Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED			
	5	IL6014823	B. WING			C 06/08/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SYMPHO	NY OF SOUTH SHOR	2425 EAS	T 71ST STR				
		CHICAGO	), IL 60649	DROWDEDIG BLAN OF COORTOTA	<u> </u>	1	
(X4)ID PREFIX TAG				DBE	(X5) COMPLETE DATE		
S000	Initial Comments		S 000		-		
	Complaint Investiga	ntion					
	2183726/IL134396						
S9999	Final Observations		S9999				
	Statement of Licens	sure Violations					
	300.610a) 300.1210b) 300.1210d)6)				-		
	Section 300.610 Re	sident Care Policies				,	
	procedures governing facility. The written place formulated by a Committee consisting administrator, the admedical advisory coof nursing and other policies shall complicies the facility and shall by this committee, of and dated minutes of Section 300.1210 G	dvisory physician or the mmittee, and representatives reservices in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually locumented by written, signed of the meeting.					
Ilinoia Danossi	and services to attain practicable physical well-being of the research resident's complan. Adequate and	al Care  provide the necessary care in or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each		Attachment A Statement of Licensure Violations			

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

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BOILDING	•	С	
IL6014823		B. WING		06/08/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
SYMPHO	ONY OF SOUTH SHOR	(E	T 71ST STR ), IL 60649	REET	
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULL CROSS-REFERENCED TO THE APPROPRIES OF THE	D BE COMPLETE
S9999	Continued From pa	ge 1	\$9999		
	resident to meet the care needs of the re	e total nursing and personal esident.			=
	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:				
2	assure that the residual as free of accident I nursing personnel s	decautions shall be taken to dents' environment remains nazards as possible. All hall evaluate residents to see eceives adequate supervision revent accidents.	ŧŝ (G		
	These requirements by:	s were not met as evidenced			
	review the facility fai provide a safe envir- ensure that the wind were secured and fr	on, interview and record iled to follow their policy to onment. The facility failed to dows in the resident rooms ree from potential accidents reviewed for falls in the sample of 5.		A	
i e	floor window to the g fractures to the left le taken to the hospital procedures to stop in	in R4 falling out of a third ground. R4 sustained multiple eg, pelvis and back. R4 was and underwent two nternal bleeding and surgery scheduled for a third surgery	·		
	Findings include:	),ii		00	Yi Vi
	Unspecified Behavio Hyperlipidemia, Hyperlipidemia	vith diagnoses of Dementia, oral Disturbances, ertension, Major Depressive Atherosclerotic heart			=

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6014823	B. WING		C 06/08/2021		
NAME OF E	PROVIDER OR SUPPLIER			STATE, ZIP CODE		00/0	10/2021
	ONY OF SOUTH SHOP	2425 EAS	T 71ST STR	•			
(× 4) (5)	SLIMMADY STA	TEMENT OF DEFICIENCIES	), IL 60649	PROVIDER'S PLAN OF C	OPPECTIO	M	(2/2)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			55%	
÷	Disease of Native ( Pectoris and Gout.	Coronary Artery without Angina				şa.	
6,0	was admitted to the being discharged fr wandering around I stay was complicate (Left Bundle Brancl and an Acute Kidne	nission Record documents R4 facility on 05/06/2021 after om the hospital. R4 was found her neighborhood. Her hospital ed by findings of chronic LBBB in Block), chronic heart failure by Infection (AKI). R4 was (Long Term Care) facility.		Å			
	scored R4 as 7/15 with cueing. Bed me	(MDS) dated 05/19/2021 alert and able to be directed obility, walking in and around as a 1 and 2, supervision with					
	has severe cognitive wandering; therefore Elopement. The restriction is the restriction of the severe control of the severe cognitive wandering the severe	e plan documents: Resident e impairment with a history of e, she is at risk for sident is an elopement 21). R4 with actual fall on ety awareness/impulsiveness					9
50	6/3/2021 at 11:59 a as if someone fell. If fallen, I looked out a see a resident was patio, and I saw the left side on top of the alert and oriented x and 'Are you Ok?' Fafter me.' I asked wwas chasing after meaid 'No don't get upon the said 'No don't ge	h V2 (Director of Nursing) on m, V2 said, "I heard a noise thought a smoker may have my office window and could on the ground. I ran out to the R4 lying on the ground on her screen. She was awake, 2. I asked her what happened R4 said 'They were chasing tho; R4 said again "The people ne.' She attempted to get up; I p.' I yelled 'Call 911."					2 8
	V2 continued by say	ying, "Paramedics arrived on					

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PRINTED: 07/20/2021 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: C IL6014823 B. WING 06/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2425 EAST 71ST STREET SYMPHONY OF SOUTH SHORE CHICAGO, IL 60649 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **TAG** DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 the scene, R4's left ankle was bleeding with an open cut the size a regular mouse to the computer. Normal saline and gauze was applied to the wound site. I had never seen anything like this. R4 acted as though nothing had just happened. She wanted to get away from who was chasing her. Paramedics and the police arrived on the scene. Staff was looking out the windows at the incident. I yelled, 'Get out of those windows; this is not a show. Get back to work."" Progress notes dated 5/30/2021 at 2:17 pm by V7 (Nurse) on 5/30 21 at 11:20 am documents writer came into building and started to get things together. I went to the computer to print off the census to make rounds. Around 11:25 am as I was getting things together, writer hears "a nurse needed to the patio STAT," via intercom system. I run downstairs to the patio. R4 was on the ground accompanied by staff members. Writer and staff members checked resident's skin, no new wounds noted except wound to left heel. A nurse cleaned the wound with normal saline and wrapped it with a nonstick dressing. Resident was alert to self, was able to tell staff her name, date of birth (DOB), and age. Resident notified staff that "someone was trying to get her." Resident vital signs were within normal limits, strength strong to bilateral extremities, resident denies pain but facial grimacing noted. Family and Physician was notified. During phone interview with V8 (Paramedic) on 6/3/21 at 2:02 pm, V8 said, "We were called and

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told a person had fallen from the 2nd floor balcony. When we arrived R4 was laying on top of a window screen on the ground. We looked up and an entire window was missing from the 3rd floor. I am not sure how a resident could fall from

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IL 6014823

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FORM APPROVE

(X3) DATE SURVEY
COMPLETED

(X3) DATE SURVEY
COMPLETED

(X3) DATE SURVEY
COMPLETED

O6/08/2021

CHICAGO, IL 60649						
(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		276		
	a third floor window. We were told the resident was trying to get out because someone was chasing her. We heard screaming, someone telling other people to get out of the windows, and all I could think of was is this going to happen again while we are here." Surveyor asked V8 what he meant by that and if he saw other residents hanging out of windows. V8 said, "No I can't say that but people were yelling 'get out of the window;' it is possible." V8 said "I feel the facility did not provide safety measures to keep this accident from happening."					
	The third floor room where the accident occurred was empty. Surveyor checked the window to see if it was broken or repaired. The window did not look like it was repaired or damaged in any way. Surveyor checked the other windows on the 3rd and 4th floors to ensure that the other residents would be safe. The windows had been reinforced with a bracket and a set of nails at the top and bottom. The windows could only be slid opened to 4 inches wide. All windows had a screen in them. Surveyor was told the accident did not happen in R4's room but the room next to R4.					
	During interview with V6 (Maintenance Director) on 6/3/21 at 12:32 pm, surveyor told V6 that upon assessment of the window, one side was completely removed. It was leaning against the other window from the inside. There were no residents in that room. Surveyor asked how R4 took the window off its frame and that surveyor was not aware the windows could be lifted up off the frames. The nail was only there to keep the windows from sliding open more than 4 inches. Surveyor asked V6 if all the windows in the building were able to be lifted up out of the frame and removed. V6 said "Yes, they were before I put nails in the top of the windows, which will	9		£4		

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PRINTED: 07/20/2021 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: A. BUILDING: COMPLETED B. WING IL6014823 06/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2425 EAST 71ST STREET SYMPHONY OF SOUTH SHORE CHICAGO, IL 60649 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 5 S9999 prevent a person from lifting the window up to remove it out of the frame." Surveyor asked V6 how long he had been employed with the facility. V6 stated "A couple years." Surveyor asked if he inspects the windows for safety on a regular basis. V6 said "Yes" and told me he can present the quarterly check sheet for all the windows. V6 stated he was not aware that the windows could be lifted up and out of the window frame until this incident occurred on 05/30/2021. During phone interview with V10 (Physician) on 6/8/21 at 2:21 pm, surveyor asked V10 what she meant by the note on her 05/24/2021 assessment of R4 when she documented abnormal behavior. Surveyor asked if there were any indicators that may have warned the facility that R4 would try and hurt self or elope. V10 said on the assessment day R4 was very calm, polite and cooperative. Surveyor asked V10 if R4 displayed behaviors that may have been a precursor of the incident of harming self/elopement on 5/30/2021. V10 said "No," and that the behavior displayed on 5/24/2021, which is worst in the afternoon, was that R4 would collect objects from around her room and try to sell them. V4 said increased paranoia was noted. During a phone interview with V13 (Family) on 6/8/21 at 4:52 pm, surveyor spoke with V13 regarding the injuries R4 sustained. Hospital

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records were not available for review during this investigation. V13 said R4 had 2 operations, one to stop the internal bleeding and the other surgery was to the left leg. The injuries that resulted from

R4 falling out the 3rd floor window was a

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		3111337	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BOILDING	* <u></u>	С	С		
IL6014823			B. WING		_	06/08/2021	
NAMEOF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
SYMPHO	ONY OF SOUTH SHOR		T 71ST STR ), IL 60649	REET			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)	
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	fractured Pelvis, Back, Left Leg, heel and ankle bones fractured. V13 said R4 is scheduled to have a third operation on the left leg again. R4 is still hospitalized and not aware of the fall.						
			!				
		ecial Care Unit Mission i/02, revised 10/2014					
	General: To provide goals for the Specia	a mission statement and l Care Unit.					
	2. Goal:						
		table, safe and structured inimizes the need for chemical s.			for		
		is provided by staff that is ut the special needs of people					
		ced in an environment that is cture to prevent falls and ult of falls.	Ħ	20			
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