

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 09/07/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY 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 Investigation 2287082/IL150883- F689 cited.	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210 b) 300.1210d)6) 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	S9999	Attachment A Statement of Licensure Violations	

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

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 09/07/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY 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>resident to meet the total nursing and personal care needs of the resident.</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>These requirments are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to monitor, assess, and provide drug addiction services to a known drug addict. This failure resulted in a resident obtaining heroin while still a resident in the facility and overdosing twice. The second heroin overdose led to severe diffuse anoxic injury with elevated intracranial pressure. R1 expired in a local medical hospital after the second heroin overdose. This failure affects one of three residents (R1) reviewed for drug supervision in a total sample of five residents.</p> <p>Findings include:</p> <p>R1 was a 63-year-old male. R1 ' s diagnoses are but not limited to right side of the body paralysis, diabetes, high blood pressure, heart failure, heart disease, suicidal ideations, psychoactive substance abuse, schizophrenia, psychosis, depression and auditory hallucinations. R1 was admitted to the facility on 02/09/2021. R1 ' s BIMS (Brief Interview for Mental Status) dated</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 09/07/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY 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 2</p> <p>06/27/2022, notes that R1 was alert. R1's MDS (Minimum Data Set) dated 06/27/2022, notes R1 uses a wheelchair to ambulate.</p> <p>Progress note dated 02/10/2021, notes R1 is a new admit to the facility with past medical history of substance abuse, major depression and psychosis. Progress note dated 07/09/2022, notes writer was currently at nursing station receiving report by previous shift nurse. R1 was observed in dining room while being supervised by nursing staff. R1 appeared to be diaphoretic (sweaty), nonverbal, and pupils noted fixed and slow to response. R1 fell out of wheelchair and hit R1 ' s head. R1 ' s vitals were taken. R1 was then assisted by nursing staff. R1 received Narcan (used to treat narcotic overdose), administered to right nasal. R1 was given oxygen. 911 was dialed and R1 was sent out to local hospital to perform brain scan for further evaluation. R1 was not admitted to the local hospital. R1 returned to facility in stable condition. R1 was discharged and was diagnosed for opioid abuse. R1 admitted to heroin use. Staff will continue to follow up.</p> <p>Progress note dated 09/01/2022, notes writer called to R1 ' s room and observed R1 sitting in wheelchair. Writer called R1 ' s name, but R1 unresponsive. R1 transferred to bed; CPR (cardiopulmonary resuscitation) initiated at this time. 911 phoned and as needed Narcan administered three times. CPR continued. AED (automated external defibrillator) applied. Intravenous fluids provided and CPR continued. Writer phoned local hospital and was informed R1 ' s admitting diagnosis is cardiac arrest.</p> <p>On 09/03/2022, at 12:12PM, V1 (Administrator) stated, "I do not know if R1 overdosed. What staff told me is that they had to call a code on R1. 911</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 09/07/2022	
NAME OF PROVIDER OR SUPPLIER SYMPHONY 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 3</p> <p>came. The staff did use Narcan on R1 because R1 has a history of substance abuse. This is hearsay. I was told by V5 that they did not find any drug paraphernalia in R1 ' s room or on R1. 911 came and staff were still working on R1. 911 took R1 out of the facility. I got a call from the (DON) Director of Nursing. The sister stated it was drugs. From what I know, R1 has never presented as someone that uses drugs in the facility. "</p> <p>On 09/03/2022, at 12:26PM, V2 (Director of Nursing) stated, "I know it was a code because I went to the code. V7 (R1 ' s Family Member) left a message for me to give V7 a call. Once I spoke to V7, V7 stated R1 is supposed to have 24 hours of supervision. How was R1 getting high in the building? There was no indication that R1 was using drugs. R1 was not on the duet (drug) unit. R1 was on the second floor. R1 had none of those indications. The hospital suspected drug use. Staff is not suspicious of R1 or any drugs. Residents that have addictions get a behavior contract and are monitored. Usually if they code with drugs, staff will find something, and nothing was found. I told V7 I would call V7 back on Tuesday. Staff was crying and did not know what happened. V6 was assigned to R1 and was baffled. R1 stays on the patio frequently. I have never seen R1 present as under the influence of drugs. "</p> <p>On 09/03/2022, at 1:41PM, R4 stated, "It happens every other week because someone is in the lobby. I don't know how they get it in here. They take drugs and come back in the facility and do it in the lobby. "</p> <p>On 09/03/2022, at 2:36PM, V3 (Social Services Director) stated, "If a resident has a history of</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 09/07/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY 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 4</p> <p>substance abuse, the resident is put on a behavior contract and goes to CACD (Certified Alcohol and Drug Counseling). I am not aware of R1 having a history of drug use at any time. If it is brought to our knowledge, then staff would do the follow up. Nursing will bring it up in morning meeting. If a resident admitted to using drugs in the facility, staff will sign them up, offer help, and tell them to go to the meetings. I was not aware of R1 using any drugs in the facility. "</p> <p>On 09/03/2022, at 2:45PM, V4 (Licensed Practical Nurse) stated, "I came in making my rounds. Nursing staff told me R1 was unresponsive around dinner time. I put R1 in R1 ' s room. I laid R1 down and gave R1 Narcan and oxygen. R1 woke up and was alert and oriented. R1 admitted R1 took heroin up R1 ' s nose. I asked R1 if it was for pain. R1 stated R1 did not know why R1 does it, R1 just does it. R1 stated R1 got it from outside of the building. I did not see any drug paraphernalia. I was working with R1 a lot. I let V8 (Registered Nurse) know about this incident and the interventions I did. I think R1 should have gone to the floor where people had drug problems. "</p> <p>On 09/03/2022, at 3:00PM, V7 stated, "The doctor told me that R1 had an overdose. The ambulance stated they found the drugs on R1 ' s body. The Director of Nursing stated they saw R1 15 minutes prior to the code blue. R1 was ok. R1 went on the patio, and someone must have given R1 bad drugs that was laced with fentanyl. The floor nurse stated R1 was found in R1 ' s wheelchair unresponsive from bad drugs. Before R1 went to the facility, R1 was struggling with addiction. But R1 was clean for a year and half. The facility is supposed to be helping people with drugs. R1 brought some drugs. V5 told me that</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 09/07/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY 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 5</p> <p>V5 worked on R1 for ten minutes. V5 stated R1 was on the back patio. The doctor told me that R1 was already dead when R1 left the nursing home. R1 is dead from the facilities' neglect. They should have been watching people more closely. I heard another man died because the resident could not breathe in the facility. "</p> <p>On 09/03/2022, at 3:10PM, V5 stated, "What I remember prior to the code is R1 being out on the patio smoking a cigarette. Then, I had to work the floor and I went to the unit. About five minutes later, staff called the code. Of course, code procedures were done. Oxygen and IVs were done. 911 was called. 911 worked on R1 and got R1 out of the facility. I called R1's sister because R1 is a friend of mine. Of course, R1's sister did not take the news well. R1's sister asked me if I think R1 did any drugs. I stated I do not know; I saw R1 smoking on the patio prior. I was providing CPR to R1 for 15 minutes. I knew R1 had a history of drug abuse. I have not ever seen R1 exhibiting any drug behaviors. R1 would stay in front of the building but R1 would not go anywhere. R1 did need a pass to go out of the door. "</p> <p>On 09/03/2022, at 3:53PM, V6 stated, "I was sitting down typing. I was working a double. Another one of my patients stated was calling R1's name and R1 was not answering. I got up and went in there. I ran in the room. R1 had R1's head in R1's lap like R1 was sleeping. I called R1's name. There was no response. I called a code blue. The nurse practitioner was in the building. CPR was being done. Another nurse called 911. CPR was continued. I went in the room at 3:30. 911 came out around 3:45PM. R1 was transferred to the hospital. I had to collect myself because R1 is very quiet. I never see R1</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 09/07/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY 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 6</p> <p>Interact with R 's roommate or R1's peers. I called R1's sister. I did all my documentation. I called the hospital later and was informed of cardiac arrest. I saw in R1's medical diagnoses that R1 had a history of drug abuse, but I had never seen any behaviors related to drug use. I never saw anything on R1's body or R1's hands. I never saw anything in R1's room. "</p> <p>On 09/06/2022, at 3:45PM, V8 stated, "I was not in the building that day. I do not recall this event. "</p> <p>On 09/07/2022, at 1:15PM, V10 (Nurse Practitioner) stated, "If a facility has services for residents that need help with addictions, then the resident should be given those services promptly. "</p> <p>The facility was unable to provide any documentation that R1 was assessed for the drug addiction rehabilitation program or identified as a resident at risk for drug use while in the facility.</p> <p>Ambulance records dated 09/01/2022, note R1 in care of ambulance. R1 full cardiac arrest. Per staff R1 has a history of opioid abuse. R1 returned from outside pass. R1 found unresponsive and pinpoint pupils in room on the floor. Drug paraphilia at scene.</p> <p>Hospital records dated 09/01/2022, notes R1 has a history of heroin use. R1 collapsed in front of the nursing station after coming back into the facility. It is believed that R1 went outside with a group of men to obtain drugs. R1 came back to the facility and passed out. R1 is presumed to have used heroin. R1 was without oxygen for twenty minutes. R1 expired in the medical facility on 09/07/2022. R1's brain scan notes severe diffuse anoxic injury with elevated intracranial</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 09/07/2022
NAME OF PROVIDER OR SUPPLIER SYMPHONY 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 7</p> <p>pressure. DAI (Diffuse Axonal Injury) is the tearing of the brain's long connective nerve fibers when the brain is injured as it shifts and rotates inside the brain skull.</p> <p>Facility policy titled Contraband, dated 03/2022, notes the policy provides a process for searching a resident's room and/or belongings when resident exhibits behaviors of self-harm or inflection of harm to others. Contraband is any item that is banned from the facility and/or is harm to the resident or others. Items include but not limited to illegal drugs or drug paraphernalia.</p> <p>(A)</p>	S9999		