

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005490	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2015
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NAME OF PROVIDER OR SUPPLIER SYMPHONY OF LINCOLN	STREET ADDRESS, CITY, STATE, ZIP CODE 2202 NORTH KICKAPOO STREET LINCOLN, IL 62656
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(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) COMPLETE DATE
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations Section 300.626 Discharge Planning for Identified Offenders c) When a resident who is an identified offender is discharged, the discharging facility shall notify the Department. This requirement is not met as evidenced by: Based on interview and record review, the facility failed to report an identified offender discharge from the facility for one of one residents on the supplemental sample of 11 reviewed for identified offenders. Findings include: State Agency "Identified Offender Report By Facility" (dated 12/10/2014) documents R21 as an identified offender living in the facility. On 1/7/15 at 3:30 p.m., E10 (Business Office Manager) verified that R21 was an identified offender and a former resident who left against medical advice with R21's mother on 6/23/2014. At this time, E10 stated, "We notified the (State Agency) of the residents discharge today, 1/7/2014, at 3:25 p.m. because we did not notify the (State Agency) upon (R21's) discharge." (B)</p>	S9999		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____