

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/18/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14E836</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/13/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELMONT NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1936 WEST BELMONT AVENUE CHICAGO, IL 60657</b>		
(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
F 000	INITIAL COMMENTS	F 000			
F 458 SS=B	<p>Annual Licensure and Certification 483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT</p> <p>Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide 80 square feet of living space for residents residing in eleven multiple space resident rooms; failed to provide 100 square feet of living space for each resident residing in three single resident bedrooms.</p> <p>Findings include;</p> <p>On 8/12/15, at 11:15am, E1 (Administrator) indicated that multiple rooms did not meet the required measurements for living space per resident.</p> <p>The following multiple resident rooms do not provide 80 square feet of living space per resident: Room 112 measure 69 square feet where R5 and R4 resides. Room 113 measure 70 square feet where R13 resides. Room 120 measures 69.9 square feet where R14 and R15 resides. Room 121 measures 72.5 square feet R16 and R17 resides. Room 122 measures 72.5 square feet where R18</p>	F 458			

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.

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F 458	<p>Continued From page 1 and R19 resides. Room 124 measures 72.5 square feet where R8 and R11 resides. Room 125 measures 72.5 square feet where R20 and R21 resides. Room 126 measures 77 square feet where R9, R22, and R23 resides. Room 202 measures 55.25 square feet where R4 and R25 resides. Room 204 measures 62.5 square feet where R26 and R27 resides. Room 206 measures 68 square feet where R7 and R28 resides.</p> <p>The following single resident rooms do not provide 100 square feet of resident living space per resident: Room 109 measures 88 square feet where R29 resides. Room 110 measures 88 square feet where R6 resides. Room 111 measures 80 square feet where R30 resides.</p>			F 458			