STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145977	A. BUILDING _____ B. WING _____	C 02/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF SOUTH SHORE	**2425 EAST 71ST STREET CHICAGO, IL 60649**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint Investigation 2081038/IL119978 2081088/IL120037 - No deficiency 2081112/IL120064 - No deficiency 2081242/IL120203 2081275/IL120242 - No deficiency	F 000		
F 689 SS=G	Facility Reported Incident of 1-29-20/IL119999 Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure resident safety during a transfer for a resident who was assessed and identified to require the assistance of a minimum of two staff for all transfers. The facility failure to implement the use of two person assist during a transfer resulted in a significant injury for 1 of 3 residents (R1), who sustained a fracture of the left leg requiring emergency medical treatment and services. Findings include: R1 is a 98-year old with diagnoses that include difficulty in walking, reduced mobility, limitation of	F 689	Symphony of South shore 2425 E 71 st Chicago, IL 60649 F689: Free of Accident Hazards/Supervision/Devices It is the policy of Symphony of south shore to anaiyze/investigate falls as well as appropriately assess patients for falls. It is the policy of South Shore to ensure resident safety during all transfers by assessing residents that require staff assistance. Corrective actions which wili be accomplished for those residents found to have been affected by the deficient	3/18/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/18/2020

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F 689	Continued From page 1 activities due to disability, pain in left ankle and joints of left foot. unspecified dementia, without behavioral disturbance. R1's Minimum Data Set (MDS) dated 11/21/2019 under Functional Status indicated that she required total dependence of 2+ persons and physical assist during transfers. The current MDS completed by facility staff on 2/12/2020, under the Functional Status section, documented that R1 required extensive assistance of 2+ persons and physical assist during transfers. On review of the Fall Risk Screen dated 2/01/2020, facility staff identified that R1 was at high risk for falls. There was no documentation that facility staff completed a Fall Risk Screen assessment prior to the resident fall related incident of 1/29/2020. The resident care plan initiated on 11/17/2019 indicated Focus: R1 requires extensive assistance with activities of daily living (ADLs) related to weakness, impaired mobility and dementia. Interventions Current ADL function: extensive x1 with bed mobility, transfers, locomotion, personal hygiene, dressing, and supervision with meals. The care plan did not accurately reflect the resident's assessed and identified requirements for staff assistance during transfers. On review of the Certified Nursing Assistant's Plan of Care dated from December 2019-February 2020, the documentation reflects that R1 has received extensive assistance of one-person physical assist during staff transfers.	F 689	practice: RI continues to remain within the facility with no further injuries, Careplan updated to reflect functionaE status. Fall risk screen updated How the facility will identify other residents having the potential to be affected by the same deficient practice: All residents that that require assistance with transferring within the faci'ity have the potential to be affected by this deficient practice, The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Any and all resident requiring assistance during transfers will be reassessed immediately to prevent any further injuries. • Residents careplans reviewed and updated according to the functional abiiity. Quality Assurance plans to monitor facility performance to make sure that the corrections are achieved and are permanent: A QA tool has been developed to monitor and ensure compEiance of proper assessment of resident's functional ability. Al} of the issues will be addressed immediately. This will be completed with the oversight of the Director of Nursing, restorative department, and the Administrator 3x/week for the first 4 weeks then weekly until back in substantial compliance. A report will be submitted in the monthly QA	

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F 689	Continued From page 2 On review of the Nursing Progress note dated 1/29/2020 at 8:30 PM, facility staff documented that R1 was sitting on her bed with legs over the side of the bed and feet on the floor, left leg was bleeding and deformity noted on left lower leg. Nursing Progress Note dated 1/29/2020 at 8:35 documented a physician order for R1 to be sent out to community hospital for evaluation and treatment. On review of the Nursing Progress Note dated 1/30/2020 at 1:50 AM, facility staff documented that R1 was admitted to community hospital with a diagnosis of left leg fracture. According to the hospital medical record dated 1/29/2020, R1 presented with a left tibia open fracture and was admitted to the ortho team. The hospital record documented that R1's injury required surgical repair. On 2/25/2020 at 2:48 PM, V5 (Certified Nursing Assistant/CNA) stated that the day of the incident she was took R1 to her room. V5 stated that R1 was crying because the bed was too low. V5 stated that she was encouraging R1 not to cry. V5 stated that she proceeded to transfer R1 from the wheelchair to the bed by herself and when she was pivoting R1, R1's leg slid to the side and under the bed. V5 stated that R1 began to scream "My leg, my leg." V5 said that when she saw R1's leg under the bed, she (V5) immediately called the nurse to assess R1. V5 stated that she had previously worked with R1 and was familiar with her (R1) care. On 2/26/2020 at 12:03 PM, V8 (Licensed Practical Nurse/LPN) stated that she was in the	F 689	meeting. The results of the audits will be reviewed with the facility Interdisciplinary Team during the monthly QAPI meetings. Methods for improvement and overall performance will be discussed by the team to achieve improved results.	

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F 689	Continued From page 3	F 689		

hallway passing medications when a CNA (Certified Nursing Assistant) asked her to come to the room. V8 locked medication cart and went to the room. V8 stated that R1 was sitting on her bed, not on the floor, her legs were extended to the floor, and there was an obvious deformity to the left lower leg. V8 said that she grabbed a towel to apply pressure to the leg, as there was a significant puddle of blood on the floor. V8 then called the physician, then called 911 and R1 was transferred to the hospital.

V8 stated that she followed up with the hospital later that day and she was told that R1 was going to be admitted and R1 was given a diagnosis of left leg fracture. V8 stated that at that time, R1 was safe to be a one-person transfer because R1 could bear weight and pivot. V8 failed to identify that R1 required the assistance of 2+ staff for transfers.

On 2/27/2020 at 10:19 AM, V12 (Nurse Practitioner/NP) was asked if a one-person transfer was safe for R1. V12 stated that she could not say if one-person transfer should be safe for R1. V12 stated that physical therapy would be able to answer that question better.

On 2/27/2020 at 10:26 AM, V13 (Physical Therapy Director) stated that R1's prior level of functioning was dynamic standing fair+. Bed mobility independent, transfer stand by assistance, which indicated that R1 could transfer but needs someone standing by. V13 stated that the physical therapy assessment was based on R1's functional status prior to her admission to the facility. V13 stated that while in the facility, R1 got sicker and her functional

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F 689	Continued From page 4 status changed, requiring more assistance during transfers of at least a 2-people assist. V13 further stated that upon readmission from hospital, R1's bed mobility changed to max assistance, which indicates the R1 can initiate the task but less than 25%. Transfer changed total assistance, which means R1 was able to do the task less than 10% and requires the use of a mechanical lift or 2+ person assist. On 2/27/2020 at 2:25 PM, V2 (Director of Nursing/DON) stated that R1 was a one-person transfer. During the interview, V2 was informed of the discrepancy of the care plan and transfer requirements as identified by facility staff on the MDS (Minimum Data Set). V2 stated that she was not aware of this issue and stated that R1's care plan should reflect MDS assessment.	F 689		