

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY AT 87TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET CHICAGO, IL 60652
--	---

(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
--------------------	--	---------------	---	--------------------

S 000	Initial Comments Symphony at 87th Street Complaint Investigation # 208411/IL123304	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.3240a) 300.3240b) 300.3240c) 300.3240d) 300.3240e) Section 300.3240 Abuse and Neglect a)An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) b)A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act) c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act) d)A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act) e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact	S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY AT 87TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET CHICAGO, IL 60652
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)</p> <p>f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>(Source: Amended at 15 Ill. Reg. 554, effective January 1, 1991)</p> <p>This Requirement is not met as evidenced by :</p> <p>Findings Include:</p> <p>Based on interviews, and record review, the facility failed to follow their Abuse Policy for R1, one of three residents reviewed for abuse. This failure resulted in R1 being attacked by V10 (Certified Nursing Assistant- CNA).</p> <p>During a phone interview on 06/24/2020 at 2:30 pm, R1 stated "V10 (Certified Nursing Assistant - CNA) sent V4 a new (CNA) to my room with a tray of food that I don't eat. V4 was not aware that I don't eat pork, V10 was aware of it. I told V10 you know I don't eat pork. I told her just leave my room; V10 started going back and forth with me. I told V10 just go that's all right. I told my nurse (V9) about the incident and he told V10 to leave the room. This was a day or two before V10 came back into my room and said Bi*ch, I am about to</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY AT 87TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET CHICAGO, IL 60652
--	---

(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
S9999	<p>Continued From page 2</p> <p>bust you upside your Mother Fu**ing head."</p> <p>On the day of the incident V10 was called into the office, my daughter called Management and complained about me being served pork. I reported the incident with V10 to the charge nurse (V5). I was in my room, R4 my roommate was getting cleaned up by V4 the curtains were drawn. I was on the phone talking to my spouse when V10 entered the room yelling you and your daughter caused me to get fired and took food out of her and her family's mouth. She is walking toward me, and I am in a wheel chair. She said Bi*ch I am about to bust you upside your Mother Fu**ing head. She came toward me with her right hand. She had something in her left hand. I jumped out of the wheelchair leaping onto my bad leg to pick up a chair to defend myself. I turned the chair toward V10 to keep her up off of me. When I turned toward her with the chair my other leg gave out and I fell back into my wheelchair.</p> <p>V4 came over and put herself between me and V10. V4 told V10 to stop it. V10 took both hands and forcefully knocked my TV to the floor, the TV almost hit my feet that were hanging out when I fell back into my wheelchair. V10 ran out of the room, V4 went and reported the incident to the nurse. My feet were hanging out because I was hanging off the wheelchair when I fell back; I snatched my feet back as fast as I could to keep the TV from falling on my feet because I only wear footies no shoes.</p> <p>The staff heard loud noises and came to my room, V7 (maintenance) came into the room and asked if I was alright. V4 came back and helped me get situated in my wheelchair. V4 picked up my TV and put it back on the dresser.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/18/2020
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY AT 87TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET CHICAGO, IL 60652
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>(V3) Unit manager went down the back stairs and said she could see V10 running down the street. I found out V10 was fired a few minutes before she came into my room and was not supposed to come back up the stairs. My room was changed to the room near the nursing station. I was in severe pain after that incident of applying all my weight to one leg which gave out me during the incident. I had to be medicated for pain.</p> <p>During a phone interview on 6/26/2020 at 11:20 am with V9 (nurse), I asked V9 what happened between R1 and V10 (Certified Nursing Assistant). V9 said V10 came and told me that R1 didn't want the dinner served that was pork. I went down to talk to R1 and R1 said V10 served me pork and know I don't eat pork. R1 told me she didn't like V10's attitude because V10 refused to get her some other food to eat.</p> <p>I asked V9 if there was documentation about the incident between R1 and V10. (V9) said I told the oncoming nurse that I reassigned V10 because of the altercation with R1 earlier and that V10 is not allowed to work with R1. I asked V9 for the name of the oncoming nurse; V9 said "I can't remember who it was that was so long ago. I did not think much of it since I reassigned V10."</p> <p>During a phone interview on 6/25/2020 at 3:23 pm with V4 (CNA) , I asked V4 what happened on that day. V4 said I was in the room giving care to R4. The curtains was pulled, V10 came in the room uninvited and saying loudly B**ch you playing with my money. I heard a lot of noise and I felt the situation was escalating. V10 was coming toward R1 in a threatening way, I stepped in between V10 and R1 who had a chair holding it between herself and V10. I told to V10 to stop this and leave the room. V10 took both of her hands</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY AT 87TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET CHICAGO, IL 60652
--	---

(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
S9999	<p>Continued From page 4</p> <p>and knocked R1's TV to the floor and ran out the room down the stairs. I told the nurse (V5) what happened. I helped R1 get repositioned up in her wheelchair and made sure she was O.K. I kept checking on my resident R4 who was very upset because of the incident.</p> <p>During a phone interview on 6/25/2020 at 2:56 pm with V3 (Unit Manager) V3 said I called V10 into the 3rd floor medication room at the beginning of her 2:00 pm shift. I explained to her due to tardiness, calling off and not doing her charting that she was being terminated. V10 said that's fine and asked to get her belonging. V10 left out of the med room to get her belonging while I completed the exit paperwork to give her a copy. I asked V3 if the facility allows staff that has been terminated to roam through the building without an escort. V3 said we don't escort them out of the building.</p> <p>Once I came out of the med room V5 (nurse) told me V10 had knocked R1's TV to the floor. V5 and V4 said V10 had ran down the back stairs. I came down on the elevator and looked outside and could see V10 walking down the street. I came back in, called the police and gave them a description of what V10 was wearing and the direction V10 was walking in. The police came and a report was made. I spoke with R1, the social worker (V11) was in the room to make sure she felt safe. I moved R1 to a room by the nursing station.</p> <p>During a phone interview on 6/25/2020 at 2:15 pm, I asked V11 (Social Service) about the incident with R1 on 3/26/2020. (V11) said on 3/26/2020 at 2:58 pm, R1 was approached by V10 (CNA) a disgruntled employee (former) upon their exit from the facility. R1 expressed that</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/18/2020
NAME OF PROVIDER OR SUPPLIER SYMPHONY AT 87TH STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET CHICAGO, IL 60652		
(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
S9999	<p>Continued From page 5</p> <p>(V10) came into her room (uninvited) and aggressively demanded "Why you playing with my money??" (in regards to R1 reporting her behavior the previous day). R1 went on to say that she picked up a chair to create space between her and (V10) due to her feeling threatened; upon which V10 slammed R1's TV on the ground and stormed out. This incident was reported to the administrator, nursing manager and the local police have been contacted as well. I also documented this information in my notes. Review of R1's record dated 3/26/2020 at 2:58 pm by V11 was documented.</p> <p>During a face-face interview on 6/24/2020 at 10:50 am with V1 (Administrator), V1 said there was a nursing assistant V4 who was providing care to R4, the roommate of R1. (V4) was able to intervene and stepped in between R1 and V10. V4 told V10 she needs to stop confronting/badgering R1 and leave the room. I asked V1 is it the practice of the facility to let staff that's been terminated walk around the facility without being escorted. V1 said we don't escort our employees who resign or have been terminated if they ask to gather their personal belongings. We had no reason to think something like this would happen.</p> <p>Facility's Abuse Policy: Abuse Prevention dated 09/2018 -Training of new employees:</p> <p>How to assess, prevent and manage aggressive, violent and or catastrophic reactions of residents in a way that protects both the residents and staff</p> <p>How to recognize and deal with burnout, frustration and stress that may lead to inappropriate responses or abusive reactions to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY AT 87TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET CHICAGO, IL 60652
--	---

(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
S9999	<p>Continued From page 6 residents.</p> <p>Establishing a Resident Sensitive Environment:</p> <p>This facility desires to prevent abuse, neglect, mistreatment and misappropriation of resident property by establishing a resident sensitive and resident secure environment. This will be accomplished by a comprehensive quality management approach involving concern identification and Follow-up. Resident and family concern will be recorded, reviewed, addressed and responded to using the facility's concern identification procedures.</p> <p>(B)</p>	S9999		