

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002265</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/21/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SYMPHONY OF CRESTWOOD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>14255 SOUTH CICERO AVENUE CRESTWOOD, IL 60445</b>
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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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S 000	Initial Comments  Complaint Investigation: 1990916/IL109346  Statement of Licensure Violations	S 000		
S9999	Final Observations  300.1210b) 5) 300.1210d)6) 300.3240a)  Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/18/19

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to have two staff present for transfer of one resident (R1), who was coded for two assist on the Minimum Data Set (MDS). This failure applied to one (R1) of three residents reviewed for falls and resulted in R1 sustaining a fall that resulted in a closed head injury.</p> <p>Findings include:</p> <p>2/20/19 3:20 PM V5 (LPN-Licensed Practical Nurse) said that, I heard the (V6) CNA- Certified Nursing assistant calling out from R1's room. V6 said that as R1 sat in the wheelchair it collapsed. R1 was on the left side, there was some swelling in the back of the head. There was no loss of consciousness. R1 was sent to the hospital for assessment. The wheelchair was sent to maintenance to be checked. R1 recieved a different wheelchair from (hospice) when R1 returned from the hospital.</p> <p>2/20/19 3:50 PM V6 said that, "I was transferring R1 from the bed to the wheelchair. I was transferring R1 alone with a gait belt. The chair move with us toward the other bed. I lost my balance when the chair moved and I fell with R1. The brakes were locked on the wheelchair, it moved with the brakes locked. When maintenance came they checked the wheelchair."</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>R1's progress note dated 2/6/19 11:15 by V5 reads; called to room by V6, noted lying on the floor on the left side. (V6) was transferring resident to the manual w/c (wheelchair) and the chair "collapsed", resident immediately assessed for any injuries, protocol "Leaf Huddle" called, resident transferred to bed by mechanical lift, no visible discoloration, or complaints of pain at this time, able to move extremities as prior to fall, upon assessment of resident's scalp area, a small raised area noted, resident denies any pain or discomfort or nausea at this time, no blurred vision reported.</p> <p>The MDS (Minimum Data Set) dated 1/23/19 indicates that R1 uses a wheelchair. The MDS is coded 3/3 for transfer which means that R1 requires extensive assistance of two or two plus persons.</p> <p>A progress note dated 2/6/19 22:53 by V9 (LPN) reads; Resident admitted to (Hospital) with diagnosis of Head injury and thrombocytopenia.</p> <p>A CT (computerized tomography) scan report dated 2/6/19 by V11 (Physician) reads, impression: There is no evidence of acute intracranial abnormality. Mild age-related atrophic changes are identified. Soft tissue swelling overlying the left parietal region is noted. Minimal sinus disease is suspected.</p> <p>Emergency Documentation dated 2/6/19 by V12(Physician) reads, Diagnosis: closed head injury, thrombocytopenia.</p> <p>Emergency Documentation Discharge Instructions dated 2/6/19 by R13 (Physician) reads, Discharge Diagnosis: ALS (amyotrophic</p>	S9999		
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S9999	Continued From page 3  lateral sclerosis); Anemia; aplastic anemia; closed head injury, protein calorie malnutrition; seizure/thrombocytopenia. (B)	S9999		
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