IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

February 25, 2019

Illinois Corporation Service, Registered Agent
Symphony Bronzeville Park, LLC
801 Adlai Stevenson Drive
Springfield, Illinois 62703

RE: Complaint #: IL00106508
Survey Date: December 28, 2019
Violation Type: Level B
Docket #: 19-C0068

Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as Symphony of Bronzeville.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Quality Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Enclosure
cc: Administrator
File
Symphony of Bronzeville/December 28, 2019//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. SYMPHONY BRONZEVILLE PARK, LLC, D/B/A, SYMPHONY OF BRONZEVILLE, Respondent.	)))))))))	Docket No. NH19-C0068

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLAN OF CORRECTION REQUIRED; NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS; NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "B" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Complaint IL00106508 Investigation conducted by the Department on December 28, 2019, at Symphony of Bronzeville, 3400 South Indiana, Chicago, Illinois 60616. On February 21, 2019, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.

3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **$ 2,200.00**, as follows:

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)5) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)5) and 300.3240a).

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
525 West Jefferson, 5th Floor, QA
Springfield, Illinois 62761

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

(A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department.

(B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license; the license shall not be renewed; or

(C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of "B" Violation(s); Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation. (Please refer to the Notice of Fine Assessment section on where to send your fine Payment).

Plan of Correction, Hearing Requests and Waivers can be emailed to the following email address: DPH.LTCQA.POCHearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Sammye Geer, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulation

Dated this 25th day of February, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. SYMPHONY BRONZEVILLE PARK, LLC, D/B/A, SYMPHONY OF BRONZEVILLE, Respondent.	))))))))))	Docket No. NH 19-C0068

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent:	Illinois Corporation Service
Licensee Info:	Symphony Bronzeville Park, LLC
Address:	801 Adlai Stevenson Drive Springfield, Illinois 62703

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 25th day of February, 2019.

Sammye Geer
Administrative Assistant I
Long Term Care – Quality Assurance
Office of Health Care Regulations

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001689	A. BUILDING: _____ B. WING _____	C 12/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF BRONZEVILLE	3400 SOUTH INDIANA CHICAGO, IL 60616

(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 Complaint 1886715/IL106508 Statement of Licensure Violations	S 000		
S9999	Final Observations 300.610a) 300.1210b) 300.1210d)5) 300.3240a) Section 300.610 Resident Care Policies 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. 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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1	S9999		

shall include, at a minimum, the following procedures:
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:
5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These requirements were not met as evidenced by:

Based on interview and record review the facility failed to immediately notify the physician and provide appropriate treatment to pressure sore for one (R14) of three residents reviewed for wounds. This failure resulted in a facility acquired deep tissue pressure injury to left ischium.

Findings include:

R14's diagnosis include type two diabetes, Alzheimer's, muscle weakness and aphasia.

R14's minimum data set dated 8/30/18 under section H titled Bladder and Bowel documents

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S9999	Continued From page 2 that R 14 is always incontinent of bowel and urine. On 12/28/18 at 3:35 PM, V 2 (DON) said, staff are expected to call doctor and family at time of when alteration in skin is found. Wound care should evaluate site same day or following day. Any changes in skin should be reported to nurse. If nurse finds an open area on pressure area, they can apply a wet to dry dressing. It is not the facility practice to leave a wound site open to air. R14's family and doctor should have been notified on 9/29/18 of alteration in skin. Wound care should have seen R14 on 9/30/18 to evaluate site. On 12/28/18 at 2:22PM, V 50 (Primary Doctor) said that leaving a site open to air would not typically be an order to a pressure site. I do not agree with the treatment to leave site open to air (OTA) due to the risk of infection and exposure to urine and feces. On 12/28/18 at 4:06 PM, V 61 (Nurse Practitioner) said unable to recall giving an order for R14 to leave site open to air, but that order would be ok if area on buttocks was excoriated and able to keep dry. If site was not covered it could increase risk of infection and site could worsen. On 12/27/18 at 1:20 PM, V 38 (nurse) said she was informed that R14 had alteration in skin and skin assessment performed and risk watch documented. It is the protocol of facility to leave wounds open to air and wound care to assess site. Wound care is notified through risk watch to assess resident. R14's alteration in skin were open red and pink in color to right and left buttocks.	S9999		

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S9999	Continued From page 3 On 12/28/18 at 4:24 PM, V 45 (wound care coordinator) said wound care is expected to see all new skin alterations within 24 hours. Nurse that finds initial alteration in skin should contact doctor at that time for orders. V 45 said she would not have recommended R14's alteration in skin to be left open to air. On 12/28/18 at 11:09 AM, V 20 (wound care nurse) said for changes in skin, the nurse would assess site, document a skin event, notify doctor, family and risk watch. Wound care should evaluate any new changes in skin within 24 hours. R 14's Physician order sheet (POS) documents an order for wound care to evaluate, cleanse with NS and leave OTA dated 9/30/18. On 10/1/18 documents right ischium to clean with normal sterile saline (NSS) apply therahoney cover with dry dressing one time a day Tuesday, Thursday and Saturday and as needed; order dated 10/1/18 documents left ischium cleanse with normal sterile saline; apply venelex and foam, cover with dry dressing one time a day Tuesday, Thursday and Saturday and as needed. On 10/2/18 orders document to cleanse with normal sterile saline apply venelex and foam, cover with dry dressing one time a day Tuesday, Thursday and Saturday and as needed. R 14's treatment administration record documents treatment provided to right and left ischium on 10/2/18. No documentation noted on 10/1/18 of treatment provided to right or left ischium. R 14's care plan initiated 12/12/2017 document to report any signs of skin breakdown.	S9999		

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S9999	Continued From page 4	S9999		

R 14's progress note document with effective date of 9/30/18 at 16:20 documents as followed by V 38 (nurse); " 9/29/18 3pm-11pm shift approximately 3:00pm nurse received patient in dining area awake with peers, sitting up at table. Patient complaint with medication. No noted distress, safety measures adhered to, will continue to monitor. Approximately 2100 cna made nurse aware of skin tear to right buttock; area cleaned and left open to air (OTA). Patient made clean and comfortable, safety measures adhered to will continue to monitor. 9/30/18 08:00am, upon doing rounds nurse received patient in bed asleep. No noted distress. Approximately 1000 am, cna made nurse aware of abrasion observed to patient left buttocks. Patient made clean and comfortable, safety measure adhered to, will monitor. Approximately 15:45 Nurse practitioner on call made aware; to put information in blue book. Approximately 15:50 family member made aware. Safety measures adhered to will continue to monitor."

R 14's skin event dated 9/30/18 documents open areas noted to right and left buttocks. Under action taken documents area cleansed and left open to air.

R 14's discharged patient summary documents R 14 had ulceration to left trochanter that was healed on 3/23/18. R 14's Braden score is 13 which means patient is a moderate risk for pressure sores. Braden score is as followed severe risk: Total score 9 high risk : Total score 10-12; moderate risk: Total score 13-14 mild risk : Total score 15-18.

R 14's wound assessment details report dated 10/1/18 documents facility acquired deep tissue

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S9999	Continued From page 5	S9999		

pressure injury to left ischium measuring 6.40x 5.30x0.10 cm(Length x Width x Depth) with scant amount of serous exudate with date identified as 10/1/18. According to the state operations manual a deep tissue injury is Intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration due to damage of underlying soft tissue. This area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure ulcer. Once a deep tissue injury opens to an ulcer, reclassify the ulcer into the appropriate stage.

R 14's wound assessment details report dated 10/1/18 documents facility acquired stage 3 pressure injury to right ischium measuring 7.30 x 5.60 x 0.10 cm (Length x Width x Depth) with scant amount of serous exudate and 30 percent slough non-adherent with date identified as 10/1/18. R 14's wound assessment dated 10/2/18 stage 3 pressure sore to right ischium measuring 10.20 x 7.00 x 0.10 cm (Length x Width x Depth) with scant amount of serous exudate and 30 percent slough non-adherent. State operations manual defines stage 3 pressure sore as a full-thickness loss of skin, in which subcutaneous fat may be visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible but does not obscure the depth of tissue loss. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon,

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S9999	Continued From page 6 ligament, cartilage and/or bone are not exposed. Facility's policy titled change in resident's condition dated 10/03 documents that nursing will notify the resident's physician or nurse practitioner when there is a significant change in the residents physical, mental or emotional status. Facility's policy titled pressure ulcer treatment guidelines dated 10/03 documents treatment for stage three and four pressure injury with no necrosis present: hydrogel dressing, composite dressing, calcium alginate, foam dressing, absorptive dressing and moist packing gauze. Facility's policy titled skin care prevention dated 11/03 documents that dependent residents will be assessed during care for any changes in skin condition and it will be reported to the nurse. The nurse is responsible for alerting health care provider and wound care coordinator. (B)	S9999		

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: SYMPHONY OF BRONZEVILLE COMPLAINT #: 0106508
LIC. ID #: 0053660
DATE COMPLAINT RECEIVED: 10/11/18 13:44:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1

X The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.