Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6009401 08/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4390 ROUTE 71 SYMPHONY AT THE TILLERS **OSWEGO, IL 60543** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 1975620/IL114470 Statement of Licensure Violations S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)1)2) 300.3240a) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually Attachment A by this committee, documented by written, signed and dated minutes of the meeting. **Statement of Licensure Violations** 

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

TITLE

(X6) DATE 08/23/19

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED C IL6009401 B. WING 08/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4390 ROUTE 71 SYMPHONY AT THE TILLERS OSWEGO, IL 60543 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 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: Section 300.1210 General Requirements for Nursing and Personal Care Pursuant to subsection (a), general d) nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. All treatments and procedures shall be administered as ordered by the physician.

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Illinois Department of Public Health

frequently assigned to [R1] during the day shift.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6009401 08/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4390 ROUTE 71 SYMPHONY AT THE TILLERS OSWEGO, IL 60543 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 which ends at 2:00 PM. He feeds himself but I. stay close by in case he needs help. He likes to eat bacon and cranberry juice for breakfast. At lunch I usually get him a peanut butter and jelly sandwich or grilled cheese. He's never had super cereal or [nutritional frozen dessert] or Greek yogurt from me." The EMR (Electronic Medical Record) shows R1 was admitted to the facility on July 5, 2019 with multiple diagnoses including, muscle weakness, developmental disorder of speech and language, dysphagia, diabetes, Parkinson's disease. hypertension, paraplegia, early-onset cerebellar ataxia, skin and subcutaneous tissue infection. Stage 3 sacral pressure ulcer. Stage 4 right buttock pressure ulcer, wheelchair dependence. diaphragmatic hernia, long-term use of antibiotics, osteoarthritis, muscle spasm, and anxiety disorder. R1's MDS (Minimum Data Set) dated July 12. 2019 shows R1 is cognitively intact, requires supervision with one person physical assistance for eating, extensive assistance with dressing, transferring between surfaces, bed mobility. personal hygiene, and bathing, and is totally dependent on facility staff for toilet use, and locomotion on and off the unit. R1 has impairment on both sides of his lower extremities and uses a wheelchair. R1 has an indwelling urinary catheter, and always has bowel incontinence. R1's Order Summary Report dated July 5, 2019 to August 6, 2019 shows an order dated July 5. 2019 for weekly weights x 4 every day shift every Monday for four weeks. Facility documentation shows R1 was weighed on

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6009401 B. WING 08/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4390 ROUTE 71 SYMPHONY AT THE TILLERS OSWEGO, IL 60543 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREEIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 admission on July 5, 2019 and his weight was 165.9 pounds. The facility did not obtain R1's next weight until July 15, 2019, at which time R1 weighed 153.2 pounds; a 7.66 percent weight loss in ten days. R1 was next weighed on July 31, 2019, at which time R1 weighed 142.2 pounds; a 14.29 percent weight loss since R1's admission 26 days earlier. The facility did not have documentation to show R1 was weighed every week as ordered by the physician. On August 6, 2019 at 1:01 PM, V10 (FSD) said. "When we get a new resident, the dietitian usually comes to see them within the next week and does their nutritional evaluation. We don't go to the resident's rooms to ask about their food likes and dislikes or dietary preferences. We used to have someone here who did that, but we haven't had that person since late last year, so no one from our kitchen staff really addresses the resident's food preferences." On August 7, 2019 at 10:25 AM, V11 (Cook) said, "If a resident has a diet with finger foods, we can do several things, including dicing up the meat here in the kitchen before the food goes out to the room, or serving something like chicken tenders. [V10] usually talks to the resident. He can take the weekly menu into the resident's room and go over the menu with the resident and see what changes they want to make to the menu so that we know what the resident wants to eat. We have several residents here that he has done that for, but I don't have anything that shows that was done for [R1]." On August 5, 2019 at 1:45 PM, V4 (Dietitian) said she had added super cereal and [nutritional frozen dessert] for R1's meals and that facility staff should be checking the ticket when they

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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S9999	are on his meal tray [R1] was losing wei diarrhea. His daug! We agreed to do a in addition to the oth have [liquid nutrition day. The tremors, contributed to his w dietary manager, bupreferences from repeople, but they have residents."  On August 7, 2019 at the facility does not R1's finger food die The facility's Menu I September 2016 sh General Diet is plan MyPlate and HCFA day and a night snaminimum of the follomeat or meat substisservings, 6 bread or 8-ounce servings of plan that includes for with fingers. This in bowl, mug or cup the Food Guide Pyramic able, on this diet. The modified for addition of the residents."  On August 6, 2019 a said, "They never caloss. That is a signitive signitive servings of the residents."	1 and making sure the items  7. V4 said, "The main reason ght was his medication and her made some suggestions. [liquid nutritional supplement] her items. Today he agreed to hal supplement] three times a diarrhea, and antibiotics eight loss. The facility has a hat he doesn't get dietary esidents. They are between here't been doing that for  at 3:45 PM, V10 (FSD) said have a planned menu for	\$9999				

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6009401 08/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4390 ROUTE 71 SYMPHONY AT THE TILLERS **OSWEGO, IL 60543** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 | Continued From page 7 S9999 2. R2 was reviewed for weight loss during record review. The EMR shows R2 was admitted to the facility on July 9, 2019 with multiple diagnoses including muscle weakness, speech disorder. hyptertension, heart failure, atrial fibrillation. cardiac pacemaker, history of falling, abdominal aortic aneurysm without rupture, constipation, cardiomyopathy, and essential tremor. R2 was discharged from the facility on August 5, 2019 at 11:55 AM. R2's MDS dated July 18, 2019 shows R2 is cognitively intact, is able to eat with supervision and set up help only, and requires extensive assistance for all other ADLs. R2 is frequently incontinent of urine and always incontinent of stool. R2's Order Summary Report dated July 9, 2019 to August 5, 2019 shows an order dated July 9, 2019 for daily weights every day shift. The facility documentation shows R2 refused to be weighed on July 10 and 11, 2019. The facility did not have documentation to show R2 was weighed on July 12, 13, 14, 15, 17, 20, 21, 22, and 25, 2019. R2's weight on admission was recorded at 187.6 pounds. On August 6, 2019 at approximately 4:00 PM, V2 (DON-Director of Nursing) said R2's weight on admission was entered into the EMR incorrectly by the facility nurse because she used the documented weight from the hospital which is not acceptable to use as an admission weight. V2 said the first weight obtained for R2 at the facility wasn't until July 16, 2019, which was 173.2

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	On July 23, 2019 R 10.6 pound weight I	er the resident was admitted. 2 weighed 162.6 pounds, a loss or 6.12 percent. R2 ands when he discharged from st 5, 2019.					
	R2 on July 11, 2019 (milliliters) of 2 calo	ion shows V4 (Dietitian) saw and recommended 80 ml rie/ml supplement, three times record shows the supplement I July 24, 2019.					
	in her room. R4 sai since I came here. I a little over a week a to start me on some happened. I asked	19 at 1:10 PM, R4 was sitting d, "I have lost a lot of weight talked to the dietitian about it ago. She said she was going supplements, but that never the nurse about it, and she dered. Now all of a sudden					
	she completed R4's July 31, 2019 and re supplements, includ supplement daily an supplement three tin 2019 at 4:00 PM, the documentation to sh recommendations for ordered. V4 said, "I recommendations to I'm here and I wrote	d 80 ml of a house nes a day. As of August 5, e facility did not have ow the dietary or R4 had been addressed or					
	on July 22, 2019 with including, abnormal cervical disc degene	was admitted to the facility multiple diagnoses gait, muscle weakness, ration, lumbosacral disc					

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6009401 08/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4390 ROUTE 71 SYMPHONY AT THE TILLERS OSWEGO, IL 60543 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 9 S9999 hemorrhage, alcohol abuse, abnormal liver function studies, acidosis, anemia, hypokalemia, gastritis with bleeding, localized edema, history of falling, and acute kidney failure. R4's MDS dated July 29, 2019 shows R4 is cognitively intact, requires supervision with set up only for eating, limited assistance for all other ADLs, and was not rated for bathing due to that activity not taking place. R4 is occasionally incontinent of bladder, and was not rated for bowel continence. R4's Order Summary Report dated July 22, 2019 to August 6, 2019 shows an order dated July 22, 2019 for weekly weights x 4 every day shift every Monday for 4 weeks. The EMR shows R4's weight on July 22, 2019 was 163.8 pounds. The facility did not have documentation to show the facility followed the physician's orders to obtain a weekly weight on July 29, 2019. Facility documentation shows R4 weighed 153.8 pounds on August 5, 2019, a difference of 10 pounds or 6.11 percent. The facility's Nutrition Assessment Policy dated 2016 shows: "Dietary personnel including director of food and nutrition services, diet technicians and diet clerks provide initial nutrition assessments, quarterly nutritional assessments and annual nutrition assessments. The consultant dietitian provides in-dept nutrition assessments for clients whose medical condition(s) may place them at nutrition risk. Procedure: Nutrition assessment data may include body mass index, usual body weight, height, weight, diagnosis, diet, level of mobility, self-help required, vision, oral status, alertness,

Illinois Department of Public Health

food preferences, nutrition-related lab values.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6009401 08/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4390 ROUTE 71 SYMPHONY AT THE TILLERS OSWEGO, IL 60543 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 10 S9999 skin condition, client's appearance and an estimation of needs. The dietitian will provide random checks of the nutrition screens/assessments completed by dietary personnel and this will be noted on the dietary consultant report." The facility's Dietary Recommendation Policy dated 2016 shows: "Policy: Recommendations made by the dietitian for change(s) in a diet order will be followed up as soon as possible. The dietitian may make a recommendation or the dietary recommendation form is submitted to the director of nursing, the nursing supervisor or person in charge. Nursing is responsible to forward the dietary recommendation to the physician for approval." The facility's Interventions for Weight Loss Policy dated 2016 shows "Policy: Interventions are provided to address a decline in a client's appetite and food intake, a significant weight loss or an insidious weight loss trend. Procedure: Nutrition interventions can be initiated prior to assessment of the client's nutrition status by the dietitian. Nutrition interventions the diet tech, the director of food and nutrition services or the nurse may initiate include: Give the client their favorite foods even if it means sacrificing variety and a balanced diet. Add ice cream, yogurt, whole milk or fortified foods to the tray if the client will accept extra items. Offer snacks between meals. Request an order for health shakes or a calorically dense supplement to be given at med pass." The facility's Weight Monitoring Policy dated 2016 shows: "Policy: To ensure the client maintains acceptable parameters of nutritional status unless their clinical condition demonstrates that this is

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