

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014641	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2021
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NAME OF PROVIDER OR SUPPLIER SYMPHONY AT MIDWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 4437 SOUTH CICERO CHICAGO, IL 60632
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(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: 2185533/IL136674	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 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. 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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 requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to safely transfer one resident (R2), while using the mechanical lift, subjecting this resident to leg fracture. This failure affects one of three residents reviewed for falls in a total sample of three residents.</p> <p>This failure resulted in R2 suffering an acute fracture of his right leg bone.</p> <p>Findings include:</p> <p>R2 is an 81-year-old male. R2's diagnoses include weakness, fracture of the right leg bone, severe degenerative disc disease, severe arthritis, and weakening of his bones.</p> <p>Review of R2's Minimum Data Set (MDS) dated July 12, 2021, notes that R2's is alert and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>oriented. R2 is a two person assist with transferring.</p> <p>Incident report dated 06/21/2021, notes R2 stated V4 (CNA) bumped his right leg against the mechanical lift during transfer. R2 complained of mild pain. X-ray ordered. X-ray noted right leg fracture. The x-ray documents severe arthritis to both of his hip joints and his lower spine.</p> <p>On 08/04/2021, at 5:30PM, V2 (Director of Nursing) stated, R1 has degenerative bone disease in both joints and other bone disorders. After I reviewed everything, I told the CNA she should have had another person to transfer.</p> <p>On 08/04/2021, at 5:47PM, R2 stated, "V4 (CNA) was working the mechanical lift. My lift pad was taken down to laundry to be washed. V4 grabbed another resident's lift pad to use to lift me up. She came in the room by herself and there is always supposed to be two people. They break this rule all the time. She was pushing and jerking the lift versus walking with it. She raised the lift all the way up. My feet came forward and my torso came forward. I started falling. I hit my wheelchair and I had to get my butt correctly positioned in my chair. I heard a crack in my groin. I stated something is wrong. She got nervous. I told the nurse she dropped me. That my hip was cracking. I asked for an ambulance. I was taken to a local hospital. I was diagnosed with a broken hip and thigh bone. She did not know what she was doing. I was set up for hip surgery. I have a metal hip. I do not want to see anyone else get hurt."</p> <p>On 08/06/2021, at 1:42PM, V4 stated, "R1 was complaining about not being able to get up. I found a different mechanical lift pad. I got him up.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>His left foot tapped the mechanical lift. He did not have any complaints of pain. I proceeded to put him into his wheelchair. R1 is a two-person assist. I went to go get help but transferred him by myself. R1 is supposed to be a two-person mechanical lift. I lifted him because the facility was short staffed."</p> <p>On 08/06/2021, at 1:45PM, V5 (Nurse Practitioner) stated, "R2 has some bone disorders. Someone that has degenerative bone diseases are more prone to fractures. I expect staff to follow the policy and procedures when they are safely transferring the residents."</p> <p>R2's care plan notes, R2 exhibits decreased ability to transfer himself from the wheelchair to his bed due to decrease functional mobility and generalized weakness. He requires the mechanical lift with a two-person assist.</p> <p>X-ray dated 06/21/2021, notes R2 has acute fracture of his right leg bone.</p> <p>Facility Policy titled Safe Patient Lifting Policy, undated, notes the Safe Lifting Policy exists to ensure a safe working environment for resident handlers.</p> <p>(A)</p>	S9999		