

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048215		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/17/2025	
NAME OF PROVIDER OR SUPPLIER Belhaven Nursing & Rehab Center				STREET ADDRESS, CITY, STATE, ZIP CODE 11401 SOUTH OAKLEY AVENUE , CHICAGO, Illinois, 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) COMPLETION DATE	
S0000	Initial Comments		S0000			12/23/2025	
	Annual Licensure and Recertification cited 300.615e) f)						
S9999	Final Observations		S9999			12/23/2025	
	Statement of Licensure Findings						
	300.615e)						
	300.615f)						
	300.615g)						
	300.615j)						
	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).						
	f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.						
	g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048215		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/17/2025	
NAME OF PROVIDER OR SUPPLIER Belhaven Nursing & Rehab Center				STREET ADDRESS, CITY, STATE, ZIP CODE 11401 SOUTH OAKLEY AVENUE , CHICAGO, Illinois, 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) COMPLETION DATE	
S9999	Continued from page 1 potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. j) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based background check are pending; while the results of a request for waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending. These requirements were NOT met as evidenced by: Based on record review and interview the facility failed to the facility failed to conduct resident criminal history background checks within 24 hours after admission for 7 residents (R19, R67, R216, R217, R218, R219, R220, R221) of 10 residents reviewed, did not check the Illinois Sex Offender Registry for 5 residents (R216, R217, R219, R220, R221), Illinois Department of Corrections for 1 resident (R220), and did not arrange for a fingerprint-based background check within 5 days after receiving results of a name-based background check for 2 residents (R56, 67). This failure has the potential to affect all the residents residing in the facility. Findings Include: R19's Face Sheet dated 12/16/2025 documents an admission date of 9/19/2025. R67's Criminal History Information Background Process is dated 12/16/2025. R67's Face Sheet dated 12/16/2025 documents an admission date of 10/5/20218. R67's Criminal History Information Background Process is dated 10/2/2018. R216's Face Sheet dated 12/17/2025 documents an admission date of 11/24/2025. R216's Criminal History Information Background Process is dated 12/16/2025.	S9999					

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048215		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/17/2025	
NAME OF PROVIDER OR SUPPLIER Belhaven Nursing & Rehab Center				STREET ADDRESS, CITY, STATE, ZIP CODE 11401 SOUTH OAKLEY AVENUE , CHICAGO, Illinois, 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) COMPLETION DATE	
S9999	Continued from page 2 R217's Face Sheet dated 12/17/2025 documents an admission date of 12/2/2025. R218's Criminal History Information Background Process is dated 12/16/2025. R218's Face Sheet dated 12/17/2025 documents an admission date of 12/3/2025. R218's Criminal History Information Background Process is dated 12/17/2025. R219's Face Sheet dated 12/17/2025 documents an admission date of 11/21/2025. R219's Criminal History Information Background Process is dated 12/16/2025. R220's Face Sheet dated 12/17/2025 documents an admission date of 11/22/2025. R220's Criminal History Information Background Process is dated 12/16/2026. R221's Face Sheet dated 12/17/2025 documents an admission date of 11/17/2025. R221's Criminal History Information Background Process is dated 12/16/2025. Record Review of Illinois Sex Offender Registry Check was not run for R216, R217, R219, R220, R221. On 12/16/2025 at 4:29 pm, V1 (Administrator) stated he (V1) will work with V22 (Social Services Director) to produce the Illinois Sec Offender Registry Checks for R216, R217, R219, R220, R221 and provide the documents tomorrow morning. On 12/17/2025 at 9:06 am, V1 (Administrator) stated he (V1) is working on providing the Criminal History Information Background Process, Illinois Sex Offender Registry, National Sex Offender Registry, and Illinois Department of Corrections background checks. On 12/16/2025 at 4:18 PM, V22 (Social Services Director) reported that attempts to access sex offender records for R67 failed due to a system outage. V22 stated a follow-up search was conducted on 5/13/2024. V22 stated residents must be checked for sex offender status before admission and prior to transfer; If a resident has a qualifying offense, fingerprint requests are submitted within 48–72 hours; We notify IDPH,	S9999					

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048215		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/17/2025	
NAME OF PROVIDER OR SUPPLIER Belhaven Nursing & Rehab Center				STREET ADDRESS, CITY, STATE, ZIP CODE 11401 SOUTH OAKLEY AVENUE , CHICAGO, Illinois, 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) COMPLETION DATE	
S9999	Continued from page 3 upload discharge information, and the system alerts state police, who contact us if more details are needed; and when transferring to another facility (e.g., nursing home or assisted living), we inform them if the resident is a registered sex offender. V22 verified the Illinois Sex offender Registry was not run 24 hours prior to admission for R216, R217, R219, R220, and R221. V22 stated she (V22) provided all of the documents she has on background checks for R19, R56, R67, R116, R216, R217, R218, R219, R220, and R221. Record Review of R220's background checks do not include a Illinois Department of Corrections Background Check run. R56's Face Sheet documents an admission dated of 4/30/2025 and R56's Fingerprints were run on 7/11/2024. R67's Face Sheet documents an admission date of 10/5/2018 and R67's Fingerprints were run on 10/15/2025. Facility Policy titled Identified Offender Program dated 5/13/2029 documents, in part, you must screen every prospective admission/new admission on the free internet sites and you must submit the UCIA Background Check through the Illinois State Police AND.... These needs completed within 24 hours of admission Unless the resident came from hospital and sent proof that they already ordered the background. 1. Review conviction report and compare to Identified Offender list of convictions (now called Qualifying Offenses; most felonies bring the person into the Identified Offender Category). The Qualifying offenses are included at the end of this document. If the convictions meet the "Identified offender" criteria, request a fingerprint check from an authorized Live scan vendor and complete the notification process per IDPH-IOP (Illinois Department of Public Health-Identified Offender Program) program (see next). *Fingerprints need conducted within 5 business days of receiving the hits back* (C)		S9999				