

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2020
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NAME OF PROVIDER OR SUPPLIER SYMPHONY OF ORCHARD VALLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 2330 WEST GALENA BOULEVARD AURORA, IL 60506
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violation: 1 of 1 Violation:</p> <p>#2078086/ IL 127670</p> <p>300.610a) 300.1010h) 300.1010i) 300.1210b) 300.1210d)3)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	
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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>health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. (B)</p> <p>i) At the time of an accident or injury, immediate treatment shall be provided by personnel trained in first aid procedures. (B)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</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>	S9999		

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S9999	<p>Continued From page 2</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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>Section 300.3240 Abuse and Neglect</p> <p>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)</p> <p>This Requirement is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure a resident was free from neglect by not documenting a resident's fall and assessment in the medical record and not reporting the fall to the next shift or the physician in a timely manner. This failure resulted in R1 not</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>receiving treatment for her fractured right femoral neck for over 21 hours.</p> <p>This applies to 1 of 3 residents (R1) reviewed for falls/neglect in a sample of 3.</p> <p>The findings include:</p> <p>R1's Electronic Medical Record (EMR) accessed on 10/9/20 shows that R1 has diagnoses including Dementia, Anxiety and History of Falls.</p> <p>R1's Fall/Incident Report- Risk Management dated 9/25/20 states, "Resident was observed on the floor by her CNA (Certified Nurse Aide) beside her bed." Immediate Action Take: ROM (Range of Motion) rendered. Per thorough investigation by the IDT team, it was determined that resident who is an independent ambulator attempted to get out of bed and fell. Did not complain of pain after fall, nurse assessed."</p> <p>On 10/9/20 V8(RN- Restorative Nurse Coordinator) stated, "I came to work on that Monday (9/28) and we went to the morning meeting. We were aware that {R1} had gone out to the hospital with a fractured hip but there was nothing in risk management to tell us what happened. Usually we have the meeting and then a few of us stay after and discuss the falls and work on the interventions. After the meeting {V10- Assistant Director of Nursing} and another nurse manager said that they needed to discuss {R1} in private with {V1}Administrator based on some of the statements they received. Then we {V8 and V9- Restorative Nurse} were excluded from any further discussion about the incident. A few days passed and I went in to look at the documentation to see if I could piece some things together. Something seemed a little "off". Since we were</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>not privy to the statements I decided not to involve myself in it anymore. I was asked on that Monday (9/28) to let {V3- LPN} know that she needed to enter her documentation into the computer. The Risk Management form was completed 10/6/20. Usually restorative enters the plan into the risk management form but we were not involved in this one."</p> <p>On 10/9/20 at 10:50AM V3 (LPN- Licenses Practical Nurse) stated, "I was in the 900 wing day room- my CNAs brought {R1} in and said that she had had a fall. I asked if she had any pain, stood her up and did ROM to all her extremities. That was around 8:00PM on Friday, 9/25/20 - I didn't report it. I left at 10:15PM and I came back in about 6:30AM. The night nurse said (R1) complained of pain about 4:30AM so I called the doctor to talk to him about it. He came in and looked at her. The CNA's said they observed her on the side of her bed on the floor. The CNA's didn't come and get me first. The CNAs should come and get the nurse before they move the resident. {R1}didn't know what happened and said she didn't have any pain and just wanted to go to bed.</p> <p>I didn't report the fall. It was busy and she seemed to be ok. The next day she was hurting and I was scared because I had not reported it. I reported it on Monday- it was eating me up."</p> <p>An undated written statement by V3 reads, "Friday 9/25/20 8:00PM, my two CNAs came to me to let me know they observed {R1} on the floor beside her bed and they placed {R1} in her wheelchair and brought her to the 900 dayroom. I ask {R1} if she had any pain and she replied no. I did ROM on {R1} too, no pain. {R1} was put back to bed at 9:00PM. I came in 9/26/20 at 6:30AM and the third shift nurse said {R1} complained of</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>pain around 4:30AM and was given Acetaminophen. I was asked by Supervisor and Director of Nursing did she fall and I replied No. I was scared because I didn't do fall report that night."</p> <p>On 10/9/20 at 1:30PM V6 (RN- Registered Nurse) stated, "I worked night shift that night so I came in about 10:30PM. {R1} was fine. Nothing was reported to me about a fall. She slept comfortably through most of the night and then about the end of my shift she was complaining of pain. I went in and assessed her. Nothing was communicated to me about a fall so I really didn't know to look for anything. First she said her leg hurt, then it was a headache then just generalized pain. I spoke to my CNA (V7) that night and he didn't report anything unusual, no falls or anything. Her vital signs were ok. I didn't feel there was any reason to call the doctor. I gave her Acetaminophen- analgesic and then she was ok, she went back to sleep. I spoke to the oncoming nurse {V3} and told her what was going on. Then {R1} started screaming in pain. {V3} did not report any falls to me at that time either."</p> <p>A Late Entry Progress Note written by V3 dated 9/26/20 at 8:28AM (Per the EMR the note was completed on 10/6/20) states, "Resident was observed on the floor beside her bed by CNAs on 9/25/20 at 8:00PM. Resident was brought in 900 day room, where I rendered ROM on all extremities with no pain. Resident was put to bed by CNA 30 minutes later. The next morning resident complained of pain and was sent to ER. "</p> <p>Progress Notes dated 9/26/20 , written by V3, state, "Was summoned to resident room by CNA, saying resident is complaining of pain, and won't stand for her. ROM was rendered but resident</p>	S9999		
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Continued From page 6

screamed in pain, I ask if she fell she replied, she don't remember. Called Physician who ordered STAT X-Ray of Right Leg, Right foot, and Right hip. Order carried out."

Physician's Progress Note dated 9/26/20 at 3:16PM states, "Patient is being followed in her room in presence of RN in charge. RN states when she came this morning noticed patient was complaining of R Lower Extremity limited pain, initially unclear the specific site of pain. Patient unable to get out of pain. No reports regarding a fall..

Extremities: Bilateral Lower Extremities w/o evidence of hematoma. Right Lower Extremity with external rotation, sensitive to touch and ROM especially hip, equal peripheral pulses bilateral. Neg Homans sign bilateral.

1. Right Lower Extremity pain.

Findings suspicious regarding Hip involvement, ? FX, XRay ordered already but not here, recommend patient to be transferred to Emergency Room for further evaluation."

Progress Notes dated 9/26/20 at 3:02PM state, "{R1's physician} called to send resident out to ER.... Went to resident's room and tried to check on her Right leg /thigh. Resident screams when I try to touch leg. It is externally rotated and shortened. No swelling noted. Tylenol 650mg given for comfort. Resident's daughter aware... 5:10PM, 21 hours after fall Resident was picked up by ambulance personnel. "

R1's Hospital History and Physical dated 9/26/20 states, " 85 year old female...presented to the ER after she was found in bed with pain in her right leg... X-Ray of hip and pelvis showed displaced and mildly angulated right femoral neck fracture. This same document states, "Assessment and

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S9999	Continued From page 7 Plan: Right femoral neck fracture. Likely secondary to fall as patient has bruises on head and neck." The facility policy entitled Abuse dated 1/2019 states, "Neglect means the failure of the facility, it's employees or its service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, or mental anguish, or emotional distress. Further, neglect means a facility's failure to provide, or willful withholding of adequate medical care..." (B)	S9999			