PRINTED: 12/15/2021 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 C IL6001689 B. WING 11/12/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3400 SOUTH INDIANA SYMPHONY OF BRONZEVILLE CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 **Initial Comments** S 000 Facility Reported Incident of October 11, 2021/IL139514 S9999l Final Observations S9999 Statement of Licensure Violations 300.1210 d)3) 300.1210 d)6) 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 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. This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review the facility failed to provide clinical interventions for pain for more than 2 days and addressing fracture pain in the care plan for 1 resident (R3) of 1 resident reviewed for injury of Attachment A unknown origin in a total sample of 3 residents. istament of Licensure Violations € These failures resulted to unmanaged pain and

Illinois Department of Public Health

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

TITLE

(X6) DATE

PRINTED: 12/15/2021 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 B. WING IL6001689 11/12/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3400 SOUTH INDIANA SYMPHONY OF BRONZEVILLE CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 late determination of R3's right ankle fracture that led to the transfer of R3 to the hospital and a surgery procedure was done. Findings include: R3 was admitted in the facility on 9/17/21 with medical diagnosis that includes dementia and based on Brief Interview for Mental Status (BIMS) have a borderline between moderate to severe cognitive impairment. On 11/9/21 at 11:09 AM surveyor observed R3 in R3's room on the bed. R3 had a brace on R3's leg right lower leg and was alert with brace on right lower leg. R3 stated, "My leg hurts! (Pointing at R3's right lower foot.) Why are you here? I see you all the time snooping around! What do you want?" Surveyor told V4 (Licensed Practical Nurse/LPN) R3 was not able to answer questions and asked for assistance regarding the resident but V4 said she was busy at that time. R3's progress notes dated 10/8/21 at 11:26 AM (V10 Physician Assistant- PA / Physiatrist) documented the following: R3 was complaining of pain to (R3) right ankle which noted to be swollen and bruised. R3 is unable to give any details regarding how long R3's ankle has been hurting or how it occurred. Therapy does note that R3 was unwilling to stand yesterday. Physical Examination: Ecchymosis to right ankle medially, tenderness to palpation of right ankle and pain with range of motion of right ankle. Assessment: Pain Management, right ankle pain. Plan: Tylenol as needed, Right ankle pain, pain control, X Ray to evaluate for fracture. Continue to monitor. R3's Physician Order Sheet documented that the

Illinois Department of Public Health

PRINTED: 12/15/2021 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 C B. WING IL6001689 11/12/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3400 SOUTH INDIANA SYMPHONY OF BRONZEVILLE CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 X Ray on R3's right ankle was done on 10/10/21 at 3:55 PM more than 2 days after V10 first assessed R3 for swelling, bruising and pain on R3's right ankle. R3's right ankle X Ray result was received on 10/10/21 at 9:55 PM. The result was right ankle Distal Tibial Fracture. Per R3's progress notes dated 10/11/21 at 4:07 PM documented by V16 (LPN) it reads that R3 was admitted in the hospital with medical diagnosis of fracture in her Tibia. Hospital Records from Orthopedic Notes documents that R3 undergo surgery on R3's right ankle (tibial) due to fracture. On 11/10/21 at 10:19 AM V10 (PA / Physiatrist) states "I saw R3 on 10/8/21 between 9am to 2pm, and the notes I placed on 10/8/21 was my initial assessment. I noted that (R3) right ankle was swollen and with bruising that day. Yes, there was pain as I put in my notes. It was during my assessment that I observed it and no staff informed me about (R3) ankle. I discussed the problem with V14 (Clinical Nurse Practitioner) that day and ordered an X- Ray for R3's ankle. Regarding orders with residents, I always coordinate it with either the Primary Physician or the Director of Nursing." On 11/10/21 at 12:32 PM V15 (Clinical Manager) stated, "When there is a change of condition of a resident, we do an assessment right away and follow the SBAR (situation, background, assessment and recommendation). Then we notified the doctor what was the change of condition. We carry out the doctor's order right away or immediately. It is also the same when the doctor is here in the facility. When an order is given, we need to carry it our immediately. I was not aware that R3 had a swollen ankle on (R3) right leg during the time V10 assessed R3. It was not right for the X-Ray to be done on 10/10/21

Illinois Department of Public Health

PRINTED: 12/15/2021 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 IL6001689 B. WING 11/12/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3400 SOUTH INDIANA SYMPHONY OF BRONZEVILLE CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 when it was already assessed on 10/8/21 as having swollen and bruising. I will check on this or what happened." "Regarding pain, I don't know why there was not medication ordered to address pain. Yes, because R3 has a fracture pain should have been addressed." On 11/10/21 at 1:30 PM V16 (LPN) stated that R3 was assigned to her and she took care of R3 on 10/8/21, 7 AM to 3 PM shift. V16 stated that she did not know that R3 has swollen and bruising on R3's right ankle until she worked on Monday 10/11/21. V16 further stated that she was not able to assess R3 the whole day, and that R3 was unable to express self if R3 has pain. After few minutes V16 left the room, came back and said that she was mistaken. V16 said she worked on 10/8/21 and also worked double the following day, which was 10/9/21, from 7 AM to 11 PM. V16 further stated that she was not able to assess R3 right ankle, or if R3 had pain in general. On 11/10/21 at 3:10 PM V19 (Certified Nursing Assistant-CNA) stated, "I worked on both days October 9 and 10 on 7 AM to 11 PM shift, and I notice that R3 has a problem on the right foot because when I did patient care R3 told me don't touch me because it hurts. I looked at R3's ankle and it was really, really, red and warm to touch. I remember (R3) barely touch R3 breakfast or lunch. I cannot remember if it was on the 9th or 10th of October, but it was really-really red, really soft and hot. I cannot remember the name of the nurse that I informed about R3 ankle. But it was super red. I remember that it was the day when an X - Ray person came in the facility and did the X-Ray. If the X-Ray was done on the 10th (October) then it must be on the 10th. I wrote it in a piece of paper about R3's ankle because I

Illinois Department of Public Health

know something like this will happen. I don't know

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: \_ B. WING IL6001689 11/12/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3400 SOUTH INDIANA SYMPHONY OF BRONZEVILLE CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 4 S9999 where that paper is now, but I know I wrote it." On 11/10/21 at 3:20 PM V20 (CNA) stated, "Yes, I was assigned and took care to R3 on 10/8/21, R3 stayed in bed the whole day since R3 said R3 was tired. Yes, R3 needs assistance with changing R3's clothes but R3 was wearing socks. so I did not notice (R3) right ankle. I changed R3 diaper but did not see (R3's) legs the whole shift." R3's Medication Administration Record (MAR) for the month of October 2021 reads that R3 does not have any pain medication ordered. Full care plan was submitted and reviewed; pain was not updated related to the fracture. On 11/10/21 at 2:45 PM V18 (MDS Coordinator) stated she should have updated the care plan to include pain related to right ankle fracture as an identified problem and to put intervention to address the problem. On 11/12/21 at 10:39 AM V21 (Primary Physician) stated that R3 was sent to the hospital and surgery was performed because of right ankle fracture. V21 said that he needs to review R3's record about why X- Ray was done after 2 days. V21 stated that V10 can place the order herself. V21 was not sure about pain management and stated that nursing staff needs to assess each

Illinois Department of Public Health

"A"

resident for pain. V21 stated that any person who has fracture have some degree of pain. V21 further stated that as needed medication should have been place in case resident needs it.