

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 C 04/22/2015
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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 Complaint Investigation 1582054/IL76561- No findings Incident Report Investigation IRI of 4/06/15 IL76416- Refer to 300.615 and 300.625 IRI of 4/09/15 IL76468- No findings	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) This requirement is not met as evidenced by: Based on interview and record review the facility failed to perform a criminal history background check for the correct resident, failed to verify the	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 05/11/15
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S9999	<p>Continued From page 1</p> <p>date of birth for a resident during a criminal history background check and failed to develop an identified offender care plan for one resident (R1) in the sample of four. This failure resulted in R1 residing in the facility without the assessment for harm risk level and supervision required.</p> <p>Findings Include: On 4/15/15 the facility provided R1 ' s criminal history report from the Illinois State Police (ISP) which was observed by this surveyor to have R1's correct name but the incorrect birth date on the report. Due to the facility's error and oversight of the incorrect birth date R1's criminal history report was not conducted through the ISP using the correct information. Although R1 was discharged from the facility on 4/6/15, the facility initiated another ISP criminal history report on 4/15/15. On 4/15/15 the facility also provided a criminal history report on R1 from the Illinois Department of Corrections (IDOC) which indicated that R1 is on active parole with a projected parole discharge date of 8/9/2017. R1 ' s IDOC report indicates that R1 was sentenced to 6 years on 8/9/2011 for felony possession/use of firearm and unlawful possession of a stolen vehicle. On 4/15/15 E2 (DON) stated the identifying photograph on the IDOC report is R1. On 4/16/15 at 9:20 am E5 Admission Coordinator (former Social Service Coordinator) stated that he was not aware of R1 ' s criminal history. E5 stated R1 was counseled for his inappropriate behaviors with female staff members. E5 stated that it was reported that R1 was making sexually inappropriate comments to female staff members, coming to the basement employee break room staring and taking pictures of the female staff. E5 stated R1 was placed on close monitoring for 72 hours until the behaviors stopped.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>On 4/16/15 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 background. E6 stated once she received the ISP report on R1 which stated there was no criminal history she placed the report in R1 ' s file because no further action was needed based on the results. E6 stated the ISP report is the more reliable and cannot recall whether she compared R1 ' s IDOC criminal history report and ISP reports. E6 stated that a cross check on both criminal history reports 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.</p> <p>R1 ' s Minimum Data Set (MDS) dated 3/27/15 indicates R1 has a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive deficits.</p> <p>R1 ' s incident report dated 4/6/15 indicates that R1 was observed exiting R2 ' s room at 12:45 am. The incident report indicates R2 was observed in her bed without clothes and with her incontinence brief open. The incident report indicates that R1 was placed on 1:1 observation and sent out for psychiatric evaluation. The incident report indicates that R2 was sent to an</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>area hospital for assessment and evaluation. R2 ' s face sheet includes diagnoses pre-senile dementia and Alzheimer ' s. R2 ' s MDS dated 2/12/15 includes a BIMS score of 8 indicating moderate cognitive deficits. R2 ' s hospital record dated 4/6/15 indicates no clinical evidence of sexual assault and that R2 denies pain or history of trauma. R1 ' s late entry progress note dated 4/6/15 for 3/31/15 indicates that E1 (Administrator) and E6 met with R1 to address his sexual inappropriate behavior towards staff. The progress note indicates R1 was informed by E1 (Administrator) that it is inappropriate to take pictures of female staff. The progress note indicates that R1 was placed on 1:1 close monitoring until compliance is met. On 4/16/15 at 10:00 am R3 stated that he shared a room with R1. R3 stated R1 was always saying inappropriate things to the female staff. R3 stated he was not comfortable with R1 being his roommate because R1 often told him (R3) " you stink ", called him a " b**ch " and stated " I will whoop you're a** mu*****ck ". R3 stated the staff knew about R1 ' s behavior and moved R1 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</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>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.</p> <p>(B)</p> <p>Section 300.625 Identified Offenders</p> <p>a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks.</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:</p> <p>1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.</p> <p>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>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.</p> <p>f) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements:</p> <p>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.</p> <p>2) 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</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense, including compliance with Section 300.695 of this Part.</p> <p>4) If the identified offender is on probation, parole, or mandatory supervised release, the facility shall contact the resident's probation or parole officer, acknowledge the terms of release, update contact information with the probation or parole office, and maintain updated contact information in the resident's record. The record must also include the resident's criminal history record.</p> <p>i) For current residents who are identified offenders, the facility shall review the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police.</p> <p>j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care.</p> <p>k) The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act)</p> <p>m) The facility's reliance on the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act shall not relieve or indemnify in any manner the facility's</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>liability or responsibility with regard to the identified offender or other facility residents.</p> <p>p) The facility shall notify the appropriate local law enforcement agency, the Illinois Prisoner Review Board, or the Department of Corrections of the incident and whether it involved substance abuse, aggressive behavior, or inappropriate sexual behavior that would necessitate relocation of that resident.</p> <p>As evidence by the following:</p> <p>Based on interview and record review the facility failed to perform a criminal history background check using the correct date of birth, failed to notify the proper authorities of a criminal background check which identified a felony and active parole and failed to develop an identified offender care plan for one of four residents (R1) reviewed for an offender in the sample of 14.</p> <p>Findings Include: On 4/15/15 the facility provided R1 ' s criminal history report from the Illinois State Police (ISP) which was observed by this surveyor to have R1's correct name but the incorrect birth date on the report. Due to the facility's error and oversight of the incorrect birth date R1's criminal history report was not conducted through the ISP using the correct information. Although R1 was discharged from the facility on 4/6/15, the facility initiated another ISP criminal history report on 4/15/15. On 4/15/15 the facility also provided a criminal history report on R1 from the Illinois Department of Corrections (IDOC) which indicated that R1 is on active parole with a projected parole discharge date of 8/9/2017. R1 ' s IDOC report indicates that R1 was sentenced to 6 years on 8/9/2011 for felony possession/use of firearm and unlawful</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>possession of a stolen vehicle. On 4/15/15 E2 (DON) stated the identifying photograph on the IDOC report is R1.</p> <p>On 4/16/15 at 9:20 am E5 Admission Coordinator (former Social Service Coordinator) stated that he was not aware of R1 ' s criminal history. E5 stated R1 was counseled for his inappropriate behaviors with female staff members. E5 stated that it was reported that R1 was making sexually inappropriate comments to female staff members, coming to the basement employee break room staring and taking pictures of the female staff. E5 stated R1 was placed on close monitoring for 72 hours until the behaviors stopped.</p> <p>On 4/16/15 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 background. E6 stated once she received the ISP report on R1 which stated there was no criminal history she placed the report in R1 ' s file because no further action was needed based on the results. E6 stated the ISP report is the more reliable and cannot recall whether she compared R1 ' s IDOC criminal history report and ISP reports. E6 stated that a cross check on both criminal history reports 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</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>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.</p> <p>R1 ' s Minimum Data Set (MDS) dated 3/27/15 indicates R1 has a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive deficits.</p> <p>R1 ' s incident report dated 4/6/15 indicates that R1 was observed exiting R2 ' s room at 12:45 am. The incident report indicates R2 was observed in her bed without clothes and with her incontinence brief open. The incident report indicates that R1 was placed on 1:1 observation and sent out for psychiatric evaluation. The incident report indicates that R2 was sent to an area hospital for assessment and evaluation. R2 ' s face sheet includes diagnoses pre-senile dementia and Alzheimer ' s. R2 ' s MDS dated 2/12/15 includes a BIMS score of 8 indicating moderate cognitive deficits.</p> <p>R2 ' s hospital record dated 4/6/15 indicates no clinical evidence of sexual assault and that R2 denies pain or history of trauma.</p> <p>R1 ' s late entry progress note dated 4/6/15 for 3/31/15 indicates that E1 (Administrator) and E6 met with R1 to address his sexual inappropriate behavior towards staff. The progress note indicates R1 was informed by E1 (Administrator) that it is inappropriate to take pictures of female staff. The progress note indicates that R1 was placed on 1:1 close monitoring until compliance is met.</p> <p>On 4/16/15 at 10:00 am R3 stated that he shared a room with R1. R3 stated R1 was always saying inappropriate things to the female staff. R3 stated he was not comfortable with R1 being his roommate because R1 often told him (R3) " you stink " , called him a " b**ch " and stated " I will whoop you're a** mu*****ck ". R3 stated the staff knew about R1 ' s behavior and moved R1</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>to a new room because R1.</p> <p>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.</p> <p>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.</p> <p>(B)</p>	S9999		
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