Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 01/05/2023 IL6004832 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5130 WEST JACKSON BOULEVARD** SYMPHONY CHICAGO WEST CHICAGO, IL 60644 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments FRI of 12/27/2022/IL154657 S9999 \$9999 Final Observations Satement of Licensure Violations 1 of 2 300.610a) 300.1210b) 300.3210t) 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 Attachment A well-being of the resident, in accordance with Statement of Licensure Violations each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 IL6004832 01/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5130 WEST JACKSON BOULEVARD SYMPHONY CHICAGO WEST CHICAGO, IL 60644 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 REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 resident to meet the total nursing and personal care needs of the resident. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These Requirements were NOT MET as evidenced by: Based on interview and record review, the facility failed to ensure that two residents (R5 and R6) were free from resident-to-resident physical abuse. This failure affected R5 who sustained a laceration to the left eyebrow that required stitches. Findings include: On 01/03/23 at 11:20 am, V1 (Administrator), who is the abuse coordinator, provided the surveyor with the initial and final incident reports that were sent to the state agency for the alleged incident that occurred on 11/27/2022 between R5 and R6. The final report faxed to the state agency on December 2, 2022, documents, in part, "(R5) was warming up his (R5) food when (R6) walked up behind him (R5). When (R5) turned around, (R6) struck him (R5) with his cane. (R5) then took (R6's) cane and hit (R6) with it. On 01/03/23 at 12:35 PM, due to a history of traumatic brain injury, bilateral hearing loss and selective mutism, the surveyor had to interview R6 by writing the questions on a piece of paper to which R6 was able to reply "yes" or "no" by shaking his (R6) head. At times, R6 would

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6004832 01/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5130 WEST JACKSON BOULEVARD SYMPHONY CHICAGO WEST CHICAGO, IL 60644 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (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 2 S9999 answer with simple sentences but as the dialogue progressed, it became incomprehensible. When the surveyor inquired if R6 hit R5 with his (R6) cane, R6 shook his head "Yes" and stated, "He (R5) put his (R5) hands on me (R6) first." When asked why, R6 replied, "I (R6) don't know." The surveyor inquired if R6 was hurt. R6 replied, "Not at all." On 01/03/23 at 1:03 PM, the surveyor used the facility's language interpreting service to interview R5 who is mostly Spanish speaking. When asked about the alleged altercation with R6, R5 kept responding, "I don't remember." The surveyor inquired if R5 had gone to the hospital recently. R5 stated, "I (R5) went to the hospital once, but it was nothing. It was like a month ago. I (R5) hit my eyebrow." When the surveyor inquired if R5 was hit by another resident, R5 stated, "I (R5) don't remember if someone hit me." On 01/03/23 at 12:11 pm, V12 (LPN/Licensed Practical Nurse) stated, "I (V12) was at my medication cart at the nurses' station and heard a lot of commotion, so I (V12) ran over to where the microwave is at. I (V12) saw (R5) had (R6's) cane and was hitting (R6) with it. He (R5) told me that he (R5) was at the microwave trying to warm food up. (R6) came to him (R5) and put his (R6) finger in his (R5) face and hit him (R5) with the cane. I asked (R6) if he (R6) hit (R5) first, he (R6) said yes. So, he (R6) initiated the fight." V12 added that R5 was bleeding from above one of his (R5) eyes (V12 could not remember which eye but stated that it's documented). On 01/04/23 at 9:34 AM, V26 CNA stated that she (V26) didn't see when the altercation started because she (V26) was in à resident's room. V26 added, "When I got to it, (R6) was on the floor

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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 IL6004832 B. WING 01/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5130 WEST JACKSON BOULEVARD SYMPHONY CHICAGO WEST CHICAGO, IL 60644 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 left non-dominant side, bilateral hearing loss. selective mutism, major depressive disorder, psychosis, schizoaffective disorder and anxiety disorder. R6's 11/01/22 BIMS determined a score of 9, indicating that R6's cognition is moderately impaired. R6's 12/24/2019 care plan documents, in part, "The resident has the potential to demonstrate physically aggressive behaviors." The facility "Abuse Prevention Program-Policy" dated 11/22/17 documents, in part, "Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment ... Physical abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. Physical abuse includes hitting. slapping, pinching, kicking, and controlling behavior through corporal punishment." (B) 2 of 2 Licensure Violations Section 300.661 Health Care Worker **Background Check** A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 45 III. Reg. 11096, effective August 27, 2021)

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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: _ B. WING IL6004832 01/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5130 WEST JACKSON BOULEVARD SYMPHONY CHICAGO WEST CHICAGO, IL 60644 **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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY)** S9999 Continued From page 5 S9999 This Regulation is NOT MET as Evidenced By: Based on interview and record review, the facility failed to ensure Healthcare Worker Background Checks were done in a timely manner and were documented in an effort to prevent abuse. This failure has the potential to affect all 160 residents residing in the facility. Findings include: The (01/03/2023) Facility census was 160residents. On 01/04/2023 at 9:26am, this surveyor and V29 (Director of Human Resources) initiated review of the staff Health Care Worker Background check. On 01/04/2023 at 9:29am, V29 stated that V13 (Certified Nursing Assistant) was hired on 11/03/2018 and that Healthcare Worker Background check was initiated on 06/21/2019. Review of V13 Health Care Worker Registry and the facility (As of 01/03/2023) Anniversary List by Organization affirmed V29 statement. On 01/04/2022 at 9:30am, surveyor inquired about the importance of the Healthcare Worker Background Check, V29 (Director of Human Resources) stated, "We (facility) are supposed to run the background check before staff come in. before they start working. The importance of doing the background check is to make sure there is no abuse allegation towards staff or resident; or that staff are eligible to work in a nursing home. Crimes committed will make staff not eligible to work in a nursing home. Some crimes, you get a waiver and some cannot. Most part, I (V29) do the background check prior to

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ IL6004832 01/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5130 WEST JACKSON BOULEVARD SYMPHONY CHICAGO WEST CHICAGO, IL 60644 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 6 S9999 hiring, I (V29) did check V13 (Certified Nursing Assistant), but probably not printed it, since she (V13) worked here before. The date on the left top corner of the form was the date I (V29) ran the background check." On 01/04/2022 at 9:43am, surveyor inquired about V15 (Licensed Practice Nurse) Healthcare Worker Background Check. V29 stated, "I (V29) just ran her (V15) background check today. She (V15) started 11/01/2021, I (V29) know I (V29) ran it around that time. I (V29) don't know what happened to her (V15) file. I (V29) know that if it is not documented, it never happened." Review of V15 Health Care Worker Registry and the facility (As of 01/03/2023) Anniversary List by Organization documented that V15's last hire date was on 11/05/2021 and not on 11/01/2021 as stated by V29. On 01/04/2023 at 9:49am, V29 stated that V18 (Licensed Practice Nurse) was hired on 06/02/2004 and the Healthcare Worker Background check was dated 3/27/2006. Review of V18 Health Care Worker Registry and the facility (As of 01/03/2023) Anniversary List by Organization affirmed V29 statement. On 01/04/2023 at 9:50am, surveyor inquired about V18 (Licensed Practice Nurse) Healthcare Worker Background Check. V29 stated, "That was well before I (V29) came in, I (V29) have no clue why it's late. I (V29) started as HR Director on 7/31/2018." On 01/04/2023 at 9:57am, V29 stated that V31 was hired on 09/20/2013 and the Healthcare Worker Background Check was dated 05/19/2016. Review of V31 Health Care Worker

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PRINTED: 03/05/2023 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION A. BUILDING: _ B. WING IL6004832 01/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5130 WEST JACKSON BOULEVARD** SYMPHONY CHICAGO WEST CHICAGO, IL 60644 PROVIDER'S PLAN OF CORRECTION
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CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG DATE TAG DEFICIENCY) S9999 Continued From page 9 S9999 accomplished by: conducting pre-employment screening of employee ..." (C) Illinois Department of Public Health