STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051839	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY MAPLE CREST	4452 SQUAW PRAIRIE ROAD , BELVIDERE, Illinois, 61008

(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) COMPLETION DATE
S0000	Initial Comments Complaint Investigation: 2518536/2609455 F686 cited.	S0000		10/01/2025
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210d)4)A)5) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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: 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. 5) A regular program to prevent and treat pressure	S9999		10/01/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These Requirements were not met as evidenced by: Based on interview and record review the facility failed to identify two areas of pressure until becoming unstageable. This failure resulted in one of the wounds requiring debridement and becoming a stage 4 pressure ulcer. This applies to one of three residents (R1) reviewed for pressure in the sample of three. The findings include: The facility face sheet shows R1 to have diagnoses to include Type 2 Diabetes Mellitus, peripheral vascular disease, stage three pressure ulcer of left buttock and stage four pressure ulcer of the right buttock. The facility assessment dated 8/22/2025 shows R1 to be cognitively intact and requires moderate assistance with his personal hygiene. The Physician Order Record (MAR) shows an order dated 2/3/2025 for a skin check to be completed two times per week. The wound assessment details report dated 4/19/2025 shows a new area of pressure was identified to R1's left buttock measuring 4 by 2.25 by 0.25 centimeters (CM) and was listed as unstageable and facility acquired. A second wound assessment details report dated 4/19/2025 shows another area of pressure was identified to R1's right buttock measuring 6.5 by 6 by 0.25 CM with soft necrotic (dead tissue) present and was listed as unstageable and facility acquired. The wound evaluation and management summary dated 4/23/2025 completed by the wound care Physician shows R1 to have two new areas of pressure to his left and right buttock. The right buttock wound was debrided by the Physician and a note was added showing [the previously unstageable necrotic wound has revealed the underlying deep tissue at the muscle/fascia level which had been obscured by necrosis prior to this point. This wound has now revealed itself to be a stage four pressure injury.] The wound measures 6.7 by 7.8 by 1.9 CM. The same summary shows the left buttock to have a stage three pressure injury measuring 3.2 by 2.6 by 0.1 CM.	S9999		

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S9999	Continued from page 2 On 9/11/2025 at 12:00 PM, V3 Assistant Director of Nursing (ADON) said she was the nurse who was first alerted by staff that R1 had new sores to his buttocks. V3 said R1 always wanted to sit up in his wheelchair and would use the bed pan in his wheelchair to have a bowel movement. R1 would sit on the bed pan for long periods of time and when he was done, he would lift up and the staff would help him to wipe. V3 said the staff would not have been able to see the skin to R1's buttocks this way. V3 said R1 refused showers and would sit up all day and only get into bed late at night. V3 said the new pressure ulcers should have been found before becoming a stage three and a stage four. On 9/11/2025 at 4:00 PM, V2 Director of Nursing (DON) said the purpose of skin checks are to check the skin for redness, ulcers and to check the healing of any skin issues. V2 said the staff providing care for R1 are the ones responsible for doing the skin checks. On 9/11/2025 at 2:30 PM, V4 Wound Care Physician said "The reason he has the pressure ulcer is due to the fact he is always up. He refuses to lie in bed. Plus, he has so much pain to his hips and it's worse during transfers, so he is reluctant to move much. Certainly, when he is cleaned up after using the bathroom the staff could have seen changes to his skin. I can't say they should have seen it or how quickly a wound can become necrotic. If you look at my notes, you will see the wound was very advanced when I first saw it. Every time I am there and see him, he is up in his wheelchair." The undated facility policy for skin management program shows it is the facility's policy that a resident does not develop pressure injury unless it is clinically unavoidable. The Certified Nursing Assistants will report any new skin impairments to the licensed nurse identified during daily care. (B)	S9999		