Illinois Department of Public Health STATEMENT OF DEFICIENCIES

					(X3) DATE SURVEY COMPLETED	
	· · · · · · · · · · · · · · · · · · ·	A. BUILDING:			С	
		IL6001333	B. WING		07/0	03/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						27
SYMPHO	NY ENCORE		ITH CALIFOI), IL 60608	RNIA BLVD		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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S 000	Initial Comments		S 000			ň
	FRI of 6/27/2022/IL1	48477				
S9999	Final Observations	3	S9999			Ξ. €
3	Statement of License	ure Violations				
	300.1210b) 300.1210c)					j
	300.1210d)6		ĺ			
	Section 300.1210 G Nursing and Persona	eneral Requirements for al Care			ŀ	7) 3)40
	and services to attair practicable physical, well-being of the resi each resident's comp plan. Adequate and p care and personal ca	provide the necessary care or maintain the highest mental, and psychological dent, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal sident.				j.
t		giving staff shall review and pout his or her residents' are plan.		•		
a					er 89	
a n tl a	ssure that the reside is free of accident ha jursing personnel sha	cautions shall be taken to ents' environment remains azards as possible. All all evaluate residents to see beives adequate supervision event accidents.		Attachment A Statement of Licensure Violations		¥ #

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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IL.6001333		B. WING		•	07/03/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		·	
SYMPHO	ONY ENCORE		JTH CALIFO D, IL 60608	DRNIA BLVD			
(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	Continued From page 1		S9999	9	- · · · ·		
8	These Requirements were NOT MET as evidenced by:						
	Based on interview, record review and observation the facility failed to provide supervision to 1 of 3 residents (R4) in a sample of 9 by failing to prevent the possession of (ETOH) alcohol while inside the facility. As a result R4 sustained a hand laceration due to intoxication.						
H0.	Findings include:						
	including Diabetes 2 Pulmonary Disease,	male with a diagnosis 2, Chronic Obstructive Anxiety Disorder, Alcohol ocaine Abuse. R4 was first ty on 1/28/21.					
	R4 s April 2022 Min 14.	imum Data Set BIMs score is				=	
	cognitive status r/t to encephalopathy 2/2 and hx of hyperamm 7/1/21 care plan - Ha Process alcohol and 4/13/21 care plan - Ha confusion episode r/ 6/27/22 (recent) care	potential for altercation in oxic metabolic ETOH and substance abuse nonemia.		¥			
	control. 6/27/22 R4 v	vas observed intoxicated, and punched out the window.		e ^r			
		s show that on 6/27/22 the epartment Of Public Health					

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C IL6001333 B. WING 07/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD SYMPHONY ENCORE CHICAGO, IL 60608 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 an incident report. The report included documentation that the nurse heard a loud yelling and noise coming from the room, upon entering room Patient was observed quarding left hand with a cloth and closer look blood was noted. Patient seen belligerent, unsteady gait, slurred speech, combative, screaming, and aggressive towards staff. Patient refused first aid care and vital signs. The window was broken in the room and glass on floor. Team Health On Call called and Nurse Practitioner called and returned call and made aware. 911 called. 911 in facility and Pt. (patient) care for his left hand. BIMs score 13. Resident denied being abused or mishandled. Review of hospital record (6/27/22) shows R4 admitted to hospital with a diagnosis including hand laceration and alcohol intoxication. 6/27/22 progress note/behavior note states -Writer (V6) 1AM was at the nursing station and heard a loud yell coming from the back of the unit. Writer immediately went to where the noise was coming from and observed patient in his room with an unsteady gait, slinging his left hand with his clothes noted with blood on it. Patient left hand (back of the hand) was also noted with blood which patient refuses for writer to render first aid care to the hand. Patient appears to be intoxicated with alcohol with slurred speech unsteady gait and also combative towards writer. Rapid response was called which staff nurses in the facility arrived on the unit to assist with patient care. Patient now still combative, screaming and calling staff out of their names with threats of bodily harm. Other staff unable to assist patient due to his aggressive behavior. Patient refuses vital signs to be taken by staff nurses and also refuses to change his clothes which has blood on it. 3-11 pm Supervisor also arrived at the unit to

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND FLAN	OFCORRECTION	IDENTIFICATION NOMBER	A. BUILDING	3:	СОМ	PLETED	
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IL6001333			B. WING 07/03/			03/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
SYMPHONY ENCORE 2829 SOU' CHICAGO,				PRNIA BLVD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
\$9999	Continued From page	ge 3	S9999				
S9999	also assist with patibecame very aggresattempting to hit supitems at supervisor. Station still refusing called for transportatheir arrive to unit. Psupervisor again refhand. IPC service of call NP (nurse pactic of patient above listed order given to transfor evaluation of lack hand, order noted all (sister) was also call patient above behave of the left hand. POA transfer to the hospithand which she vert personal arrived on unursing station still recare to the his left la aggress to be transfer evaluation. Patient whospital with 911 EM hospital ER and gave of patient above listed above by 3-11 follow up on patients.	ent first aid which patient service towards supervisor pervisor and also throwing Patient now at the nursing care to his laceration site. 911 ation for patient, awaiting for Patient still attempting to fight using first aid care to his left alled and writer spoke to on onier) who was made aware end change of condition with the patient to s local hospital eration to the left back of the end carried out. Patient POA and made aware of the first of the end carried out. Patient POA and made aware of the end carried out. Patient POA and made aware of the end to sell the end	S9999				
	kerlix dressing. refus intoxication. 6/27/22 sutures to left hand.	ing vital signs still s/s of hospital record shows 6					

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6001333 07/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD SYMPHONY ENCORE CHICAGO, IL 60608 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 resident is a readmission back into the facility and full body assessment performed today by wound care department. Resident is ambulatory and continent of bowel and bladder. Resident noted with surgical wound to the left hand with 6 intact sutures with no drainage noted following assessment by wound care department. MD is aware of readmission, tx and dietary supplement orders given and carried out. Resident declined assessment on yesterday but allowed for assessment on today. Resident is alert and orient x's 3. Resident resting comfortably following assessment by wound care team. On 7/1/22 11AM V4 (Maintenance Director) stated R4 hit the window with his hand and cut his hand, R4 was intoxicated from alcohol. I went to the room after he broke the window and returned from the hospital around 5 AM. He was still very drunk and stumbling all over the room. The nurse in charge on the night shift took a bottle of alcohol from him. R4 had to go to the hospital to get treatment to his hand. R4 is now in another room. This room is kept locked until the window company can replace the glass. I do not know how R4 got the alcohol. On 7/1/22 11:30AM V6 (Nurse) stated I heard a loud noise. I got to R4s room. R4 was staggaring and combative. Blood was all over the room, I call rapid response for help. The nurse (Supervisor nurse) came up. He tried to talk to R4. R4 was slinging his hand. We called 911. They came in and took him to the hospital. He got 6 stitches. R4 appeared to be intoxicated. He reeked of alcohol.

We found a 1 empty bottle and one that was half

community. The policy states that the staff look

full. R4 has a community pass to go in

in the residents bag when they return.

PRINTED: 09/02/2022

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C IL6001333 B. WING 07/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD SYMPHONY ENCORE CHICAGO, IL 60608 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 On 7/1/22 11:41 AM V5 (Social Service) stated i was aware of R4 incident. R4 did not have a pass to leave the facility. On 3/7/22 R4 was found to appear to be intoxicated. R4s community pass was revoked. R4 was restricted to the building. I do not know how R4 got the alcohol. My staff have been working with him. Social service met with him today. No concerns no behaviors or aggression. I will be meeting with him today to discuss 1:1 counciling. On 7/1/22 12:35 PM R4 stated I got the 2 bottles of rum from a friend. He talked to me on the phone and asked me if I needed anything. I told him to get me rum. He met me out on the facility patio and handed me the two bottles of rum. I took it up to my room. No one checked me when I came back into the facility. There was no staff out on the patio when I received the rum on the outside patio from my friend. He handed it to me over the fence. I brought it up to my room and drank it. On 7/3/22 9:35AM V5 (Social Service) stated I am in charge of the outside patio. The patio is kept locked at all times unless there is a staff person to supervise the residents. All department staff can supervise the outside patio area. Everybody helps with watching the residents when they are out on patio. Yesterday I worked with R4 with his new behavior contract. During this time R4 told me he got the alcohol from and outside visitor outside the building. R4 did not tell me exactly how he did it. R4 does not have unrestricted community pass at this time since

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the incident.

On 7/2/22 10:40AM V1 (Administrator) stated our policy on (ETOH) alcohol in the facility is covered by our policy titled Contraband (Room Search).

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C IL6001333 B. WING 07/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD SYMPHONY ENCORE CHICAGO, IL 60608 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 Alcohol possession by residents is prohibited. Residents out on the patio are supervised. There are PSAs or staff (CNAs) that supervise the patio when residents are out there. If there is no staff the door to patio is locked. Family members and quest with bring contraband into the facility. There was no report that anyone passed alcohol to R4 over the fence in the patio. No one knows how R4 got the alcohol in the facility. I believe there are cameras out on the patio. Had I known R4 got alcohol from the patio I would have checked the cameras. On 7/1/22 12PM R1s room was observed. The exterior wall lower window was observed broken out. Old blood was observed on the wall directly below the window. This room was observed locked with no resident access. Facility Policy titled Contraband (Room Search) 3/20/22 states including Purpose: To provide a process for searching a residents room and/or belongings when residents exhibit behaviors of self-harm or inflection of harm onto others. Definitions: Contraband: Any item that is banned from the facility and/or is of harm to the resident or others. Items included but are not limited to: guns, knives, ammunition, chemical substances. illegal drugs or drug paraphernalia, Alcohol, Tobacco, lighters, Flammable substances and other items that pose safety or risk as determined by staff. Facility guideline dated "7/10" states To provide monitoring of residents on the patio in addition to any camera monitoring. All facility staff. 1. The patio will be monitored when residents are on the patio if necessary. 2. Staff will monitor the patio as assigned. This on addition to the current cameras that monitor the patio. 3. If a resident

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IL6001333		B. WING		07/03/2022			
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