC site dressing was 02/14. R2 stated, I believe that is the date it was changed. On 03/10/20 at 03:41PM V3 (Assistant Director of Nursing) was asked to come to R2's room to assess the (PICC) line site. V3 stated, The date on the (PICC) line dressing is 02/14. V3 checked the physician orders [REDACTED]. The RN (Registered Nurse) is supposed to change the dressing. On 03/10/20 at 05:00 PM V2 (Director of Nursing) stated, R2 has a double lumen (PICC) line to the left arm. The line is to be flushed in addition to monitoring the site and changing the dressing. The dressing is changed weekly by a Registered Nurse. On 03/12/20 at 02:51 PM V2 stated, If the dressing is not changed it can become dirty and can potentially cause an infection. My expectation of the staff is to follow the orders and change the dressing according to the orders and follow the facility policy. Physician orders [REDACTED]. Care Plan reads R2 has a PICC line or Mid-line in left upper arm. Policy titled Dressing Change, Central Venous Catheter (CVC) revised (NAME)2012 read, The catheter insertion site is a potential entry site for bacteria that may cause a catheter related infection. Dressing changes using transparent dressings are performed upon admission, every seven (7) days thereafter. 19. Label dressing with date and time, Nurse's initials.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.