

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>IL6014906</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>10/09/2020</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SYMPHONY AT ARIA</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4600 NORTH FRONTAGE ROAD<br/>HILLSIDE, IL 60162</b> |
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| S 000              | Initial Comments<br><br>Annual Licensure survey<br><br>Complaint Investigation<br><br>#2094634/123874   | S 000         |   |                    |
| S9999              | Final Observations<br><br>Statement of Licensure Violations:<br><br>300.610a)<br>300.1210b)<br>300.1210d)3)<br>300.3240a)<br><br>Section 300.610 Resident Care Policies<br><br>a) 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 by this committee, documented by written, signed and dated minutes of the meeting. | S9999         | <p><b>Attachment A</b><br/><b>Statement of Licensure Violations</b></p>   |                    |

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

TITLE

(X8) DATE

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| S9999              | <p>Continued From page 1</p> <p><b>Section 300.1210 General Requirements for Nursing and Personal Care</b></p> <p>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.</p> <p>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:</p> <p>3)Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p><b>Section 300.3240 Abuse and Neglect</b></p> <p>a)An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met evidenced by:</p> <p>Based on interview, and record review, the facility failed to follow their weight policy by not monitoring a residents weight following a food intake decline that persisted for over one month</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 2</p> <p>and failed to reevaluate the effectiveness of interventions, or attempt alternative interventions to prevent further weight loss for one (R377) of seven residents reviewed for nutrition. This failure resulted in the resident experiencing a significant weight loss of 15.77 percent in 2 months.</p> <p>Findings include:</p> <p>R377 was admitted to the facility on 10/10/16 with diagnosis of dementia, dysphagia and muscle weakness.</p> <p>R377's monthly weight report dated January 2020 to May 2020 documents the following weights; January 154 lbs, February 152.4 lbs, March 152.2 lbs, April no weight documented, and May 128.2. A significant weight loss of 15.77 percent from March to May.</p> <p>On 10/8/20 at 11:45pm, V8 (dietary tech) said, she was not made aware of any further changes with R377 appetite or intake after 4/14/20 . If there were any changes reported she would have discussed with the Dietician and made adjustments including discussion with family, weekly weights, 3day calorie count and updating food preferences.</p> <p>On 10/8/20 at 1109AM Director of Nurses (DON) said weights should be completed monthly and as ordered to ensure that the resident's weight is stable and there is no significant change in the weight. If change in weight is noted we would notify family, physician, and follow the nutrition protocol.</p> <p>On 10/7/20 at 12:16PM, V10 (restorative nurse) said they are responsible for monthly weights. No weights were done in April due to COVID-19. We</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 3</p> <p>would notify DON of any changes in weight and reweight prior to documenting the final weight in electronic medical record. V 10 said unaware of any weight loss or changes in appetite.</p> <p>On 10/9/20 at 331PM, V29 Nurse Practitioner (NP) said for concerns related to nutrition they would monitor labs, do a calorie count, monitor weights more frequently and refer to dietician. V29 was unsure why weights were not monitored and referred to facility for any further information related to 377s weight monitoring. If a resident was not eating family would need to decide if they want feeding tube or palliative care. V29 was unable to give a time frame when feeding tube discussion would be had with family, but said R377 was referred to palliative care.</p> <p>R377's hospital record dated 5/19/20 under physical exam documents emaciated. Under assessment and plan documents anorexia, dysphagia, severe protein calorie malnutrition, failure to thrive and currently requesting feeding tube. Gastrostomy tube placed 5/23/20.</p> <p>R377's progress note document poor appetite on the following days 5/19/20, 5/18/20, 5/15/20, 5/14/20, 5/12/20, 5/11/20, 5/10/20, 5/9/20, 5/8/20, 5/7/20, 5/5/20, 5/1/20, 4/25/20, 4/28/20, 4/12/20, 4/11/20, 4/7/20, 3/17/20.</p> <p>R377's progress note dated 5/19/20 by V28 (APN) documents: In past 4 week, the nursing staff has observed worsening appetite and has required IV fluids. R377 has been refusing to open his mouth to accept food or fluids from staff since Friday (5/15/20). Under general appearance documents severe clavicular wasting. Appetite has declined over past 2months. Weight was fluctuating and</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 4</p> <p>progressively decreasing between 152- 155 in the past 6 months with a sharp decrease in the past 2 months. Current weight 128.6. a reweigh is expected but consistent with his appearance. Goals of care comfort focused vs gastrostomy.</p> <p>R377's progress note dated 4/14/20 documents referral to dietician due to poor intake. Resident eating 25 to 50 % of meals with no significant weight changes. Under plan increase supplement to 120 ml three times a day and add magic cup with lunch. There are no other dietician notes after 4/14/20.</p> <p>R377's progress notes document V29 ( NP) did virtual visit on 4/23/20 with no new orders noted.</p> <p>R377's physician order do not document any new orders or interventions after 4/23/20 for R377.</p> <p>R377's care plan initiated on 5/7/2020 documents Resident has nutritional problem or potential nutritional problem related to possibly chewing issues and history of low body mass index. The following interventions were initiated on 5/7/20, Feed and assist during meals, monitor/ document/ report to MD as needed for signs and symptoms of dysphagia: pocketing, choking, coughing, drooling, holding food in mouth, several attempts at swallowing, refusing to eat, appears concerned during meals, observe intake and record every meal, provide and serve diet as ordered; Dietician to evaluate and make diet changes recommendations as needed.</p> <p>R377's diet order documents dated 7/11/19 mechanical soft diet, super cereal at breakfast, double portions. R377's diet order 4/15/20 documents pureed diet, super cereal at breakfast, double portions magic cup at lunch.</p> | S9999         |   |                    |

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| S9999   | <p>Continued From page 5</p> <p>R377's dietary profile dated 5/7/20 documents Body max index of 25 within normal limits with a weight 152 from March 6 2020. Under comments refer to social service and restorative progress notes weights reviewed with no significant changes at this time; may weight pending current diet meet estimated needs. Currently with varied appetite recorded no dietary suggestions at this time.</p> <p>Facility policy titled weight revised on 7/14 document weekly weights will done with significant change of condition, food intake decline that has persisted for more than week.</p> <p>On 10/9/20 at 400pm, V3 Assistant Director of Nurses (ADON) said the facility did not have any policy on significant weight loss.</p> <p style="text-align: center;">"B"</p> | S9999   |   |   |