STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001689	A. BUILDING: _____ B. WING _____	C 03/11/2021

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SYMPHONY OF BRONZEVILLE	3400 SOUTH INDIANA CHICAGO, IL 60616

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S 000	Initial Comments Complaint Investigation: 2181588/IL131638	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 a) 300.1210 b) 300.1210 c) 300.1210 d)1) 300.1210 d)2) 300.1210 d)3) 300.1620 a) 300.1630 a)2) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological	S9999	**Attachment A** **Statement of Licensure Violations**	

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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.
c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.
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:
1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.
2) All treatments and procedures shall be administered as ordered by the physician.
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.

Section 300.1620 Compliance with Licensed Prescriber's Orders
a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the

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S9999	Continued From page 2 designated time. Section 300.1630 Administration of Medication a) All medications shall be administered only by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents. 2) Each dose administered shall be properly recorded in the clinical record by the person who administered the dose. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure pain and comfort care management was carried out for one of three residents (R5) receiving end of life care in the sample reviewed for pain. This failure affected R5 who was reviewed for pain management, R5 was observed moaning and groaning in pain with clear liquid fluid streaming down R5's face. Findings include: On 3/10/21 at 10:50 am, R5 was noted in the room in bed moaning and groaning and with clear liquid fluid streaming down her face. R5 complained to the surveyor that she has being calling for help to get some water and pain medicine for hours without anyone (referring to the staff) coming to her help. The surveyor asked R5 to use the call light to call for help. R5 replied,	S9999		

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"I can't reach it (referring to call light)". R5 stated she cannot turn herself, since both her legs are hurting. Surveyor asked R5 to rate pain on a scale of 1 to 10. R5 replied, "100." R5 identified V14 RN (Registered Nurse) as her nurse. R5 said the pain medication that is being given to her is not working for her. R5 said, "It hurts so badly all over."

R6 stated (R5) has been having pain all night and none of the staff came to help her. R6 stated R5 cannot move and "they will not come and get her ordinary water." R6 stated (R5) has being trying to get some medicine for her pain and the nurse did not come to check on her (referring to R5). When this was brought to V14's (RN) attention, who was identified as R5's medication nurse, V14 immediately told the surveyor and R5 that the next dose for R5's pain medication will be at 2:00pm. When the surveyor asked V14 if any medication was ordered for breakthrough pain, V14 stated, "I have to check on that, but her morphine is not due until 2:00pm." The surveyor then followed V14 to review the medication order for R5.

R5's POS (Physician Order Sheet) documented: R5 is under hospice care order dated 1/29/21. Morphine Sulfate (Concentrate) solution 20MG/ML (Pain Medication). Give 0.5ml sublingually every 6 hours for pain= (equal) 10mg (0.5ml) with start date 2/09/2021
Morphine Sulfate (Concentrate) solution 20MG/ML Give 0.5ml sublingually every 3 hours for pain= (equal) 10mg (.5ml).

R5's EMAR (Electronic Medication Administration Record) Morphine every six hours is scheduled 6:00am, 12:00pm, 6:00pm and at 12midnight. Documentation in the EMAR showed that it was

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last given at 5:47am and next scheduled time will be at 12:00 pm. V14 then turn to the surveyor stating, "Sorry about that for saying the next dose will be at 2pm instead of 12pm. I will give her the PRN dose now." V14 said the scheduled dose and the PRN dose are the same.

On 3/10/21 at 11:13am, V14 administered Morphine Sulfate 0.5ml medication sublingually as ordered without asking R5's level of pain. V14 documented the medication as given at 12:00pm.

R5's MAR (Medical Administration Record) dated 3/1/2021 to 3/31/2021 has no documentation that R5 was getting the PRN Morphine Sulfate medication as ordered every 3hours.

R1's Controlled Substances Proof of Use document showed that on 3/10/21 at 6am, morphine 0.5ml was administered.

V14 could not present any documentation showing that R5 received any PRN pain medication on 3/10/21 after 6:00am.

On 3/10/21 at 11:46am, V12 LPN (Licensed Practical Nurse) and V14 RN were unable to provide the hospice communication binder for R5's plan of care. V12 stated, "She is new to the facility and does not know where the binder is kept besides being on the floor where the resident resides. It can be that they (hospice) do electronic documentation." The surveyor asked V12, about the facility's communication with hospice services for a complaint and continuity of care. V12 stated, "I'm new and I'm working on straightening out all that."

On 3/10/21 at 12:46pm, V12 LPN (Licensed Practical Nurse) identified herself as the unit

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S9999	Continued From page 5 manager on the floor. The surveyor asked V12, "What is the expectation of licensed nurses in regard to pain management?" V12 replied, "Rate the pain on a scale of 1 to10, give the pain medication as ordered, and give the PRN pain medications if applicable for breakthrough pain. It may be as simple as repositioning the resident." R5's current plan of care for comfort documented that R5 is at risk for alteration in comfort r/t (related to) comorbidities. Interventions includes but not limited to offering PRN (as needed) and to consider both pharmacological and non-pharmacological remedies. R5's current arthritis care plan documented the goal is to maintain acceptable level of comfort. Interventions includes giving analgesics as ordered by the physician. On 3/10/21 at 4:03pm, an interview was conducted with V2 DON (Director of Nurses) in the conference room concerning the expectation of licensed nurses regarding pain management. V2 stated, "If a resident complained of pain, he or she should be assessed asking what the pain level is on a scale of 1 to 10, administer pain medication as ordered, reassess the resident later to see if pain medication is effective and document it in resident chart." V2 further stated, "If the pain medication is not effective and the resident is still in pain check if there is a breakthrough pain medication ordered and administer as ordered. If this is not working for the resident make the physician aware just in case, he or she might want to change the pain medication dose." On 3/10/21 at 4:34pm, V17 NP (Nurse Practitioner) said she is familiar with R5. V17	S9999		

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explained that R5 is a hospice patient and she is being managed by hospice at this point. V17 stated in part that the pain medication is managed in a way that it will not lower (R5's) blood pressure or sedate her. Surveyor asked V17, "What is the expectation of facility licensed staff concerning pain management when the pain is not control with scheduled pain medication and there is an order for PRN medication?" V17 replied, "Give her pain medication, call the hospice doctor or call me (V17)." V17 then stated, "Did they call me? No."

On 3/10/2021 as at 5:30pm the facility was unable to present hospice provider's plan of care for R5's pain management.

On 3/11/21 at 10:36am, V18 (NP), stated, "V17 is the (NP) for R5's primary physician and V17 sees R5 more than she does." V18 stated V17 knows R5 better than she does. V18 stated, "She does not have much experience with hospice care, but pain medication should be given when the patient needs it and non-pharmacological measures are not working." V18 stated, "The staff needs to let the hospice staff know or call the physician to assess the patient if the medication and PRN medication is not working. At the end of the day, the pain should be controlled." V18 said the last time she saw R5 was 2/20/21. There was no complaint about R5's pain medication made known to her.

On 3/11/21 at 5:39pm, V20 (LPN) 11pm to 7pm nurse stated, "The last dose of Morphine on her shift was administered at 6:00am."

The facility Pain Management policy presented with revision date 7/14 pointed out that in general that it is to facilitate and provide guidance on pain

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S9999	Continued From page 7 observations and management to facilitate resident independence, promote resident comfort and preserve resident dignity. Responsible party listed as nursing and DON (Director of Nurses). The guideline defined pain as whatever the experiencing person says it is and exists whatever he or she says it does. The facility policy on Medication Administration with revised date 7/14 pointed out in general that all medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis. The Appendix C and D hospice contract with the facility dated July 28, 2017 and effective as of November 16, 2016 documented in part that the facility shall communicate to the local palliative care designated personnel concerning the hospice patient including, but not limited to, any changes in condition including reactions to treatment. The hospice provider shall provide a nurse familiar with each hospice patient case that will be available 24 hour a day, 7 days a week for consultation with facility personnel concerning each hospice care plan. (B)	S9999		