

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001333	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/27/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY ENCORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608
--	--

(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	S 000		
	Complaint Investigation: 2185271/IL136356			
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.3260a) 300.3260c) 300.3260e)</p> <p>Section 300.3260 Resident's Funds</p> <p>a) A resident shall be permitted to manage his own financial affairs unless he or his guardian or if the resident is a minor, his parent, authorizes the administrator of the facility in writing to manage such resident's financial affairs under subsections (b) through (o) of this Section. (Section 2-102 of the Act)</p> <p>c) The facility may accept funds from a resident for safekeeping and managing, if it receives written authorization from, in order of priority, the resident or the resident's guardian, if any, or the resident's representative, if any, or the resident's immediate family member, if any; such authorization shall be attested to by a witness who has no pecuniary interest in the facility or its operations, and who is not connected in any way to facility personnel or the administrator in any manner whatsoever. (Section 2-101(2) of the Act)</p> <p>e) The facility shall provide, in order of priority, each resident, or the resident's guardian, if any, or the resident's representative, if any, or the resident's immediate family member, if any, with a written itemized statement at least quarterly, of all financial transactions involving the resident's funds. (Section 2-201(4) of the Act)</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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: IL6001333	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/27/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY ENCORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608
--	--

(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>This requirement was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure all written authorizations for handling of residents' monies for trust fund was witnessed by a person of no pecuniary interest in the facility or its operations and failed to provide documentation that quarterly statements are being sent out for 8 (R1 through R8) of 8 residents reviewed for resident trust funds in the sample of 8 residents.</p> <p>The findings include:</p> <p>Review of the residents' (R1 through R8) written consents for the facility to handle their trust funds lacked a witness signature. It only had the resident's name on consent. R1's consent failed to have a date on it as to when it was signed. R2's date on consent is 1/28/14, R3's consent is dated 2/26/18, R4's consent is dated 2/5/18, R5's consent dated 1/3/96, R6's consent signed on 10/23/08, R7's consent is signed on 9/17/18 and R8's consent is signed on 9/16/11.</p> <p>Review of each residents' ledger does not document that quarterly statements are being sent out to resident and/or family. On 8/26/21 at 1:50 PM, V4 (Business Office Manager) stated the corporate office sends them. Asked her for the proof, V4 stated "I understand", it's not documented. V4 was not able to provide documentation to support the resident and/or family is receiving a quarterly statement.</p> <p>The ledgers document the deposit of the social security monies each month and the removal of room and board owed for the month, leaving \$30</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001333	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/27/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY ENCORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608
--	--

(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>in trust. It is difficult to see the \$30 in the trust fund for R1. The ledgers also failed to show itemized entries for withdrawals.</p> <p>R1 was admitted on 4/20/20 per the minimum data set (MDS) dated 4/20/21 and R1's trust fund ledger starts on 7/22/20 with a balance of \$1717 including the \$30 from July '20 social security check. There were no entries prior to 7/22/20. The ledger shows there is \$30 deposit per month up to 4/1/21 where it shows \$270.05 which is all R1's \$30 per month entries. R1 never withdrawals any money. R1 should of accumulated \$30 for April '21, May '21 and June '21 and brought his balance up to \$360. The entry dated 7/23/21 shows a debit of \$1687 for care cost but it does not indicate for what month. R1's trust fund drops down to \$73.26. Where did all his \$30 per month go. The insurance premium which is withdrawn every month does not document what kind of insurance is being paid. R1's trust fund ledger does not show the deposit or lack of a deposit for room and board for the May '20 and June '20. The trust fund ledger is very hard to read and would be especially hard for a resident to decipher. On 8/26/21 at 2:55 PM, V5 (Business Office Manager Assistant) stated the withdrawal of \$1687 was for one of the months R1 did not have income.</p> <p>On 8/25/21 at 2:35 PM, V4 (Business Office Manager) stated that the monthly insurance premium it is for dental insurance for \$199.36 per month. The resident signs a form saying it is okay to withdrawal \$199.36 per month for this service.</p> <p>On 8/26/21 at 3 PM, V4 stated she is not sure where R1's \$30 per month went. V4 stated she will need to ask corporate office.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001333	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/27/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY ENCORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608
--	--

(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>R7 was admitted to the facility on 9/17/18 per MDS 5/10/21 and R7's trust fund ledger starts at 9/1/20 with a balance of \$2535.80. R7's social security check is deposited on 9/3/20 for \$609 and the balance should be \$3225.80 but the balance showing is for \$3114.80. There is one withdrawal for \$379.64 on 9/3/20 and another withdrawal for insurance premium of \$199.36 the balance should be \$2646.80 but shows the balance of \$2565.80. V4 was not able to explain the discrepancies and stated that the corporate office does the actual bookkeeping. R7's trust fund documents a debit of \$379.64 for a "Bill" on 1/5/21. V4 stated it was for room and board for January '21. R7 had paid her January '21 room and board of \$379.64 on 1/21/21. R7 paid for December '20 and February '21 room and board. V4 could not answer and says she will check with corporate office.</p> <p>On R2, R3, R4, R5, R6, R8 trust fund ledgers document debits that are itemized as a date with 5 digits following the date. The entry for 9/9/20 shows a date of 9/4/20 with 5 digits 21350 following the date. V4 stated it is the amount of money taken from account by residents. This is not itemized.</p> <p>R2's ledger documents on 10/9/20 an debit for miscellaneous in the amount of \$86.89 and 2 debits on 7/13/21 for miscellaneous items for \$52.83 and \$83.67, respectively. For all of R2's cash withdrawals are with a date and a 5 digit number. These entries are not itemized.</p> <p>The facility's policy labeled RESIDENT TRUST FUND POLICY AND PROCEDURES does not documents the need for a witness of no pecuniary interest for authorization forms for facility to accept funds for trust fund. The policy does not</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001333	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/27/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY ENCORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608
--	--

(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>address that the trust fund needs to be itemized. The policy documents that quarterly statements are to be sent at the end of the month. There is no documentation to support that quarterly statements are sent.</p> <p>"B"</p>	S9999		