STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001689	A. BUILDING: _____ B. WING _____	C 06/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF BRONZEVILLE	3400 SOUTH INDIANA CHICAGO, IL 60616

(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: 2183924/IL134677 2183895/IL134625	S 000		
S9999	Final Observations 1 of 2 Licensure Violations: 300.610 a) 300.1210 d)3) 300.1210 d)6) 300.3240 f) 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 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: 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	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
	IL6001689	A. BUILDING: _____ B. WING _____	C 06/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF BRONZEVILLE	3400 SOUTH INDIANA CHICAGO, IL 60616

(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 made by nursing staff and recorded in the resident's medical record. 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 f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. This REQUIREMENT is not met as evidenced by: Based on interview and record review facility failed to follow their abuse policy for two residents (R1, R2) out of four residents reviewed for abuse. The failure of the facility failing to identify a pattern for R1 agitating his roommate(s) resulted in R1 agitating R2, his roommate by punching R2 in the face. This resulted in R2 punching R1 back several times in the face several and subsequently R1 sustained acute subdural hematoma and left eye enucleation from the fight. Finding Include: On 6/17/21 at 1:00 PM, R2 stated he was sitting in his bed, R1 rolled his wheelchair up to him and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001689	A. BUILDING: _____ B. WING _____	C 06/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF BRONZEVILLE	3400 SOUTH INDIANA CHICAGO, IL 60616

(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		

punched him in the nose. R2 stated he got up punched R1 a few times in the face then R1 rolled away out of the room in wheelchair into the hallway. R2 stated he and R1 had been roommates for a month before that day (12/22/21) and does not know why R1 punched him.

R1's hospital records dated 12/22/20 denote R1 had an altercation with roommate resulted in bruising to face, subdural hematoma and left eye enucleation. Hospital CT scam impression denotes acute subdural hematoma.

R1'S 12/22/20 7:20 AM Behavior Note Text reads: Upon during rounds client was noted in their room and resting well in his w/c. As writer was finishing my rounds. I heard yelling form room 222. Upon entering client room. Client was noted with open to rt eyebrow and rt face swollen. Frist aid given, NP (Nurse Practitioner) and family (sister) made aware of the above information. 12/22/20 Resident was transferred to hospital for further evaluation.

R1's 12/22/2020 11:30 AM Behavior Note Text reads: Writer had a shower and first-aid given before leaving unit. Client remains a/o x 3, able to make needs known. Writer asked client what happen. Per client " I called him a asshole and rolled over and hit him and we began to fight." here for transport x 2 crew members going to ER for CT scan."

During interview on 6/16/21 at 11:40 AM, V3 (Registered Nurse) stated he has been taken care of R1 and R2 for a while. V3 stated R1 has

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001689	A. BUILDING: _____ B. WING _____	C 06/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF BRONZEVILLE	3400 SOUTH INDIANA CHICAGO, IL 60616

(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 history of not being a good neighbor and doing things that make his roommates mad like shi*** on the floor. V3 stated R1 also has history of being the controller of his room and it seem like he does not like any roommates and does little things in his room when he has a roommate that can be annoying to the other person. V3 stated noticed that when R1 does not have a roommate he'll never Sh** in the floor but when he gets a roommate, he does things like that. V3 stated R2 has no history of being physically aggressive towards other resident but will not tolerate other residents being disrespectful to him and will stick up for himself. V3 stated R2 can get very upset if someone makes him upset. V3 stated was working on the floor with R1 and R2 on the day (12/22/20) of the incident. V3 stated R1 came out of his room with left eye swollen. V3 stated asked R1 what had happened. V3 stated R2 told him that their wheelchairs bumped and R2 told R1 to excuse himself and R1 told R2 he didn't have to and punched R2. V3 stated he asked R2 what happened and R2 told him that after R1 punched him he punched R1 twice in the face with his fist. V3 stated that was the first time that he knew of or heard of R2 punching/hitting another resident. V3 stated R1 has history of being the controller of his room and does not like to share rooms. V2 (Nurse Practitioner) stated an eye enucleation is a serious eye injury and subdural hematoma is a serious injury as well, which is a collection of blood between the brain and skull. V2 stated R1 had to be sent out to the hospital after an altercation with his roommate (R2) to be assessed and monitored if necessary. V2 stated the hospital did assess R1 and made a diagnosis after a series of test that he had acute subdural and eye enucleation. V2 stated the other resident	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001689	A. BUILDING: _____ B. WING _____	C 06/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF BRONZEVILLE	3400 SOUTH INDIANA CHICAGO, IL 60616

(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 that hit R1 in the head caused both injuries the subdural hematoma and eye enucleation. During interview on 6/17/21 at 12:10 PM, V9 (Licensed Practical Nurse) stated she has been taking care of R1 for about five to six years. V9 stated R1 would get a roommate but after a while R1 would do little things to agitate his roommate(s). V9 stated she knew of one time when R1 got into verbal altercation with his previous roommate because he was holding the bathroom up knowing that his roommate needed to use the washroom. V9 stated the situation never escalated to physical confrontations or abuse however R1 was moved to another room if him and the roommate did not get along. Facility's abuse policy denotes residents have the right to be free from abuse, neglect, exploitation, or mistreatment. The purpose of this policy and the Abuse Prevention Program is to describe the process for identification, assessment, and protection of residents from abuse. This will be accomplished by identifying occurrences and patterns or potential mistreatment. (A) 2 of 2 Licensure Violations: 300.1010 g)1) 300.1620 c) 300.1630 b) Section 300.1010 Medical Care Policies g) Each resident admitted shall have a physical examination, within five days prior to admission or within 72 hours after admission. The examination report shall include at a minimum each of the following:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001689	A. BUILDING: _____ B. WING _____	C 06/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF BRONZEVILLE	3400 SOUTH INDIANA CHICAGO, IL 60616

(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 1) An evaluation of the resident's condition, including height and weight, diagnoses, plan of treatment, recommendations, treatment orders, personal care needs, and permission for participation in activity programs as appropriate. Section 300.1620 Compliance with Licensed Prescriber's Orders c) Review of medication orders: The staff pharmacist or consultant pharmacist shall review the medical record, including licensed prescribers' orders and laboratory test results, at least monthly and, based on their clinical experience and judgment, and Section 300.Appendix F, determine if there are irregularities that may cause potential adverse reactions, allergies, contraindications, medication errors, or ineffectiveness. This review shall be done at the facility and shall be documented in the clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, the director of nursing and the administrator, and shall be acted upon. Section 300.1630 Administration of Medication b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001689	A. BUILDING: _____ B. WING _____	C 06/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF BRONZEVILLE	3400 SOUTH INDIANA CHICAGO, IL 60616

(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 This REQUIREMENT is not met as evidenced by: Based on interview and record review facility failed to uphold professional standards of practice by not reconciling a resident's medications from hospital to transfer back to NH, and meds from this NH prior to transfer to hospital for one resident (R1) out of three residents reviewed for medications. This failure resulted in R1 having a Gran Mal seizure, and having to be taken back to the hospital. Findings Include: R1's face sheet denotes diagnosis including Conversion disorder with seizures or convulsions. R1's hospital transfer sheet dated 12/31/20 denote Valproic Acid 5oomg three times a day. R1's 1/11/2021 9:02 PM Nurse Practitioner Narrative/Physician Assistant Note Text reads: SUBJECTIVE: Patient seen and examined today for readmission from Hospital SEIZURE- No recent seizure activity. Per Neuro while IP, Ativan was stopped, but Valproate 500 mg PO TID was continued. R1's medication sheet dated from 1/11/21 thru 2/8/21 denotes R1 did not receive Valproate 500mgTID (three times a day). R1's 2/9/2021 12:40 AM Health Status/Progress Note Text reads: Upon rounds writer noted in his room slumped over in his wheelchair with noted body twitching. Resident unresponsive to all stimuli and with rapid breathing. Resident assisted to his bed per staff for assessment and having continuous Gran-mal seizure activity with	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001689	A. BUILDING: _____ B. WING _____	C 06/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF BRONZEVILLE	3400 SOUTH INDIANA CHICAGO, IL 60616

(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 unresponsiveness. 911 called due to resident having continuous seizure activity. Awaiting arrival. Resident remain unresponsive with rapid respirations and elevated B/P and HR. Resident transferred out to ER. R1's hospital records dated 2/9/21 denotes 69-year-old male with history of seizures. Presented with general tonic-clonic seizure. Patient is on Valproic Acid for seizures. Medicine not on list of paperwork brought. Constitutional: no distress, regular heart rate and respiration clear upon auscultation. During interview on 6/16/21 at 11:15 AM, V2 (Nurse Practitioner) stated taking Valproate 500mg (milligrams) three times a day is medicine given to residents to prevent seizures. V2 stated the nurses were supposed to have been giving R1 Valproate 500 milligrams three times a day. V2 stated R1 did have a gran mall seizure which means R1 went into convulsions that lasted longer than a minute. V2 stated when anyone has a grand mal seizure, they lose control of their extremities and bladder which was the case with R1. V2 stated not treating seizures can cause permanent brain damage if not treated. V2 stated R1 does not have permanent brain damage and is now on anti-seizures medications. On 6/16/21 at 2:37 PM, V7 (Nurse Practitioner) stated V7 went thru the hospital admissions paperwork on 1/11/20 and noted that R1 was to start Valproate 500mg three times a day to prevent seizures. V7 stated when she put the medications in her notes that R1 was to be started on and the facility was responsible if any questions with what is written. V7 stated she put in her note that Valproate 500mg three times day for seizures. V7 stated gran mall seizures can	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001689	A. BUILDING: _____ B. WING _____	C 06/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF BRONZEVILLE	3400 SOUTH INDIANA CHICAGO, IL 60616

(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 8 potentially harm the body by causing brain damage if untreated. During interview on 6/17/21 at 12:10 PM, V9 (Licensed Practical Nurse) stated she has been taking care of R1 for about five to six years. V9 stated on 2/9/21 that was the first time that she witnessed R1 having a seizure. V9 stated when saw R1 having the seizure he was sitting in his wheelchair, kept him in the chair from falling and yelled for someone to called 911. V9 stated they got R1 back to the bed and the seizure stopped and then started back again. V9 stated if Nurse Practitioner (NP) put order in that they want the resident to take something the nurses go into the system and check for all new orders written by MD/NP. V9 stated once the order is confirmed put it on the MAR/TAR. V9 stated if NP/MD write an order in their progress note the nurse is to question or confirm if the NP/MD wanted that medicine started. Facility's medication administration policy denotes all medications are administered safely and appropriately to overcome illness, relieve, and prevent symptoms and help in diagnosis. (A)	S9999		