

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 02/05/2021
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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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S 000	Initial Comments	S 000		
	Complaint Investigation: 2180595/IL130528			
S9999	<p>Final Observations</p> <p>Statement of Licensure Findings: 300.1210b) 300.1210c) 300.1210d)6)</p> <p>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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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: Based on interview and record review, the facility failed to follow one resident's (R1) care plan by</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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>performing a two-person assisted transfer from a wheelchair to the bed without the use of mechanical lift. This affects one (R1) resident of three residents reviewed for transfer. This failure resulted in R1 sustaining a left distal tibial fracture (broken leg).</p> <p>R1 is a 71-year-old resident with diagnoses that include: end stage renal disease, diabetes mellitus type 2, heart failure, abnormalities of gait and mobility, muscle weakness and anxiety. R1 is currently hospitalized and unavailable for interview.</p> <p>R1's Care Plan dated 9/22/2020 notes: R1 has an ADL (Activities of Daily Living) Self Care Performance Deficit r/t (related to) Limited Mobility. TRANSFER: Provide Mechanical Aid (Sit to Stand) for transfers with two-person assist. 7/19/19 mechanical lift with 2 staff assist. The resident has had an actual fall on 5/14/16 with no visible injuries. 8/16/16 resident self-reported that she had a fall during transfer from bed to chair, no visible injuries noted. 11/7/16 Self-reported that she had a fall during transfer from bed to chair, no visible injuries noted. 6/5/17 self-reported that she had a fall during transfer. Actual Fall 7/19/19. Interventions: 1. Mechanical lift will be used for safe transfer. Staff re-educated and disciplined for improper transfer and policy/procedure for reporting any fall/incidents.</p> <p>The facility's State Report of Patient Incident dated 11/28/2020 notes: R1 reported on 11/28/2020 that on 11/25/2020 around 6:30 PM after she was transferred to bed, she had pain in her left leg. Final: After interview of staff and R1 it was determined that R1 sustained her injury while being transferred from the wheelchair to the bed</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>when her leg got entangled with the nurse during the pivot when she felt pain. The x-ray report dated 11/28/2020 taken at the facility notes: Left tibia-fibula. Findings: The tibia and fibula show acute oblique fracture of the distal third of the tibia. There is osteopenia. Post-operative plate and screws in the fibula. Impression: Acute oblique fracture of the distal third of the tibia with mild displacement. There is soft tissue swelling. Postoperative hardware in the distal fibula with anatomic alignment.</p> <p>Progress note written by V22 LPN on 11/28/2020 at 6:40 PM: Resident informed writer that she was having some pain in her lower left leg. Writer assessed left leg. No discoloration or deformity is noted of the leg. Writer made an attempt to move left leg, but resident is stating that it hurts when leg is being moved. Writer was not able to complete assessment on leg. Writer gave prn (as needed) Tylenol for pain. All appropriate staff was made aware. Writer called x-ray company and placed an order. Staff is waiting on the arrival of x-ray tech. Staff will continue to monitor.</p> <p>Progress note written by V22 LPN on 11/28/2020 at 10:45 PM: X-ray tech is in the facility to do x-ray of lower left (leg). Results are pending at this time. Staff will continue to f/u. (follow up)</p> <p>Progress note written by V23 LPN on 11/29/2020 at 2:15 AM: Resident lying in bed awake. At first when asked by writer, resident denied pain then stated after nurse slightly touched the left lower leg, resident then stated that she is in pain. Tylenol given and tolerated well.</p> <p>Progress note dated 11/29/2020 at 3:00 AM: Telehealth evaluation Date of Service: 11/29/2020 2:06 AM written by V20 MD (Medical Doctor).</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Patient Name: R1. Primary Chief Complaint: Radiology Review: Abnormal Results. History Present Illness : Pt (patient)with history including end stage renal disease, on hemodialysis, DM2 (diabetes mellitus), CHF (chronic heart failure), who had c/o (complaint of) left lower leg pain after her left leg got caught up during a transfer on Thursday. Has gotten prn (as needed) med (medication)for pain and had x-ray done which has resulted for review: left tib-fib XR: ?(question) acute oblique fx (fracture) of distal third of the tibia with mild displacement. Neurological: moving extremities equally, facial muscles symmetric, at her baseline. Diagnosis/ Assessment/Plan: needs further eval (evaluation)and splinting, will transfer to ED (emergency department) Unspecified fracture of lower end of left tibia, initial encounter for closed fracture (Primary). Orders: 1. transfer to ED (emergency department) for left tibia fracture. 2. Notify TEH (V24 Physician Coverage Service) if she returns with new orders. Disposition: Transfer to Emergency Department. Technology Used: Audio and video with patient and nurse present. Statement of Medical Necessity: Yes. Consent for telemedicine/virtual visit obtained from patient/POA: Yes.</p> <p>Progress note written by V23 LPN on 11/29/2020 at 3:30 AM: Ambulance service (2 attendants) here and transported resident out to Mercy ER per stretcher.</p> <p>The x-ray report dated 11/29/2020 for R1 from V21 local hospital notes: Minimally displaced spiral fracture involving the distal tibial metadiaphysis.</p> <p>R1's Restorative Mobility Nursing Screen dated 12/2/2020 notes: Mobility Devices, (for transfer) Mechanical Lift.</p>	S9999		
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S9999	Continued From page 4 On 2/2/2021 at 10:30 AM V1 Administrator stated he did not know anything about the incident or who was involved. I have only been the Administrator here for about 2 weeks. On 2/2/2021 at 11:30 AM via telephone, V4 R1's family member stated, "My mother told me she got tangled up during a transfer to bed. She called me around 2:00 AM because she was in pain. Her leg was in pain. I spoke to the previous Director of Nursing (V19) and she told me my mother was transferred incorrectly by a nurse and a CNA. They did it themselves instead of using a mechanical lift. She said they were both fired. I don't remember the exact day, but it was Thanksgiving or the day before." On 2/4/2021 at 3:05 PM V6 Nurse Consultant and Acting Director of Nursing stated the nurse and the CNA (Certified Nursing Assistant) involved are both no longer employed here. The DON (Director of Nursing) at the time of this incident and who did the investigation is also no longer here. From the reports I have reviewed, the reports say a transfer was done for R1 without a mechanical lift. R1 was transferred by a nurse and a CNA (Certified Nurse Assistant). No incident report or charting was done on 11/25/2020 because at the time they did not know of any injury. The injury was discovered on 11/28/2020 when R1 complained of pain. R1 should not have been transferred without a mechanical lift. It could be harmful to the staff member and the resident when a lift is not used. The staff members involved in the incident are V12 LPN (Licensed Practical Nurse) and V13 CNA. The Director of Nursing at that time was V19.	S9999		

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S9999	<p>Continued From page 5</p> <p>V12 and V13 did not return telephone messages from this writer.</p> <p>On 2/5/2021 2:30 PM via telephone, V6 stated V20 MD (Medical Doctor) works for a third-party health company, who covers residents between 7:00 PM and 7:00 AM. This is where the nurses call instead of the primary care physician after hours.</p> <p>On 2/5/2021 at 3:15 PM via telephone, V20 MD stated "I was called about R1 at night, I didn't actually see her. I was given information concerning R1 by the nurse. I did review the x-ray report. The nurse told me R1 got twisted up during a transfer and she complained of pain. This type of injury could happen during a transfer, especially if there was a twisting motion. The patient is more at risk for injury if they have osteoporosis or osteopenia. As far as pain, it's hard to say if R1 felt pain or how much during the time between the incident and when it was identified. If she was non weight bearing its possible, she didn't feel significant pain, and sometimes patients just don't tell you when they are in pain right away. I do remember R1 could not describe what happened."</p> <p>(B)</p>	S9999		