

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014823	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/10/2022
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NAME OF PROVIDER OR SUPPLIER SYMPHONY OF SOUTH SHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 EAST 71ST STREET CHICAGO, IL 60649
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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
S 000	Initial Comments Facility Reported Incident of May 05, 2022\IL147564	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 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. 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.	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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>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>These requirements were not met as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to provide adequate supervision for 1 (R5) of 4 residents reviewed for falls. This failure resulted in R5 falling and sustaining a right-sided zygomaticomaxillary complex fracture.</p> <p>Findings include:</p> <p>R5 is a resident of the facility. R5's face sheet, care plan and progress notes read diagnoses of insomnia and dementia.</p> <p>R5's Quarterly MDS (Minimum Data Set) Assessment dated 03/11/2022 documents in part that R5 requires "supervision - oversight, encouragement or cueing" with "setup help only" for toileting. R5 has impairment on both sides of lower extremities.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>R5's ADL (Activities of Daily Living) care plan initiated on 12/17/2021 documents in part: "Allow adequate time to complete each task. Offer choice to encourage active participation in ADL's." Date Initiated: 12/17/2021. "Assist with Toileting needs throughout the day PRN[as needed]/Upon Request." Date Initiated: 12/17/2021. "Current ADL Functional Status: Supervision with Set Up for Bed Mobility, Transfer, Ambulation, Locomotion, Dressing, Eating, Toileting, Personal Hygiene, Bathing." Date Initiated: 12/17/2021.</p> <p>V15's (Nurse) progress note dated 5/25/2022 4:20 AM documents in part: "upon room rounds writer noted resident sitting upright on floor near bathroom door, observed with laceration to outer right eye with bruising and swelling to right orbital/cheek area."</p> <p>V24's (Physician) progress note dated 5/26/2022 12:37 PM documents in part: "Fall - Risks include dementia, peripheral edema, polypharmacy."</p> <p>On 06/07/2022 at 1:33 PM, R5 stated [R5's] foot got stuck on the floor as [R5] was getting off the toilet. R5 stated [R5] fell and injured right side of face. R5 stated staff did not witness the fall.</p> <p>During a telephone interview with V15 on 06/09/2022 at 9:21 AM, V15 stated "I was just making rounds. I didn't see [R5] in bed so I knocked in [R5's] bathroom door. I asked if [R5] was okay and [R5] said [R5] was fine." "About half an hour later, I saw [R5] was outside of the bathroom. [R5] had a laceration on the right eye area." V15 stated staff did not witness the fall. V15 stated R5 was not someone that needed to be watched while using the bathroom.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>At 10:10 AM, V16 (Restorative Manager) stated R5 required supervision with toileting and continues to need supervision with toileting. V16 stated "Supervision is standby to make sure that [R5] is doing things appropriately and safe for [R5]." V16 stated "staff need to stand there and let [R5] toilet [R5] but they need to standby and assist as needed."</p> <p>R5's physician order sheets document in part: transfer to hospital emergency room for evaluation and treatment related to fall with head injury.</p> <p>Facility's Illinois Department of Public Health Report of Resident Incident/Accident documents in part: Resident was transferred out for evaluation at 3:45 AM and returned to the facility around 2 PM with 2 sutures to right brow and diagnosis of right cheek fracture (zygomatic).</p> <p>R5's facial imaging dated 5/25/2022 documents in part: "Findings of a right-sided zygomaticomaxillary complex fracture as described."</p> <p>Facility's 'Activities of Daily Living' policy last revised 5/2021 documents in part: "E. Elimination ... b. Adaptive equipment, assistance and instruction are given as required."</p> <p>Facility's 'Falls Management' policy last revised 7/2014 documents in part: "Residents at risk for falls will have Fall Risk identified on the interim plan of Care with interventions implemented to minimize fall risk." (B)</p>	S9999		