STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004832	A. BUILDING: _____ B. WING _____	C 05/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF CHICAGO WEST	5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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: 1982193/ IL110746 - F689, F657	S 000		
S9999	Final Observations Statement of Licensure Violations. 300.610 a) 300.1210 a) 300.1210 b) 300.1210 c) 300.1210 d) 6) 300.3240 a) 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 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	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004832	A. BUILDING _____ B. WING _____	C 05/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF CHICAGO WEST	5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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 1	S9999		

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. (Section 3-202.2a of the Act)

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.

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:

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.

Section 300.3240 Abuse and Neglect

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004832	A. BUILDING _____ B. WING _____	C 05/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF CHICAGO WEST	5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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	S9999		

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)

These regulations were not met as evidenced by:

Based on interviews and record reviews, the facility failed to follow their care plan interventions related to falls by not placing a resident in visible view of staff when up in chair and keeping a resident within visual view during waking hours for 2 out of 4 (R1 and R5) residents reviewed for falls. This failure resulted in falls for R1 and R5 with R5 needing to go to the emergency room for sutures post fall.

Findings include:

On 05/28/19 at 1:54 PM, record review of R5's medical diagnoses included but were not limited to muscle weakness, other abnormalities of gait and mobility, cognitive communication deficit, dementia, lack of coordination, and glaucoma.

On 05/28/19 at 2:02 PM, V4 (Nurse) stated [V4] was not in the dining room at the time of R5's fall. V4 stated hearing screams and came running to the dining room.

On 05/28/19 at 2:10 PM, record review of R5's 04/09/19 MDS (Minimum Data Set) reads R5 experienced disorganized thinking. MDS also reads that R5's locomotion on the unit required extensive assistance with one person physical assist. Walking in room or in the corridor required one person physical assist.

On 05/28/19 at 3:31 PM, V6 (CNA, Certified

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004832	A. BUILDING: _____ B. WING _____	C 05/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF CHICAGO WEST	5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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 3	S9999		

Nursing Assistant) stated R5's fall occurred a little bit after 3:00 PM. V6 stated an activity aide was in the dining room trying to help R5 sit back in the chair. V6 assisted R5 sit back in the chair and left the dining room. V6 then heard a loud boom and ran back into the dining room.

On 05/28/19 at 4:30 PM, V7 (CNA) stated [V7] was just getting off the elevator when R5 fell. V7 was not in the dining room and did not witness R5 fall. V7 stated R5 needed one to one monitoring and staff would need to sit or stand next to R5 when in the dining room.

On 05/28/19 at 4:44 PM, V8 (Nurse) stated [V8] was just coming off the elevator when R5 fell. V8 stated R5 had behaviors of getting up repeatedly.

On 5/29/19 at 10:00 AM, record review of R5's final fall reportable reads R5 fell on 5/21/19 at 3:17 PM. R5 attempted to ambulate unassisted and fell sustaining a laceration to the left eyebrow resulting in placement of sutures. At the time of the fall, R5 was in a common area (dining room) for safety monitoring. Final fall reportable also reads that R5 has history of unsteady balance with fracture and multiple falls. It also reads that R5 is very difficult to redirect and has aggressive behavior/agitation related to dementia.

On 05/29/19 at 11:08 AM, record review of R5's fall incident report reads V7, V17 (CNA), V6 and V16 (CNA) did not witness the fall. Incident report reads all were not in the dining room when fall occurred.

On 05/29/19 at 3:06 PM, V12 (CNA) stated [V12] was not in the dining room at the time of R5's fall. V12 stated [V12] was at the elevator getting ready to go on break.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004832	A. BUILDING _____ B. WING _____	C 05/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF CHICAGO WEST	5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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 4	S9999		

On 05/29/19 at 3:32 PM, record review of R5's care plan reads a focus of "[R5] noted with an Actual Fall r/t (related to) poor safety awareness and unsteady gait." Focus was initiated on 04/01/19. Intervention included "Keep within vision during waking hours." Intervention was initiated on 4/15/19. Care plan also contained focus of "R5 has a Potential for falls and at risk for injury from falls r/t Unsteady Gait and Poor safety awareness/impulsiveness." Focus was initiated on 02/11/19. Intervention included "Check on resident frequently and place resident in visible view of staff when up in chair as resident will allow." Intervention was initiated 02/11/19.

On 05/30/19 at 10:44 AM, V13 (Activity Aide and CNA) stated at the time of R5's fall V13 was in the hallway waiting for the elevator. V13 stated [V13] was getting ready to leave because shift was done. V13 stated prior to getting ready to leave, V13 was in the dining room trying to get R5 to sit back in the chair and calm down. V13 stated R5 had grabbed another resident's wheelchair and yelled for help. V13 stated [V13] was the only one in the dining room at the time. V13 was waiting for the second shift to take over. V13 stated 2 CNAs came in to help and took over for V13. V13 stated "They came in and took over so I went to go grab my things to get ready to head out. While I was waiting for the elevator I noticed both CNAs out in the hallway. Both CNAs left out after they got him to settle down. They probably thought that was enough but unfortunately [R5] fell. [R5's] a restless guy."

On 05/30/19 at 10:55 AM, V14 (Fall Coordinator) stated R5's fall was unwitnessed. V14 stated staff were present in the dining room prior to R5 falling but no one was in the dining room when R5 fell.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004832	A. BUILDING: _____ B. WING _____	C 05/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF CHICAGO WEST	5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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 5	S9999		

V14 stated day shift CNAs were gone. V15 (Scheduler) stated day shift CNAs are usually off the floor by 3:00 PM. V15 stated V16 was assigned to monitor the dining room at the start of the shift that day.

On 05/30/19 at 11:19 AM, V17 stated R5's fall occurred during change of shift. V17 was not in the dining room at the time of the fall.

On 05/30/19 at 11:52 AM, V18 (Nurse Practitioner) stated R5 has advanced dementia. V18 stated R5 does not have insight to [R5's] physical restrictions so R5 tends to be impulsive. V18 stated R5 needs frequent monitoring because of the impulsiveness.

On 05/31/19 at 10:04 AM, third attempt to contact V16 was unsuccessful. Fall incident report reads "I [V16] did not see nothing of what happen on the 4th floor parlor. I was getting the linen carts to put linen on them."

On 05/31/19 at 2:40 PM, V2 (Director of Nursing) stated facility cannot leave residents unsupervised so dining room has to be supervised at all times.

Facility policy tilted 'Falls' with last revision date of 7/14 reads:
"While preventing all falls is not possible, the facility will identify and evaluate those residents at risk for falls, plan for preventative strategies, and facilitate as safe an environment as possible."

R1 was admitted to facility on 9/14/09 with diagnosis including difficulty in walking, history of falling, and insomnia.

R1's minimum data set (MDS) dated 11/24/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004832	A. BUILDING: _____ B. WING _____	C 05/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF CHICAGO WEST	5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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 6	S9999		

documents under section C titled Cognitive Patterns, brief interview for mental status (BIMS) a score of 00. A BIMS score of 13-15 indicates cognitively intact, 08-12 indicates moderately impaired, and 00-07 indicates severe impairment.

R1's progress note dated 12/31/18 documents, "resident clean and dry up in wheelchair resident placed in dining room. Activity aid called out to nurse's station and stated resident is leaning over by the time nurse got to resident to reposition, resident observed leaning forward slipped out of chair bumped forehead in table."

On 5/31/19 at 3:00 PM, V2 (Director of Nursing, DON) said dining room should be monitored by nurse or certified nursing aide at all times to intervene if there are any concerns with residents.

On 5/31/19 at 12:15 PM, V14 (Fall Nurse) said R1 would need to be supervised when up in wheelchair. The dining is room is monitored by staff due to residents are at increased risk for falls. On 5/31/19 at 12:18 PM, V26 (Nurse) said, V40 (Activity Aide) notified of R1 leaning over and needing assistance. V26 said [V26] was at the nursing station and R1 fell to floor before V26 could intervene. V26 does not recall other staff members in dining room. V36 was the nurse assigned to R1.

On 5/31/19 at 12:30 PM, V40 (Activity Aide) said V40 was the only staff in dining room at the time of R1's fall. V40 said [V40] called for V26 assistance but R1 had fallen before V26 could intervene.

R1's occurrence report dated 12/31/18 documents, "Resident observed leaning forward slipped out of wheelchair bumped head on table,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004832	A. BUILDING: _____ B. WING _____	C 05/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF CHICAGO WEST	5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644

(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 7 no bleeding noted." Under witnesses the occurrence report documents V26 (Nurse) and V36 (Nurse). R1's local hospital record dated 12/31/18 documents, R1 seen for fall and head injury. R1's fall risk screen dated 12/31/19 documents R1 is a high risk for falls. R1's care plan initiated on 3/8/15 documents R1 has potential for falls and risk for injury from falls related to unsteady gait, vision impairments and weakness. Interventions initiated on 3/8/2015 document "Check on resident frequently and place resident in visible view of staff when up in the chair as resident will allow." (B)	S9999		