

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001689	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/30/2021
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NAME OF PROVIDER OR SUPPLIER SYMPHONY OF BRONZEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 SOUTH INDIANA CHICAGO, IL 60616
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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 Facility Reported Incident of June 26, 2021/IL135736	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b)4) 300.1210 b)5) 300.1210 d)4)C) 300.1210 d)6) 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. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 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	S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>practicable level of functioning.</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>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>C) Each resident shall have clean, suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes.</p> <p>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 and assistance to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to intervene to prevent R1, a demented resident, from falling resulting in a laceration to the back of his head that required sutures. This failure affects one of three residents reviewed for falls in a total sample of six.</p> <p>Findings include:</p> <p>R1 is a 72-year-old male. R1's diagnoses are but not limited to abnormalities with walking and mobility, muscle weakness, dementia with behaviors and Alzheimer's disease.</p> <p>R1's BIMS (Brief Interview for Mental Status), dated July 4th, notes that R1 is not cognitive.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>R1's BIMS also notes that he has an unsteady gait and has lower leg impairments. Fall risk screen dated 10/18/2020, the last documented assessment for falls, notes R1 as high risk for falls. The only other fall assessment in R1's medical file is after his fall. It is dated 06/26/2021.</p> <p>On 07/27/2021 at 12:55PM, R1 was not able to answer any questions pertaining to his fall in the facility. R1 was very confused.</p> <p>On 07/27/2021 at 1:15PM, R1 was ambulating throughout the facility. R1 has very unsteady balance and holds onto things as he walks. R1 is not very steady when he walks. R1's room is far away from the nurses' station. R1 walks aimlessly throughout the unit. R1 is very impulsive.</p> <p>Incident report dated 06/26/2021, listed as a fall with serious injury, notes R1 was noted on the floor with an open area to the back of his head. R1 could not tell staff what happened. The root cause was determined that R1 was ambulating without appropriate footwear.</p> <p>On 07/27/2021, at 1:11PM, V6 (Certified Nursing Assistant) stated, we get briefed about falls at the nursing station. He has fallen before. If they are a fall risk, we don't leave them in the room by them self.</p> <p>On 07/27/2021, at 2:24PM, V2 (Director of Nursing) stated, I was told that he was ambulating and slipped and fell backwards. He was not wearing the proper footwear. He had a laceration on the back of his head. I cannot remember if anyone told me if they intervened.</p> <p>On 07/29/2021, at 11:27AM, V15 (Restorative Nurse) stated, R1 ambulates short distances but</p>	S9999		
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S9999	Continued From page 3 his dementia makes him unsafe at times. The fall happened in his room. After the fall, the environment is assessed for safety. The resident is assessed as well to make sure they are performed like they were before. To me, he seemed to be appropriate. He was not wearing any non-slip footwear. The footwear was put in place after his fall. We encourage staff to document what they see and what they observe. "B"	S9999		