

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014823	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/05/2021
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NAME OF PROVIDER OR SUPPLIER SYMPHONY OF SOUTH SHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 EAST 71ST STREET CHICAGO, IL 60649
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S 000	Initial Comments Complaint Investigation 2186836/IL138267 Facility Reported Incident of 9-6-21/IL138184	S 000		
S9999	Final Observations Statement of Licensure Violations (Violation 1 of 3) 300.610a) 300.1210b) 300.1210d)1) 300.1210d)2) 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	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>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.</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>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure that physician orders were transcribed on the MAR (Medication Administration Record), failed to hold medication as directed, and failed to timely notify the physician of change in condition for one of four residents (R9) reviewed for change in condition. These failures resulted in R9's decreased hemoglobin 9.0 (reference range 12.0-16.0) and hematocrit 29.5 (reference range 37.0-47.0).</p> <p>Findings include:</p> <p>R9's 9/27/21 physician progress notes state gross hematuria resolved. Stop Rivaroxaban if patient develops gross hematuria.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R3's 7/23/21 physician orders include Rivaroxaban (Anticoagulant) 20 milligrams daily however "Stop Rivaroxaban if patient develops gross hematuria" is not inclusive.</p> <p>On 9/29/21 at 11:04am, R9's urine output was dark red. V8 (Nurse Manager) inspected R9's indwelling urinary catheter (as requested) and stated, "There's gross hematuria."</p> <p>On 9/30/21 at 1:59pm, gross hematuria was again observed in R9's catheter.</p> <p>R9's MAR (Medication Administration Record) affirms Rivaroxaban was documented as administered on 9/29/21 and 9/30/21.</p> <p>On 10/4/21 at 10:58am, V14 (Licensed Practical Nurse) affirmed she was assigned to R9 on 9/30/21 and administered the Rivaroxaban. Surveyor inquired if hold orders are inclusive on R9's Rivaroxaban. V14 reviewed the Electronic Medical Record (EMR) and stated, "No, there's no hold order. Somebody would have to put it in."</p> <p>On 10/4/21 at 11:31am, surveyor inquired if R9's Rivaroxaban was held on 9/28/21 due to "gross hematuria" as directed. V8 (Nurse Manager) responded, "No."</p> <p>On 10/4/21 at 11:57am, surveyor inquired if V16 (Medical Director) was made aware of R9's (9/29/21) gross hematuria. V16 reviewed the EMR and stated, "Here it says resolved (referring to 9/27/21 physician progress note). I wasn't personally notified." V17 (Physician) responded, "I was notified" and affirmed she was notified on September 30th (the following day). Surveyor inquired about monitoring R9's labs. V16 (Medical Director) responded, "We've been monitoring the</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>blood counts. On 8/19/21 the hemoglobin was 9.5 and hematocrit 31.4 but stable" (6 weeks prior to surveyor 9/29/21 inquiry).</p> <p>R9's (9/30/21) hemoglobin was 9.0 and hematocrit 29.5, both decreased from 8/19/21 results.</p> <p>The physician orders policy (reviewed 7/2021) states place orders in electronic medical record. Update MAR (Medication Administration Record) with changes or new orders.</p> <p>The change in resident's condition policy (reviewed 6/21) states nursing will notify the resident's physician or nurse practitioner when: there is significant change in the resident's physical, or emotional status.</p> <p>(B)</p> <p>(Violation 2 of 3)</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.1220b)3)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to provide supervision in the dining room, failed to ensure that staff are aware of resident fall prevention interventions, failed to ensure that (R1) was assessed (post fall) prior to moving her, and failed to implement appropriate fall prevention interventions. These failures resulted in R1's (9/6/21) left femoral neck fracture which required surgical intervention.</p> <p>Findings include:</p> <p>R1's diagnoses include Alzheimer's disease, abnormalities of gait/mobility, and history of falling.</p> <p>R1's progress notes include the following documentation: (9/6/21) Patient stated she fell. While making rounds during am care patient stated she had pain in her left leg. (9/13/21) Hip replacement was done on 9/9/19.</p> <p>R1's (9/6/21) left hip CT (Computed Tomography) includes displaced and mildly comminuted left subcapital femoral neck fracture.</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>On 10/4/21 at 12:21pm, surveyor inquired about fall prevention interventions for residents with history of falls. V16 (Medical Director) stated, "They need to be on fall monitoring." Surveyor inquired if a resident sustains an unwitnessed fall what is the potential harm. V16 responded, "They could suffer a fracture or get hurt."</p> <p>The fall incident report affirms R1 fell twice at the facility on 9/6/21.</p> <p>On 10/5/21 at 1:23pm, surveyor inquired about R1's (9/6/21) fall(s). V2 (Director of Nursing) stated, "The first fall was in her room and was associated with a behavior. R1 will get out of bed and crawl around on the floor. They assessed her and got her back in the bed. Approximately 45 minutes later the same thing happened; R1 got back out the bed." Surveyor inquired why floor mats were not implemented immediately after the initial fall if R1 fell getting out of bed. V2 replied, "I can't speak of why he didn't put a floor mat down." Surveyor inquired if R1 is able to walk. V2 stated, "R1 can stand." R1's 9/20/21 functional status documents R1 requires extensive assistance with bed mobility and walking/locomotion did not occur.</p> <p>R1's care plan included an actual fall (9/6/21) related to poor safety awareness/impulsiveness. Interventions: apply (wedge) cushion between legs while up in chair as tolerated.</p> <p>On 9/30/21 at 2:02pm, R1 was observed sitting on the floor (in the dining room) in front of the wheelchair. A (flat) cushion was observed on top of R1's wheelchair and both foot pedals were missing. V10 (Certified Nursing Assistant/CNA) picked R1 up and placed her in the wheelchair</p>	S9999			

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S9999	<p>Continued From page 7</p> <p>prior to physical assessment and/or vital signs obtained. V11 (CNA) responded, "You were not supposed to pick her up. The Nurse is coming." Surveyor inquired what happened. R1 stated, "I don't know what happened." V10 (CNA) replied, "I just got her up. We came in here and she was on the floor." Surveyor inquired who was supervising the dining room. V10 stated, "The shift just changed, so nobody's here." Surveyor inquired about R1's fall prevention interventions. V10 responded, "Floor mats, that's the only one I know." V11 (CNA) stated, "I was at the Nurse's station charting. When I came in here she was sitting on the floor." Surveyor inquired about R1's fall prevention interventions. V11 (CNA) responded, "Floor mats, bed in the lowest position and just to be monitored." Surveyor inquired about R1's fall prevention interventions. V12 (Licensed Practical Nurse/LPN) stated, "They pulled me from another floor around 11:00am. The fall prevention that she has is that, they did tell me she fell earlier when the other nurse was here at maybe 9am." [9/30/21 progress notes affirm R1 was observed laying on the floor at 9:26am].</p> <p>On 10/5/21 at 1:15pm, surveyor inquired about the facility fall prevention protocol. V18 (Restorative Nurse) stated, "We assess everyone who falls. We will do a root cause analysis with probable cause and intervention." Surveyor inquired if CNAs are allowed to move residents post fall prior to Nurse assessment. V18 responded, "No." Surveyor inquired if staff are assigned to supervise the dining room. V18 replied, "Usually people are assigned to the dining room." Surveyor inquired about R1's cognitive status. V18 stated, "Moderate to advanced dementia." R1's 9/20/21 cognitive assessment determined a score of 3/severe</p>	S9999		

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S9999	<p>Continued From page 8 impairment.</p> <p>The falls management policy (reviewed 6/21) states residents at risk for falls will have fall risk identified on the interim plan of care with interventions implemented to minimize fall risk.</p> <p style="text-align: center;">(A)</p> <p>(Violation 3 of 3)</p> <p>300.610a) 300.1210b)3) 300.1210d)3)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>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.</p> <p>3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to document indwelling urinary catheter care and/or bag changes for (R9, R10), failed to follow the indwelling catheter policy, and failed to monitor urine for signs of</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>infection for three of five residents (R2, R7, R8) reviewed for indwelling urinary catheters. These failures resulted in (R2, R7, R8) developing a UTI (Urinary Tract Infection).</p> <p>Findings include:</p> <p>On 9/29/21 at 10:44am, a strong urine odor was noted on entry into R7's room. Surveyor inquired about the odor in R7's room. V6 (Nurse Manager) stated, "I smell urine." A yellow purulent substance was observed in R7's indwelling urinary catheter tubing. V6 inspected R7's catheter and stated, "Up there looks like some cloudiness, some type of infection." R7's (9/30/21) UA/C&S (Urinalysis/Culture & Sensitivity) includes: turbidity: high (reference range clear), bacteria: high (reference range none), Providencia Rettgeri (Gram negative bacteria) 50-100,000 colonies/ml (milliliter) which affirms UTI.</p> <p>On 9/29/21 at 10:51am, a thick purulent substance was observed in R8's urinary catheter tubing. Surveyor inquired about the contents in R8's catheter. V6 (Nurse Manager) inspected the catheter and stated, "R8's urine is like a milky cloudy. It looks like yellow cloudy in the tubing." Surveyor inquired what cloudy urine is indicative of. V6 responded, "That it needs to be changed." Surveyor inquired about the facility policy for changing urinary catheter bags. V6 replied, "They are supposed to change the catheter. If you see something in it you need to call the doctor." Surveyor inquired about the required frequency for changing catheter bags. V6 responded, "Let me check on that," however never provided any additional information. R8's (9/30/21) UA/C&S includes: turbidity: high, bacteria: high, Providencia Rettgeri greater than 100,000</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>colonies/ml which affirms UTI.</p> <p>On 9/29/21 at 10:59am, surveyor inquired about the facility policy for changing urinary catheter bags. V7 (Registered Nurse) stated, "Typically 30 days or as needed."</p> <p>On 9/29/21 at 11:04am, V8 (Nurse Manager) inspected R9's indwelling urinary catheter and stated, "There's gross hematuria." Surveyor inquired when R9's catheter bag was last changed. V8 reviewed the electronic records and responded, "R9 doesn't have a TAR (Treatment Administration Record) for that. I don't see a note here either when it was changed. I don't see a change date." R9's (August and September 2021) TAR was also reviewed for indwelling catheter care however only catheter output was inclusive.</p> <p>On 9/29/21 at 11:15am, surveyor inquired when R10's indwelling urinary catheter bag was changed. R10 stated he was unsure. R10's (August and September 2021) TARs (Treatment Administration Records) were reviewed for catheter care and/or bag changes however only catheter output was inclusive.</p> <p>On 9/24/21 at approximately 3:10pm, surveyor inquired if there was any documentation of R9 and/or R10's catheter bag changes. V2 (Director of Nursing) responded "No."</p> <p>R2 was transferred from the facility to the hospital on 3/15/21 and discharged AMA (Against Medical Advice) on 9/12/21. R2's (3/15/21) history & physical states no urine output in catheter bag so replaced with drainage of 1300 cubic centimeters purulent/bloody urine. R2's (3/19/21) hospital discharge summary includes complicated UTI with Klebsiella Pneumoniae (Gram negative</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>bacteria).</p> <p>On 10/4/21 at approximately 12:18pm, surveyor inquired if purulent drainage in a catheter should be reported. V16 (Medical Director) stated, "Yes, if that was found on a patient, I would like them to send a urine (referring to urine specimen) and change the catheter." Surveyor inquired about potential harm if indwelling urinary catheters are not monitored. V16 stated, "The patients can get infections and they can also have problems with their urinary tract, irritations or damage."</p> <p>The indwelling catheter policy (revised 6/2019) states indwelling catheters, drainage bags and tubing will be changed upon clinical indication of infection, obstruction or when the closed system is compromised.</p> <p style="text-align: right;">(No Violation Issued)</p>	S9999		