

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 09/28/2021
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NAME OF PROVIDER OR SUPPLIER SYMPHONY ENCORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608
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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
S9999	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These Requirements were not met as evidenced by:</p> <p>Based on record review and interviews the facility failed to ensure administration of seizure medication was documented as given to 1 (R1) out of 3 residents (R1, R2 and R3) reviewed for fall safety. This failure has the potential of contributing the cause of R1's fall due to seizure on 9/8/21, and as a result R1 sustained a laceration to left side of eyebrow.</p> <p>Findings include:</p> <p>R1 resident in the facility with medical diagnosis of Epilepsy and Seizures.</p> <p>On 9/23/21 at 11:05 AM. R1 was seen in his room walking and was able to be interviewed upon sitting on his chair. R1 was alert and able to express his needs very well. R1 stated that his fall recently was due to a seizure, and that he has had seizures for a long time. R1 stated that he takes seizure medication when staff give it to him, but he still has seizures from time to time.</p> <p>R1's fall risk assessments and notes documents</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R1 had a fall on the following days: On 3/23/21 related to seizure activity, 4/5/21 related to seizure activity and 9/8/21 related to seizure activity. On 9/8/21 R1 suffered left eye wound injury with sutures due to the fall. R1 Medication Administration Record shows that on 9/7/21, two (2) medications Levetiracetam tablet 1000 MG and Phenytoin Sodium (Dilantin) Extended Capsule 200 MG for seizures that were scheduled for 9:00 AM were not signed as given. Hospital laboratory result dated 9/8/21 where R1 was sent after the fall reads that Dilantin level was low with result of 6.8 ug / ml (reference level between 10 - 20 ug / ml).</p> <p>Progress noted dated 9/8/2021 10:30 reads: Resident observed lying on left side face down on floor in room. Resident observed in lethargic confused state experiencing seizure activity, duration 3 min at this time. Upon assessment, laceration noted on left side of eyebrow 3 steri strips applied cleansed with normal saline and dry dressing applied tolerated procedure well. Facility Incident final report sent to Illinois Department of Public Health documents the incident happened on 09/08/21 at 10:30 am says R1 was observed on the floor in a lateral laying position with seizure like activities lasting 3 minutes. Open area noted to left eyebrow. And documents, R1 returned to facility at 17:20 pm with 2 sutures to left eyebrow and subtherapeutic phenytoin level.</p> <p>On 9/24/21 at 11:06 AM V2 (Assistant Director of Nursing) stated he was not aware that R1's seizure medication was not signed as given because he did not check. And further stated that, when medication is administered it should be signed in the Medication Administration Record as given. V2 also stated that he does not</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>know why R2 Dilantin level was low in the hospital. According to V2 the facility has a Management Risk report that details all fall investigation. And as a policy this report cannot be shared either by looking at it electronically or by printing into a hard copy. Facility also does not give names of staff that are included in the investigation.</p> <p>On 9/24/21 at 12:53 PM V12 (Clinical Nurse Practitioner) stated that R1 has a medical condition of seizure and currently taking medication for seizure. And by missing a single dose of two (2) medications (Levetiracetam tablet 1000 MG and Phenytoin Sodium (Dilantin) Extended Capsule 200 MG) can be considered as contributory cause of seizure. R1 having low Dilantin result can cause seizures. When seizure medication result is low or high compared to its normal values seizure can occur.</p> <p>Facility Falls Management with review date 6/21 reads: Facility Guidelines following a fall incident: " Complete a fall event. This event includes the circumstances surrounding the fall, device in use, full body observation for injury, pain, range of motion and neuro checks as needed. " All incident and accident with serious physical injury will be initially reported as required to the Health Department. " A final written investigation report is required by the Department of Public Health within seven (7) days of the incident.</p> <p>(B)</p>	S9999		
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