FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6001333 11/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD SYMPHONY ENCORE CHICAGO, IL 60608 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S 000 **Initial Comments** S 000 FRI of 11/1/2022\IL153164 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 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

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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

TITLE

Attachment A

Statement of Licensure Violations

(X8) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001333		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING			C 11/18/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE, ZIP CODE			11/10/2022	
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	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:		Ti.				
	assure that the resi as free of accident nursing personnel s	ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision revent accidents.		W est			
	These Requiremen evidenced by:	ts were NOT MET as		M.		, 69	
	review the facility faresidents reviewed assault and failed to procedures for Aburesulted in R1 being wheelchair onto the the hospital for a C scan of the head. R	on, interviews and record illed to protect (R1) 1 of 3 for Abuse from a physical of follow their policy and se Prevention. This failure g knocked out of his floor. R1 was transported to C (Computed Tomography) is sustained reddish/purplish left eye with swelling from the	tu S S S S		φ		: :
	Findings Include:				136		
	Dementia with Beha Schizophrenia. Sym diagnoses include n inattention, disorgan paranoid and accus	sorder, Bipolar Type, Vascular avioral Disturbance and aptoms related to R1's esponding to Internal stimuli, nized thought process, atory behaviors. These mittently be disruptive to	- e-	£		5 S	#** VA

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6001333 B. WING 11/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD SYMPHONY ENCORE CHICAGO, IL 60608 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 2 S9999 misunderstanding boundaries and abuse/neglect. R1 is an identified offender and has a criminal history of Battery and Resisting a Peace Officer. R1 is at the Moderate Risk Level, resident has been deemed not to constitute any risk to staff or resident population. Review of R1's progress noted dated 11/1/22 at 6:55 pm, V6 (Social Services) - Writer was made aware that resident was involved in a physical altercation where he received physical aggression. Writer was made aware that resident was hit by R2 in front of the nurse's station and immediately separated. Writer met with R1 to process his feelings regarding being agitated, and involvement in a peer aggressive behavior. Resident presented with no sign of distress during this wellbeing check. When questioned, resident stated "He hit me for no reason, but I'm fine pal". Resident has a history of overstepping boundaries. Resident indicated he was doing well and denied any problem at this time. Writer encouraged Resident to inform the nurses and/or social work staff if he experiences any issues. Writer asked resident if he wanted to call police, resident stated "no for what." Resident was compliant and did not have any additional behaviors. Writer reassured resident that he resides in a safe place. Writer asked resident if he felt safe in facility, resident stated "yes pal." Psychiatrist made aware. Writer encouraged resident to attend groups and activities. Staff will continue to monitor and follow-up accordingly. Care Plan dated 07/01/22 - Resident may be at risk for potential abuse related to behavior problem as evidenced by verbally and physically acting out when agitated.

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On 11/17/2022 at 10:15 am while waiting to interview R1. I could hear a voice screaming very loudly and using profane language that someone

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ IL6001333 **B. WING** 11/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD SYMPHONY ENCORE **CHICAGO, IL 60608** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL) (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 stole their money. R1 entered the doorway and immediately started using vulgar language and accused me of stealing his money, V1 (Administrator) was present and told R1 she has not been by you. I introduced myself to R1 and he was screaming at me and saying what do you want. I introduced myself again and asked him about his money and he was talking very loudly and saying that his roommate stole \$12.00 of his money and that everyone owes him money. After I asked R1 the question, he asked me for a dollar. I told R1 I did not have any money, R1 started yelling at me and told V1 I stole his money. V1 said to R1, I am standing right here with her. R1 said oh and asked V1 to give him \$1.00. R1 is verbally aggressive and uses profanity while talking with a very loud voice as he accuses anyone passing by of stealing his money. On 11/18/22 at 10:54 am while speaking to V6 (Social Services) via telephone, surveyor asked V6 if she was familiar with R1's behavior of yelling loudly, accusing people of stealing his money and begging for a dollar. V6 said she is very familiar with R1 and his accusatory behaviors. She said R1 did not remember the incident. Surveyor asked what interventions are in place to prevent another altercation of this matter from happening. V6 said R1 has groups but he will not show up unless he gets a reward of some kind. We continue to redirect R1 and talk to him about invading other people space. Surveyor asked V6 about R2 and his behaviors. V6 said R2 is quiet and to self. He has never had a behavior before this altercation.

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Abuse Policy: Abuse Prevention Policy - not

dated, Template #71146759.3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	neglect, exploitation or mistreatment. The corporal punishmen	right to be free from abuse, i, misappropriation of property is includes but is not limited to it, involuntary seclusion and mical restraint not required to			₩.'		
	Purpose: The purpose of this	policy and the Abuse					
	identification, asses	is to describe the process for sment and protection of e, neglect, misappropriation loitation					
48	resident sensitivity, prevention of mistre "Immediately protection identified reports of	vironment that promotes resident security and			19	28	
	misappropriation of its residents, includi	s abuse, neglect, exploitation, property and exploitation of ng verbal, mental, sexual or poral punishment and n.				8	
	The facility has a "ne	o tolerance" philosophy.					
	(B)				4		
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