Illimois 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 IL6014641 B. WING 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4437 SOUTH CICERO** SYMPHONY AT MIDWAY CHICAGO, IL 60632 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 DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 2280742/IL142930 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)1) 300.1210d)2) 300.3240a) 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 practicable physical, mental, and psychological well-being of the resident, in accordance with Attachment A

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

TITLE

Statement of Licensure Violations

(X6) DATE

**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 IL6014641 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4437 SOUTH CICERO SYMPHONY AT MIDWAY CHICAGO, IL 60632 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX 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 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 1) Medications, including oral, rectal, hypodermic. intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced Based on interview and record review, the facility failed to follow physician orders to monitor blood glucose and administer insulin medications as ordered for residents with diabetes. This affects 5 (R1, R2, R3, R4, R5) of 5 residents reviewed for care and treatment for diabetes. These failures resulted in R1, who was sent to the hospital emergency room with a pre-existing gangrene

wound, being diagnosed with Diabetic

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On 1/25/22 at 3:08pm, V3 (Hospital Case Worker) documented that on 1/19/2022, R1 arrived in the Hospital Emergency Room with Diabetic Ketoacidosis, Lactic Acidosis, and other medical issues. On 1/26/22 at 4:30pm, V3 stated

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levels and administering insulin to a resident according to doctor's orders, as well as possible complications. V9 was also asked about the possible complications if a diabetic resident did

Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED C IL6014641 B. WING 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4437 SOUTH CICERO SYMPHONY AT MIDWAY CHICAGO, IL 60632 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **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 have blood glucose monitoring or insulin administered as scheduled. V9 stated, "The complications of uncontrolled blood sugars could be infections, diabetic feet, diabetic ketoacidosis, hyperosmolar state or coma. If the sugar is very high, the patient will get infection sooner than others. High sugars weaken the immune system. If the patient has diabetic ulcer or pressure ulcer. there will be infection on the wound and it will delay the healing." R1's Physician Order Sheets (POS) dated 7/13/2021 documents the following: Insulin NPH Suspension100 units per ml (milliliters) Inject 20 units subcutaneously at bedtime related to Type 2 Diabetes. R1's POS dated 7/13/2021 documents the following: Insulin NPH Suspension100 units per ml (milliliters) Inject 30 units subcutaneously one time a day related to Type 2 Diabetes. R1's POS dated 11/28/2021 documents: Novolin R Solution 100 units per ml. Inject as per sliding scale subcutaneously two times a day for Diabetes. R1's MAR (Medication Administration Record) for 11/1/21 to 11/30/21 showed that R1 did not get the scheduled blood sugar check and scheduled insulin at 9am on November 2, 3, 4, 8, 10, 16, 17, 18, 19, and 23, 2021. R1's MAR (Medication Administration Record) for 11/1/21 to 11/30/21 showed that R1 did not get the scheduled blood sugar check and scheduled insulin at 8pm on the November 1, 3, 4, 5, 7, 9, 11, 12, 15, 19, and 24, 2021. R1's MAR (Medication Administration Record) for

December 2021 showed that R1 did not get the scheduled blood sugar check and scheduled

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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 IL6014641 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4437 SOUTH CICERO SYMPHONY AT MIDWAY CHICAGO, IL 60632 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 6 S9999 independently with his wheelchair and would also go around by himself. V10 stated R1 would normally use the call light to ask staff for assistance. V10 stated when V10 saw R1 in bed with a bowel incontinence episode and labored breathing, V10 checked R1's vital signs. V10 stated R1's oxygen saturation was 44 percent. heart rate (pulse) was 22, and respiration was 32. V10 stated he knew it was an emergency, and he called 911 immediately. V10 was asked about checking and recording residents' blood sugars and giving insulin to residents, and whether or not R1 was refusing blood sugar checks and insulin. V10 stated that R1 did not refuse blood sugar checks or insulin for V10, but V10 could not tell if R1 refused for other nurses. V10 added that if a resident refuses blood sugar check or insulin, as well as any other medication, it should be documented on the MAR or in the progress notes, and the doctor and family should be notified. R1's progress notes dated 1/19/22 at 01:37 written by V10 corroborates the above interview with V10. Rt's progress notes from October 2021 to current date were reviewed. There was no record that R1 refused blood sugar checks or insulin, and no record that R1's physician or family was notified of R1's refusal of blood sugar checks or insulin administration. 2. R2's POS dated 7/25/21 documents: Insulin Glargine Solution 100 units per ml (milliliters) 46 units subcutaneously at bedtime (9pm). R2's MAR for 12/1/21 to 12/31/21 shows missing entries for scheduled blood sugar checks and

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scheduled insulin at 9pm December 10, 13, 14,

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED IL6014641 B. WING 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4437 SOUTH CICERO SYMPHONY AT MIDWAY CHICAGO, IL 60632 (X4)ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE (X5) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 18, 19, 23, 24, and 28, 2021. R2's MAR for January 2022 also shows missing entries for January 1, 2, 5, 6, 11, 16, and 21, 2022. On 1/26/22 at 1:36pm on the third floor, V6 (Licensed Practical Nurse/LPN) stated R2 takes her insulin and blood sugar checks religiously, and R2 does not refuse. V7 (Unit Manager) also stated that R2 is very compliant with insulin and blood sugar checks. R2's Care plan dated 5/13/2019 states that R2 has a diagnosis of Diabetes Mellitus and has the potential for Hypo/Hyperglycemic reactions and is receiving medications for treatment. Intervention states in part: Glucose Monitoring, Diabetes medication as ordered by the doctor. 3. R3's POS dated 12/22/2021 documents: Insulin Glargine-yfgn Solution 100 units per ml (milliliters) 11 units subcutaneously one time a day (9am). R3's MAR shows a missing entry for January 8, 2022. R3's January 2022 MAR also shows missing blood sugar checks at 5pm and 9pm for January 1, 5, 13, 14, 20, and 21, 2022. On 1/26/22 at 1:48pm on the second floor, V8 (LPN) stated that R3 does not refuse blood sugar checks or insulin. R3's Care plan dated 11/15/2021 documents that R3 has a diagnosis of Diabetes Mellitus and has the potential for Hypo/Hyperglycemic reactions and is receiving insulin injections for treatment. Intervention states in part: Give Diabetes medication as ordered by the doctor. 4. R4's Physician Order Sheets (POS) dated 9/25/2021 documents the following: Accucheck before meals and at bedtime; Lantus Solution 100

inois Department of Public Health

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checks.

sugar checks and insulin administration. V5 stated that R5 does not talk, does not refuse any medication, and does not refuse blood sugar

R5's care plan dated 11/26/2018 states that R5

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED IL6014641 B. WING 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4437 SOUTH CICERO SYMPHONY AT MIDWAY CHICAGO, IL 60632 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 9 S9999 has a diagnosis of Diabetes Mellitus and has the potential for Hypo/Hyperglycemic reactions and is receiving medications for treatment. Intervention states in part: Glucose monitoring. Facility "Medication Administration" policy, dated 7/14. states in #18: If medication is not given as ordered, document the reason on the MAR and notify the Health Care Provider. Facility "Charge Nurse" document states under Duties and Responsibilities: Drug Administration Functions: Prepare and administer medications as ordered by the physician. Sign and date all entries made in the resident's medical record. Facility "Insulin Administration" policy, dated 10/03 and revised 7/14, documents in #9: Record on the MAR that insulin was given and site. rotating the site. Facility "Blood Glucose Monitoring" policy, dated 11/2018 and revised 11/2019 and 5/2021, documents in #12: Refer to any Physician Order for management; and #13: Document procedure, reading, and any action taken. (A)

G26S11