FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003958 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **10935 SOUTH HALSTED STREET** SYMPHONY OF MORGAN PARK CHICAGO, IL 60628 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 S9999 Final Observations Statement Of Licensure Violations: 10f 1 violation 300.610a) 300.3240a)b)d) Section 300.610 Resident Care Policies 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 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)

b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)

d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE 09/16/20

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

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		
12		IL6003958	B. WING			C 09/08/2020		
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S9999	Continued From page 1		S9999					
	shall also report the matter to the Department. (Section 3-610 of the Act)			3				
	These Requirements were NOT MET as evidenced by			100				
3°	facility failed to noting Public Health) of ve	I review and interview the ify IDPH (Illinois Department of erbal and physical altercation ir residents (R3, R5) reviewed				*		
	Findings include;	.0			3			
=-		d R5 encountered both verbal ation with each other, the mented;						
	was walking down lipatients arguing. R	dent description states resident hallway and overheard two Resident stated the resident him but pushed a pop can out	=;					
5. T		dent description states it was hat resident had hit and her resident.	/iii		84			
(c)		20) abuse binder was reviewed the (8/10/20) aforementioned usive.						
	she was aware that argument over a po	om, V1 (Administrator) stated at R3 and R5 got into an op but was unaware of the altercation" and affirmed IDPH either incident.		50 (A)				
	The abuse policy (reviewed 1/2019) states when				ite.		

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Illinois Department of Public Health												
* STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY						
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S9999	Continued From page 2		\$9999			<u> </u>						
56	an allegation of abuse, exploitation, neglect, mistreatment or misappropriation of resident property has been made, the administrator, or designee, shall notify Department of Public Health's regional office immediately by telephone or fax. Public Health shall be informed that an) = 5						
4	occurrence of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property had been reported to the administrator and is being investigated.					ji.						
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Illinois Department of Public Health