

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001689</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2017</b>
--	--	--	---

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

(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 1781896/IL92907  Statement of Licensure Violations	S 000		
S9999	Final Observations  300.3300 c)1)A)B)C)D) 300.3300 d) 300.3300 j) 300.3300 v)1)2)  Section 300.3300 Transfer or Discharge c) Reasons for Transfer or Discharge 1) A facility may involuntarily transfer or discharge a resident only for one or more of the following reasons: A) for medical reasons. B) for the resident's physical safety. C) for the physical safety of other residents, the facility staff or facility visitors. D) for either late payment or nonpayment for the resident's stay.  d) Involuntary transfer or discharge of a resident from a facility shall be preceded by the discussion required under subsection (j) of this Section and by a minimum written notice of 21 days,  j) The planned involuntary transfer or discharge shall be discussed with the resident, the resident's representative and person or agency responsible for the resident's placement, maintenance, and care in the facility.  v) In any transfer or discharge conducted under subsections (q) through (t) of this Section the	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 <b>05/26/17</b>
---	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001689</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2017</b>
--	--	---	---

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

(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>Department shall:</p> <p>1) A resident subject to involuntary transfer or discharge from a facility, the resident's guardian or if the resident is a minor, his or her parent shall have the opportunity to file a request for a hearing</p> <p>2) Provide written notice to any resident to be removed, to the resident's representative, if any, and to a member of the resident's family, where practicable, prior to the removal. The notice shall state the reason for which transfer or discharge is ordered and shall inform the resident of the resident's right to challenge the transfer or discharge under subsection (x) of this Section.</p> <p>This Requirement was not met as evidenced by:</p> <p>Based on record review and interview, facility failed to follow their Involuntary discharge policy for documentation, notification and care planning.</p> <p>This applies to 5 of 5 residents (R3, R4, R5, R6 R7) reviewed for Involuntary Discharge or Transfer in a sample of 7 residents.</p> <p>Findings include:</p> <p>Medical record for R4 documented a 44 year old admitted to facility from acute care hospital on 12/15/2015 with Diagnoses to include Anxiety Disorder. He was discharged on 2/25/2017 to another long term care facility in community.</p> <p>Section A0310F of MDS of 2/25/2017 checked 10 which was Discharge assessment-return not anticipated.</p> <p>Face sheet of R4 documented Z2 was named as the Guardian for Healthcare.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001689</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2017</b>
--	--	--	---

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

(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>On 4/20/2017 at 10:30AM, E3(Unit Manager) said R4 was discharged to other Long Term Care facility on 2/25/2017 because the unit was filled to capacity and they wanted to make room available.E3 said there was no consent signed by R4.</p> <p>Medical record documented there was no Physician's order and there was no notification to Guardian. R4 was transferred without the guardian's permission.</p> <p>On 4/20/2017 at 10:15AM, Z4(Guardian) said she was not notified of R4's discharge until she visited him at the facility and found out he was not there anymore. She said she did not want him to go there.</p> <p>On 4/20/2017 at 2:50PM, Z1(Physician) said she was not aware that R4 was discharged/transferred from facility. She said she could not remember if the staff called her for a discharge order.</p> <p>-R3, R5, R6 and R7 were all given 30 day Involuntary Discharge /Transfer(IDT) notice for non payment. R3, R6 and R7 were still in facility.</p> <p>There was no documentation of communication with the residents or responsible parties about the financial issue prior to 30 day notice being served. On 4/26/2017 at 2:00PM, E6 (Business Office Manager, BOM) said she was not aware that she had to document when she presented the forms to resident or family.</p> <p>Medical record for R6 noted he was 63 years old and was still in facility during the survey. He was issued an Involuntary Discharge (IDT)</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001689</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2017</b>
--	--	--	---

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

(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>notice on 2/10/2017 for non-payment. No appeal was made and the appeal form was not signed.</p> <p>Medical record for R3 noted he was 56 years old admitted to facility on 8/26/2016. He was issued a 30 day notice for IDT on 2/10/2017 because of non-payment.</p> <p>On 4/20/2017 at 2:40PM, R3 was in wheelchair in room. He was awake, alert and aware of his surroundings. He said he did not know what was going on with his discharge because no one told him what was going on.</p> <p>Medical record for R7 documented a 71 year old admitted to facility on 12/7/2015 and was served with an IDT on 2/10/2017 for non-payment and family appealed the process.</p> <p>R7's progress notes did not contain any documented discussion with him in relation to his income and discharge notice with option to appeal prior to 2/10/2017.</p> <p>On 4/26/2017 at 12:48PM, R7 sat in wheelchair in room. He was awake, alert and oriented x3. He said he had no idea what was going on with his stay at facility until the Business office presented him with discharge papers. He said no one showed him what to do and he did not know what to do.</p> <p>Medical record for R5 noted he was 76 year old admitted to facility from acute care hospital on 5/21/2016 with Diagnoses to include Dysphasia, and Dementia.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001689</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>SYMPHONY OF BRONZEVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3400 SOUTH INDIANA CHICAGO, IL 60616</b>		
(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>He was Discharged to another long term care facility on 3/8/2017. Minimum Data Set (MDS) dated 3/8/2017 noted his cognitive status was severely impaired and he required extensive assistance for all Activities of Daily Living skills(ADLS)</p> <p>Facility's Notice of Involuntary Discharge/Transfer (IDT) noted R5 was served with an IDT on 12/20/2016 with possible discharge date of 1/20/2017 for non-payment.</p> <p>On 4/20/2017 at 3:00PM, E6 said a pre-hearing was held on 1/18/2017 and facility was awaiting the result of the hearing.</p> <p>E6 said R5 was not discharged from facility for financial reasons.</p> <p>On 4/20/2017 at 1:30PM, E9(Social Service Director) said R5 was discharged on 3/8/2017 because of his behavior.</p> <p>On 4/26/2017 at 3:10PM, E12 (Licensed Practical Nurse, LPN) said she was a Nurse who took care of R5 for 5 months and had not seen a difference in his behavior. She said they tried the same interventions they did since she took care of him which was to let him calm down or speak with him in a low tone. E12 said they did not try any intervention to prevent him from pulling off his pouch.</p> <p>On 3/8/2017 at 4:05PM, E9(Unit Manager, SSD) wrote, "Reached out to family to inform them that resident had been accepted ". and would be transferred that day. No other documentation on the discharge.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001689</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2017</b>
--	--	---	---

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

(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>Facility's policy on Discharges dated 9/2016 noted," Obtain an order for discharge. Document in nurses' notes time of transfer, where the resident is going, condition of resident, method of transportation, disposition of belongings and medications and that all parties are aware of the discharge".</p> <p>Facility's policy on Involuntary discharge dated 11/03 documented,"The resident cannot be discharged from the facility until the process is completed".</p> <p>(B)</p>	S9999		
-------	---	-------	--	--