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 09/25/2025

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 Annual Licensure and Certification	S0000		10/06/2025
S9999	Final Observations Statement of Licensure Violations 1 of 2 300.650c) 300.650 Personnel Policies c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file. This requirement was not met as evidenced by: Based on interview and record review, the facility failed to check the IDFPR (Illinois Department of Financial and Professional Regulation) website prior to hire. This applies to 3 of 3 employee files reviewed for IDFPR checks. V5's (Licensed Practical Nurse-LPN) file showed V5 was hired on 8/27/25. V5's IDFPR check was completed on 9/23/25. (27 days after hire). V15's (LPN) file showed V15 was hired on 8/27/25. V15's IDFPR check was completed on 9/3/25. (7 days after hire). V16's (LPN) file showed V16 was hired on 6/13/25. V16's IDFPR check was completed on 9/23/25. (102 days after hire). On 9/24/2025 at 1:19PM, V14 (Human Resources Assistant) stated, "I'm sure we completed the IDFPR prior to hire, I just can't find the printout in the employee files. We usually check IDFPR then print out their license and put all of that in their employee files so I'm not sure why these ones weren't in the file. I don't have anything showing that we checked the IDFPR site prior to these 3 nurses being hired. It is important for us	S9999		10/08/2025

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

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S9999	Continued from page 1 to check the IDFPR site as this shows up if there has been any action against a nursing license." (C) 2 of 2 300.610a) 300.1210b) 300.1210c) 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 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. These Requirements were not met as evidence by: Based on observation, interview and record review, the facility failed to ensure a resident was transferred out of bed in a timely manner and failed to provide incontinence care for a resident in a timely manner for 2 of 2 residents (R23, R57) reviewed for activities of daily living in the sample of 35. This failure resulted in R23 crying and voicing	S9999		

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S9999	Continued from page 2 feelings of depression. The findings include: 1. R23's Admission Record, printed on 9/24/20245, showed she had diagnoses including, but not limited to major depressive disorder, mild cognitive impairment, dysphagia, and congestive heart failure. R23's recreational support care plan showed she is at the facility for long-term care and will attend meaningful activities that she chooses. The care plan showed R23 enjoys visiting with family and friends, enjoys reading books, listening to music, and is interested in participating in group activities. R23's care plans showed she has an ADL self-care deficit related to limited mobility, debility, and impaired balance. The care plan showed R23 uses a mechanical lift with 2 staff assist for all transfers. R23's 8/7/2025 facility assessment showed she was cognitively intact and was dependent on staff for transfers. On 9/23/2025 at 9:50 AM, staff informed V5 (Registered Nurse-RN) that R23 was waiting to get up but there was not a sling ready or available so she would have to wait. On 9/23/2025 at 11:17 AM, R23 was in her room lying in bed. R23 said she is dressed and is waiting to be gotten out of bed. R23 said the staff never get her up until close to noon. R23 said yesterday (Monday) and Sunday, they did not get her out of bed all day. R23 said staff told her they did not have a sling to get her up. R23 started to cry and said it is depressing. "I want to get up. I don't want to sit in bed like this. I never did this at home." At 11:20 AM, R9 (R23's roommate) said she heard the aides tell R23 they did not have a sling. R9 said R23 is left in bed quite a bit. On 9/23/2025 at 11:36 AM, V6 and V22 (Certified Nursing Assistants-CNAs) entered R23's room with the mechanical sling lift. R23 was still upset when V6 and V22 entered the room. V6 was asked about the facility's supply of slings. V6 said the facility has a lot of slings, it just depends on what you get. When asked to explain, V6 said the 100 wing has more residents that use the mechanical lifts. V6 said we just have to wait sometimes too. Sometimes we have to use the mesh sling that is for showers. On 9/24/2025 10:17 am, R23 in hall sitting in her wheelchair, combing her hair in the doorway to her room. CNA said she just got R23 up. R23 was observed multiple times on 9/24/2025 sitting in the dining room	S9999		

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S9999	Continued from page 3 at a table with other females, reading a book. On 9/25/2025 at 9:33 AM, V2 Director of Nursing (DON) said I told staff that a lot of our residents are early birds; they do not want to be left in bed. We have a lot of slings. The slings are taken down when they are soiled and when the residents are laid down for the night. Laundry stays until after 10:00 PM. We are looking at getting more slings, a different style for the residents that are continent but not able to stand. On 9/25/2025 at 10:38 AM, V3 (Assistant Director of Nursing-ADON) said R23 came from another facility. She wanted to work on her strength. V3 said R23 is on an active range of motion program to all of her extremities, to strengthen her mobility function. V3 said R23 is dependent on staff for transfers. Her lower extremities are not strong enough for her to stand and transfer currently. On 9/25/2025 at 12:45 PM, V6 (CNA) said on 9/23/2025 R23 was not gotten up until after 11:00 AM (observed by surveyor at 11:36 AM) because we had to wait for a sling. V6 said having to wait for a sling to transfer a resident is not a new thing. We have slings, it is just first come first served. 100 hall CNAs grab the slings first, so we have to wait until more are available. V6 said she worked on Monday; however, she was on the 100 hall and is not sure if R23 was gotten up on Monday. On 9/25/2025 at 12:55 PM, V17 (Nurse Practitioner) said not getting a resident out of bed repeatedly can affect the resident's mental health. V17 said no one has said anything to me about not getting R23 up. On 9/25/2025, R23 was again observed multiple times throughout the day, sitting in the dining room at the same table with other females, reading her book. R9's 6/20/2025 Brief Interview of Mental Status assessment showed she was cognitively intact. (R9 is R23's roommate). The facility's policy and procedure titled Activities of Daily Living, with a review date of August 2025, showed activities of daily living is encouraged to prevent disability and return or maintain residents at their maximal level of functioning based on their diagnosis… C. Feeding: a. Residents are encouraged to eat in the group dining room when possible, for socialization… E. Transfer: a. Privacy is provided to each resident. b. Resident is encouraged, if able, to assist with transfers. c. Adaptive equipment, assistance and instruction are given as required.2. On	S9999		

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S9999	Continued from page 4 9/23/25 at 12:02 PM, V4 (Dietary Manager) stated to V13 Certified Nursing Assistant (CNA), “R57 said she needs to use the bathroom.” V13 replied, “She doesn’t go to the bathroom, she’s just a check and change.” V13 did not ask R57 if she needed to use the restroom or attend to R57’s requests to use the bathroom.On 9/23/2025 at 12:10 PM, R57 was sitting in her wheelchair in the dining room at a table, waiting for her noon meal. R57 smelled like a bowel movement (BM). On 9/23/2025 at 12:19 PM, R57 was sitting in her wheelchair at the dining room table eating her lunch. R57 smelled like BM. On 9/23/25 at 12:43 PM, R57 was sitting in her wheelchair in the dining room at a table. Her wheelchair was pushed back a little and the front of her pants were wet. There were no spilled items on the table or the floor next to R57. There was a strong odor of BM present. On 9/23/2025 at 1:01 PM, R57 was wheeled down hall by V10 CNA and left in the hall. On 09/23/2025 at 1:09 PM, V11 CNA and V10 CNA took R57 into her room and transferred R57 from her wheelchair to her bed using a mechanical lift. The groin area and front of R57’s pants were saturated. V11 lifted R57’s shirt and there was mushy and loose stool above the waistband of her pants on her abdomen. V11 and V10 pulled down R57’s pants and opened her incontinence brief and the resident’s brief was full of mushy and liquid stool. When V10 and V11 turned R57 to remove the sling, it was wet and there was BM on the sling. On 9/24/2025 at 9:54 AM, V2 Director of Nursing (DON) stated, incontinence care should be provided in a timely manner; residents should be toileted frequently. When residents are turned, they are checked and changed. Staff do not have set times when they are to toilet and/or change residents. When someone says they must go to the bathroom, they are toileted. We do not train our staff to have residents wait or not toilet when requested. Even if the resident is confused or can’t use a toilet, they should be taken to their room for care, offer a bedpan etc. We don't let the resident sit in the dining room incontinent during their meal. Staff are to change resident when they need to be changed. The Face Sheet dated 9/24/25 for R57 showed diagnoses including dementia, anxiety, protein-calorie malnutrition, chronic kidney disease, asthma, chronic obstructive pulmonary disease, traumatic subdural hemorrhage, hydronephrosis, anemia, depression, hypertension, and type 2 diabetes mellitus.	S9999		

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S9999	Continued from page 5 The Care Plan dated 7/9/25 for R57 showed she has an activity of daily living self-care performance deficit related to a subdural hematoma. Toilet use: R57 requires total assist for toileting. The Minimum Data Set (MDS) dated 7/1/25 for R57 showed severe cognitive impairment; dependent on staff for toileting hygiene; always incontinent of bowel and bladder. The facility's Activities of Daily Living Policy (8/25) showed, A program of assistance and instructions in activity of daily living skills is care planned and implemented. Elimination: a. Privacy is provided to each resident. b. Adaptive equipment, assistance and instruction are given as required. (B)	S9999		