

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001689	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/27/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY OF BRONZEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 SOUTH INDIANA CHICAGO, IL 60616
---	--

(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
S 000	Initial Comments FOSS Complaint Investigation 1686512/IL89851 Statement of Licensure Violations	S 000		
S9999	Final Observations 300.610a) 300.1210b) 300.3240a) b)d) 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. Restorative measures shall include, at a minimum, the following procedures: Section 300.3240 Abuse and Neglect	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

01/13/17

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001689	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/27/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY OF BRONZEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 SOUTH INDIANA CHICAGO, IL 60616
---	--

(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	<p>Continued From page 1</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>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)</p> <p>d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)</p> <p>These requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to have a staff member immediately report a resident's unknown unwitnessed injury to the administrator and state agency, failed to do a thorough investigation of the cause of a resident's unknown unwitnessed injury to rule out possible abuse, and failed to protect a resident from further possible abuse, after being aware of a resident's unknown unwitnessed injury according to the facility's protocol.</p> <p>This applies to one of one resident (R4) in the sample, identified with an injury of unknown origin in a sample of 13 residents.</p> <p>The facility's staff members (E2, E8, E9, E10 and E11) were not familiar with the facility's abuse policy for an abuse situation involving injury of unknown origin to make sure a resident was protected from possible abuse and the facility's policies for abuse and investigating a resident's unknown injury were not followed for R4's protection.</p> <p>Findings Include:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001689	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/27/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY OF BRONZEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 SOUTH INDIANA CHICAGO, IL 60616
---	--

(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	<p>Continued From page 2</p> <p>The facility's Abuse Prevention Program policy says the following:</p> <p>Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, mistreatment or misappropriation of resident property they observe, hear about or suspect to the Administrator or Supervisor, immediately.</p> <p>Injuries of Unknown Source are investigated and reported to State Agency under the procedures of an Abuse Investigation. The first step of an Abuse investigation is immediately safe guarding the resident from further abuse.</p> <p>An injury of Unknown Source is an injury not observed by a person or source that could not be explained.</p> <p>The facility' s policy to investigate any unexplained resident injury says the following:</p> <p>When any staff member notices an unexplained resident injury, it is immediately reported to the DON (director of nurses), Administrator and/or designee. The DON or designee will initiate an investigation.</p> <p>R4 ' s Progress Note dated 12/11/2016 at 10:25pm written by E6 (Licensed Practical Nurse/LPN) documented: R4 was noted with some swelling to the right eye and right side of the face painful to touch. E6 received an order to monitor. The source of the injury was not identified. How the monitoring was to be conducted was not identified. E6 initiated an Incident Report #697140 calling the injury a skin issue with unknown source.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001689	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/27/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY OF BRONZEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 SOUTH INDIANA CHICAGO, IL 60616
---	--

(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	<p>Continued From page 3</p> <p>Occurrence Report #697553 dated 12/13/2016 at 7:30am initiated by E8 (Nurse) documented: R4 had a discolored bruised right eye.</p> <p>12/13/2016 at 10:45am, Z1 (Niece of R4) was interviewed in the 3rd floor day room. R4 was sitting next to Z1 playing with a doll. Z1 said she was called by facility staff Sunday 12/11/2016 at 9:15pm and was told R4's right eye was swollen. Z1 was called Monday 12/12/2016 at 9am and was told about R4's right eye being swollen but not draining. Z1 visited the facility Monday 12/12/2016 and saw R4's right black eye and noticed a bruise on the right side of R4's face and R4's right ear was discolored. Z1 notified the 3rd floor staff about the bruise on the right side of R1's face and the right discolored ear. Z1 turned R4's face to expose the bruised right side of R4's face and the right discolored ear.</p> <p>12/21/2016 at 1:30pm, E9 (Certified Nursing Assistant/CNA) was interviewed by telephone. E9 works the 3-11pm shift at the facility. E9 was R4's direct care staff Saturday 12/10/2016 and Sunday 12/11/2016. E9 said she is familiar with R4. R4 has a small head and anything different would be noticed. Saturday (12/10) R4 was okay. But Sunday (12/11) R4 was sitting on her bed and told E9 she needed incontinent care. E9 came into the room to provide care when she saw the right side of R4's face was "puffy" around the right eye, forehead and cheek. E9 immediately called E6 and E10 (LPN) to examine R4's face. E9 said her last Abuse training was in November 2016. E9 was instructed to report to the supervising nurse on the floor anything out of the ordinary.</p> <p>12/21/2016 at 2:15pm, E11 (CNA) was interviewed by telephone. E11 works 11-7am. E11</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001689	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/27/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY OF BRONZEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 SOUTH INDIANA CHICAGO, IL 60616
---	--

(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	<p>Continued From page 4</p> <p>provided R4 direct care Sunday 12/11/2016 and Monday 12/12/2016. E11 dressed R4 Monday morning. E11 said she did not see any wrong with R4 Sunday night. E11 did confirm that the 3-11pm Sunday said there was something wrong with her eye. E11 said Monday night 12/12/2016, R4's right eye was black and blue. E11 did not notice the right side of R4's face or ear. E11 said she has had 2 Abuse training in-services while employed by the facility. They were told to tell the nursing supervisor on the floor if they found anything and what abuse was.</p> <p>12/21/2016 at 11am, E8 (LPN) was interviewed. E8 works the 7-3pm shift. Tuesday 12/13/2016 was working on the 3rd floor. E8 said the 11-7am nurse told her about R4's right eye. E8 found R4 sitting in the day room, dressed. R4's right eye was swollen and discolored. R4's right temple was swollen. E8 called the Family and Physician. R4 was sent out for a CT (special x-ray) scan. E8 said she tried to ask R4 what happened. R4 started talking about something else other than her black eye. E8 told the nursing supervisors on the floor and did not alert the Administrator. E8 initiated Incident Report #697553. E8 said she did not put down that R4's right temple was swollen because she was unfamiliar with R4 and thought it might just a natural occurrence. E8 was last in-serviced on Abuse in October 2016. E8 did not know that and Injury of Unknown origin should be reported as an Abuse.</p> <p>12/21/2016 and 12/22/2016, E2 (Director of Nursing/DON) was interviewed. E2 said she was not made aware R4's injury until 12/13/2016. E2 told E1 (Administrator) and initiated an investigation. E2 said up until 12/13/2016, R4's swollen right eye was reported as an eye infection. Eye drops were ordered 12/12/2016.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001689	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/27/2016
NAME OF PROVIDER OR SUPPLIER SYMPHONY OF BRONZEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 SOUTH INDIANA CHICAGO, IL 60616		
(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	<p>Continued From page 5</p> <p>The swelling and bruising of the right side of the face and discoloration of the ear were not documented. E2 reported R4's right eye injury to the Illinois Department of Public Health (IDPH), 12/13/2016.</p> <p>12/21/2016 at 2:30pm, E1 (Administrator) was interviewed. E1 said she was told about R4's injury 12/13/2016. E1 instructed E2 to investigate the injury. E2 was given no other instructions from E1. E1 knew that R4's injury was identified as an Injury of Unknown origin. E1 was asked about the facility's Abuse Prevention Program. E1 knew the first step in the Prevention program is to safeguard the resident.</p> <p>From 12/11/2016 to 12/13/2016 when the facility staff was asked about the injury to R4's right eye, right face and right ear, no safety measure was put in place to stop any further injury.</p> <p>12/13/2016 at 2pm, E2 (Director of Nursing/DON) said she did not find out about an injury of unknown origin concerning R4 until 12/13/2016 when she reported it to the Illinois Department of Public Health (IDPH). After the surveyor inquired about R4's injury the resident was sent out to the hospital.</p> <p>R4' s emergency hospital' s record provided by the facility contained a report for a CT head/brain w/o (without) contrast. The report contained for findings: Suspicious for a small right Subarachnoid hemorrhage.</p> <p>(B)</p>	S9999		