Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _____ C B. WING 03/19/2015 IL6005490 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2202 NORTH KICKAPOO STREET SYMPHONY OF LINCOLN LINCOLN, IL 62656 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Final Observations Statement of Licensure Violations 300.1210b) 300.1210d)1) 300.3240a) 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 resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident These requirements were not met as evidenced Attachment A Based on interview and record review, the facility failed to administer diuretic medication in Statement of Licensure Violations accordance with Physician Orders for one of one residents (R1). This failure resulted in R1 experiencing an acute exacerbation of congestive

Illinois Department of Public Health

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

heart failure resulting in hospitalization.

TITLE

(X6) DATE 03/30/15

Illinois D	Department of Public	Health				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005490	B. WING		C 03/19/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
				OO STREET		
SYMPHO	ONY OF LINCOLN		, IL 62656			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Findings include: Nurses Notes, date admission to the fa "Recuperate from of (Internal Cardiac De Progress Notes, date with medical diagnor Congestive Heart F Insufficiency, Hypel Minimum Data Set R1 to be free of any impairments. R1's "Discharge Me skilled nursing facil "Lasix 60 milligrams Physician Orders, of "Furosemide (Lasix a day for edema re Failure (CHF)." R1's Medication Ad notes Lasix 60mg w On 3/19/15 at 10:00 doses of my Lasix I told them (facility st needed my last dos never did get any m (facility staff) kept to	ed 1/17/15, note R1 was a new acility. Admitted for cardiac surgery, new ICD defibrillator)." ated 1/17/15, document R1 oses of "Cardiac Pacemaker, Failure, Mitral Valve entension" (MDS), dated 1/22/15, notes y cognitive deficits or memory edication Instructions" to the lity, (no date), document, as (mg) three times a day." dated 1/17/15, documents, ax) 60mg by mouth three times elated to Congestive Heart dministration Record (MAR) was not given on 1/17/15. O A.M., R1 stated, "I had two before coming to the facility. I taff) over and over that I really se of Lasix and a pain pill. I medications that night. They telling me that my medications ered yet, and they did not know	S9999	DEFICIENCY)		
	stated, "I told the nu pain pill when we as 1/17/15), and the st wait for the medical it may take at least told me that if I wan from home to give I not to let the nurse	urse (R1) needed lasix and a admitted to the facility (on taff told me that they had to a couple hours. The nurse nted to get his medications him, that I could do that, but know that we were doing that, table doing that, so I told the				

Illinois Department of Public Health

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			X3) DATE SURVEY COMPLETED	
		IL6005490	B. WING		C 03/19/2015		
		<u> </u>	L		1 03/1	3/2013	
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE			
SYMPHO	NY OF LINCOLN		RTH KICKAPO , IL 62656	JO STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	age 2	S9999				
	nurse we would try medications that nig morning and (R1) s medications last nig and could not breat away to check on (I hospital shortly after On 3/19/15 at 2:35 stated, "No medicated (R1)." E2 stated, "contact the physicial and unavailable to I R1's Nurses Notes, states, "Resident cobreath (SOB). Responsible to I R1's Nurses Notes, T1's Nurses Notes.	and wait. (R1) never did get ght. I called (R1) the next raid (R1) never got any ght and that (R1) was hurting the. I called the nurse right R1) and (R1) went to the first that." P.M., E2 (Director of Nursing) tions were given on 1/17/15 to I would expect the staff to an if a medication was ordered be given." dated 1/18/15 at 10:42 A.M., omplains of shortness of birations 28, shallow"					
	Room." On 3/19/15 at 8:28 Surgeon) stated, "V post-operatively. (Foverload. Lasix wa (R1) had Mitral Valv have at least called dose was missed. to me. I could have Lasix that day. Eve 60mg dose of Lasix could have prevente R1's Radiology Rep visit, dated 1/18/15 "Clinical Impression Local area hospital	A.M., Z1 (R1's Cardiac Ve really had to baby (R1) R1) was very sensitive to fluid s important for (R1) because ve surgery. The facility should and communicated that a No communication was made a made adjustments to the en if (R1) only missed one continuity in the end (R1's) hospitalization." Poort from Emergency Room at 11:33 A.M., documents, and Congestive Heart Failure"					

Illinois Department of Public Health

STATE FORM 6899 7PMK11 If continuation sheet 3 of 4

PRINTED: 04/06/2015 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
		IL6005490	B. WING		03/1	9/2015	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
SYMPHONY OF LINCOLN 2202 NORTH KICKAPOO STREET LINCOLN, IL 62656							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
\$9999	conditions: Conges instructions further	ige 3 tive Heart Failure. Discharge read to "Take Lasix three cribed by Z5's (R1's surgeon)	S9999				
ĺ		OLIVER AND A STATE OF THE STATE					

Illinois Department of Public Health

STATE FORM