

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/08/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY OF MORGAN PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
--	--

(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# 1780411/IL91229 Statement of Licensure Violations	S 000		
S9999	Final Observations 300.1210b) 300.1210d)6 300.3240a) 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: 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: 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. These requirements were not met as evidenced by: Based on interview and record review, the facility	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

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

TITLE

(X6) DATE

03/03/17

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/08/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY OF MORGAN PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
--	--

(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>failed to ensure resident equipment was properly maintained for one of three residents (R3) reviewed for falls. This failure resulted in R3 sustaining fracture of the left hip fracture after falling from a shower chair with a malfunctioning wheel.</p> <p>Findings include:</p> <p>Review of the facility's incident report (final dated 01/20/2017) notes in part: upon investigation, resident had a fall on 1/16/17 from shower chair. Resident was being pushed in the shower chair by staff to the shower room for a shower when resident fell to the floor. MD made aware with new orders to send resident to (local hospital) emergency room for further evaluation. X-rays completed at the hospital with X-ray results showing a left intertrochanteric femoral neck fracture, osteopenia and osteoporosis. Resident admitted to the hospital. The fall investigation was completed and revealed that malfunctioning of a wheel on the shower chair may have contributed to (R3's) fall.</p> <p>E3 (Certified Nursing Assistant, 02/03/2017 at 1:43 PM) said in part, while pushing R3 down hallway in shower chair, R3 fell out of chair onto floor.</p> <p>E2 (Director of Nursing, 02/08/2017 at 10:54 AM) said in part, she reviewed tape related to R3's fall, saw a wheel on R3's shower chair lock or freeze and then resident fell from chair.</p> <p>E4 (Maintenance Director, 02/03/2017 at 2:10 PM) said in part, it was reported to him that a shower chair on (R3's) unit was broken. E4 said the chair was not working properly; the caster was not rolling as smoothly as it should have.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/08/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY OF MORGAN PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
--	--

(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	Continued From page 2 Facility's "Work Order Request" of 01/17/17 notes in part: shower chair not working right. (B)	S9999		