

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/06/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY AT 87TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET CHICAGO, IL 60652
--	---

(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 Complaint Investigation 1687400/IL90788	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3) 300.3240a) 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	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 01/20/17
---	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/06/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY AT 87TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET CHICAGO, IL 60652
--	---

(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>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:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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> <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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/06/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY AT 87TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET CHICAGO, IL 60652
--	---

(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>months.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide safety interventions for one resident (R1) with mobility limitations. This failure resulted in R1 sliding off the bed onto the floor and sustaining a fracture of the clavicle. This failure applies to one resident (R1) out of four reviewed for falls.</p> <p>Findings Include: R1 was admitted to the facility on February 1, 2013 per the admission face sheet. The physician orders dated January 1, 2017 through January 31, 2017 showed that R1 had diagnoses of urinary tract infection, anxiety, autonomic neuropathy, diabetes mellitus type two, sacral pressure ulcer stage four, and hypertension, depression and iron deficiency anemia. The nursing note dated December 29, 2016 showed that at 7:50pm E4 RN (Registered Nurse) was called to R1's room by E3 CNA (Certified Nursing Assistant). E4's note showed that R1 was found on the floor on the left side of the bed lying on her right side. R1's nursing notes showed that at 9:15pm the ambulance picked R1 up and transported to the community hospital emergency room for evaluation and treatment. A nursing note dated December 30, 2016 showed that R1 was returned to the facility at 4:15am with her right arm in a sling and a hematoma to the right side of her head. An incident note written at 12:14pm in the progress notes for R1 showed</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/06/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY AT 87TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET CHICAGO, IL 60652
--	---

(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>that R1 complained of pain to the right fractured clavicle when she tried to move it. A note written at 12:17pm showed that R1 had an appointment to see a physician regarding the right clavicle fracture. The appointment is scheduled for January 10, 2017.</p> <p>The MDS (Minimum Data Set) dated December 12, 2016 in R1's clinical record showed that R1 needed the assistance of two for bed mobility. The MDS showed that R1 was unable to hold herself in a sitting position.</p> <p>The current care plan for falls or assistance with daily living in R1's clinical record did not show interventions for bed positioning or assistance with bed mobility.</p> <p>R1's admission fall risk assessment dated February 25, 2013 showed R1 to be at high risk of falls. The current fall risk assessment dated December 29, 2016 did not have a scoring system or indicate if R1 was at risk for falls. A full occurrence report dated December 29, 2016 showed that R1 was found on the floor by E4 after being notified by E3 that R1 fell to the floor. The report showed that the facility determined that the fall occurred due to R1 lying close to the edge of the bed. The recommendations from this report showed that staff was educated on ensuring residents are properly positioned after ADL (activity of daily living) care. The report showed R1 had impaired mobility.</p> <p>On January 5, 2017 at 1:50pm R1 said that she fell off the bed over a week ago. R1 stated, "The aide went to get something and I tried to straighten out and I just went off the bed onto the floor." R1 said that she is unable to lift and use her right arm and was unable to stop the fall.</p> <p>On January 5, 2017 at 3:14pm in the conference room E3 CNA said that R1 was not able to hold herself up. E3 said that R1's bed did not have</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/06/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY AT 87TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 2940 WEST 87TH STREET CHICAGO, IL 60652
---	---

(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>side rails or go down to the floor. E3 stated, "I turned R1 to her left side to give incontinent care. R1 had soiled a dressing. I put E3 flat and I had to leave the room to get the nurse for a new dressing. I heard a thump. I went back to the room and noticed R1 was on the floor. I was pretty sure she was in the middle of the bed but I don't know."</p> <p>On January 6, 2017 at 10:04am E2 Director of Nursing said that R1 could have bed baths or showers but was not aware of how much assistance were required for R1 assist. After review of the MDS E2 stated, "A score of three under bed mobility does indicate the need for two staff to assist R1." E2 said that all staff is to use proper positioning and have all items in the resident's room while providing care.</p> <p>(B)</p>	S9999		
-------	---	-------	--	--