## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		145372	B. WING			C <b>01/17/2013</b>		
NAME OF PROVIDER OR SUPPLIER  SYMPHONY OF JOLIET			STREET ADDRESS, CITY, STATE, ZIP CODE 306 NORTH LARKIN AVENUE JOLIET, IL 60435					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE	
F 309	resident in center of and extra mattress  R2's x-ray report of of fractures identified bilaterally at the C-the base of the spir  E5, Administrator, of information obtained accurate and that Fon 12/28/12 when the second extra matter of the second extra mattress.	f the bed, bathroom light on next to bedside when resting.  12/29/12 noted the presence ed involving the lamina believel and extending through hous process at the C6 level.  confirmed on 01/16/13 the d in the incident report was 82's careplan was not followed the fall occurred.		309				
F9999	LICENSURE VIOL 300.1210b) 300.1210c) 300.1210d)6) 300.3240a)  Section 300.1210 C Nursing and Person b) The facility shall and services to atta practicable physica well-being of the re each resident's con plan. Adequate and care and personal of	ATIONS  General Requirements for	F9 <sup>4</sup>	999				
		-giving staff shall review and about his or her residents'						

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		145372	B. WING			С	
NAME OF D		145372	D. WING			01/	17/2013
NAME OF PROVIDER OR SUPPLIER  SYMPHONY OF JOLIET				30	REET ADDRESS, CITY, STATE, ZIP CODE  06 NORTH LARKIN AVENUE  OLIET, IL 60435		
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F9999	Continued From page 3		F99	999			
	assure that the residual free of accident in nursing personnels	ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision revent accidents.					
	Section 300.3240 A	buse and Neglect					
		ee, administrator, employee or nall not abuse or neglect a 2-107 of the Act)					
	THESE REQUIREMEVIDENCED BY:	MENTS WERE NOT MET AS					
	review the facility fa measures in the car one of three sample This resulted in R2	on, interviews and record illed to ensure safety replan were followed for R2, ed residents, R1, R2 and R3. falling out of bed and all fracture at the C-6 level.					
	Findings include:						
	old male with diagn- Seizure Disorder. R non-ambulatory and activities of daily livi	edical record R2 is an 82 year oses including Dementia and 22 is non-verbal, 3 depends upon staff for all ing, including the assistance of for turning and repositioning in					

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		145372	B. WING _			C <b>17/2013</b>			
NAME OF PROVIDER OR SUPPLIER  SYMPHONY OF JOLIET			STREET ADDRESS, CITY, STATE, ZIP CODE  306 NORTH LARKIN AVENUE  JOLIET, IL 60435						
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE			
F9999	He was lying in a bacervical collar. A mathe floor next to his  According to an inc E1, D.O.N. (Directo approximately 9:34) next to his bed by E (Certified Nurses Alside and noted to babove the right eye R.N. (registered nurthe floor. R2's posit maintained until partransported him to the incident report to the incident report to the incident report to the incident report to the bed alarm had not suppositioning devices maintaining his side she did not place the next to R2's bed. Ustated R2 may have of the bed because R2 in the center of alarm had not soun long.  The facility's incider written interview with about the siderails of the siderails o	ed on 01/16/13 in his room.  ariatric bed and wearing a lattress was also observed on bed.  ident report form completed by r of Nursing), on 12/28/12 at lom R2 was found on the floor 3, his assigned C.N.A.  id). R2 was lying on his right bleeding from a laceration. R2 was assessed by E4, se) who also noted a tooth on ion on the floor was ramedics arrived and the hospital. It was noted on the safety intervention of a bed was not in place and the	F999	99					

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F9999	entered R2's room the room but not in R2's careplan for fa The plan to prevent placed on the bed, resident in center o and extra mattress R2's x-ray report of of fractures identified bilaterally at the C-6 the base of the spir E5, Administrator, of information obtaine	and the floor mattress was in place next to R2's bed.  Ills was updated on 10/09/12. If alls included an alarm to be bed in lowest position, place of the bed, bathroom light on next to bedside when resting.  12/29/12 noted the presence red involving the lamina of level and extending through nous process at the C6 level.  It is confirmed on 01/16/13 the din the incident report was the care plan was not followed.	F99	999				