

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

PRINTED: 09/01/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145661</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/24/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SYMPHONY OF CHICAGO WEST</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5130 WEST JACKSON BOULEVARD</b> <b>CHICAGO, IL 60644</b>		
(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  1684376/IL87480 - F309, F353 1684552/IL87670 - No Deficiency 1684596/IL87717 - No Deficiency 1684852/IL87997 - No Deficiency 1684854/IL88000 - No Deficiency	F 000			
F 309 SS=E	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure residents receive medication as order by the physician during the third shift, failed to informed a resident's physician of an omission of ordered medication, failed to complete a resident's ordered pain assessment and failed to complete a resident's glucose monitoring. This applies to eight of eleven residents (R3, R7, R8, R9, R10, R11, R12, R13) reviewed for medications in a sample of 18.  Findings include:  On 8/22/16 at 3:14pm E6 (Licensed Practical Nurse) stated that on 7/30/16 (3pm-11pm shift), she was the only nurse scheduled on the 4th floor	F 309			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	<p>Continued From page 1</p> <p>unit with 78 residents. E6 stated that she was assigned to rooms 415-430 with a total of 39 residents. E6 was never told she was responsible for the other residents therefore medications were not administered to the additional 39 residents in rooms 401-414. E6 affirmed that for documentation in the electronic MAR (Medication Administration Record) "A check mark with initials indicates given." E6 reviewed R3's (July 2016) MAR and affirmed that on 7/30/16 (3pm-11pm) medications were not administered as ordered and stated "There's an empty space" for each medication.</p> <p>On 8/23/16 at 9:04am, E3 (Assistant Director of Nursing) presented R7, R8, R9, R10, R11, R12, and R13's (July 2016) MAR as requested. Review of all aforementioned resident's MAR's affirmed that medication and pain assessments scheduled for 7/30/16 (3pm-11pm) were not documented, empty spaces were noted. E3 concurred that there was no documentation on R7, R8, R9, R10, R11 R12, and R13's MAR on the date and time in question. E3 stated there should always be two nurses assigned on the 4th floor (evening shift). E3 reviewed the facility staffing log and affirmed that on 7/30/16 there was one nurse assigned to the 4th floor (3pm-11pm).</p> <p>On 8/23/16 at 4:02pm, surveyor requested progress notes of R3, R7, R8, R9, R10, R11, R12, and R13 to verify whether or not the physician was contacted regarding medication omission. On 8/24/16 at 9:08am, E3 presented the requested progress notes and affirmed that there was no documentation regarding R3, R7, R8, R9, R10, R11, R12, and/or R13 indicating that the physician was contacted on 7/30/16.</p>	F 309			

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F 309	Continued From page 2  R8's (July 2016) MAR includes blood glucose checks before meals and at bedtime, on 7/30/16 at 5:00pm and 9:00pm nothing is documented, empty spaces are noted.  The facility's medication administration policy and procedure (7/14) includes but not limited to; General: All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis. Guideline: If medication is not given as ordered, document the reason on the MAR (Medication Administration Record) and notify the healthcare provider.	F 309			
F 353 SS=E	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS  The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.  The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:  Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.  Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of	F 353			

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F 353	<p>Continued From page 3 duty.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to have a sufficient amount of nursing staff to pass medication to residents, complete resident's pain assessments and conduct glucose monitoring for a resident during the night shift (3pm-11pm) on 7/30/2016. This applies to eight of eleven residents (R3, R7, R8, R9, R10, R11, R12, R13) reviewed for medications in a sample of 18. In addition, this failure has the potential to affect 39 of 78 residents residing on the 4th floor.</p> <p>Findings include:</p> <p>The facility staffing log (July 30, 2016) affirms that one (1) nurse was assigned to the 4th floor on 3pm-11pm. The 4th floor census on entrance (8/18/16) was 78.</p> <p>On 8/22/16 at 3:14pm, E6 (Licensed Practical Nurse) stated that on 7/30/16 (3pm-11pm shift), she was the only nurse scheduled on the 4th floor unit with 78 residents. On 7/30/16, E6 contacted E7 (Staffing Coordinator) shortly after she arrived (approximately 3:00pm) and inquired if there was an additional nurse available because she was assigned by herself. The E2 (Director of Nursing) subsequently texted E6 indicating she was diligently working to find somebody. E6 affirmed that she was assigned to rooms 415-430 with a total of 39 residents. E6 stated she was never told she was responsible for the other (4th floor) residents therefore medications were not administered to the 39 residents in rooms 401-414.</p>	F 353			

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F 353	<p>Continued From page 4</p> <p>E6 affirmed that for documentation in the electronic MAR (Medication Administration Record) "A check mark with initials indicates given." E6 reviewed R3's (July 2016) MAR and affirmed that on 7/30/16 (3pm-11pm) medications were not administered as ordered and stated "There's an empty space" for each medication.</p> <p>On 8/23/16 at 9:04am, E3 (Assistant Director of Nursing) presented R7, R8, R9, R10, R11, R12, and R13's (July 2016) MAR as requested. Review of all aforementioned resident's MAR's affirmed that medication and pain assessments scheduled for 7/30/16 (3pm-11pm) were not documented, empty spaces were noted. E3 concurred that there was no documentation on R7, R8, R9, R10, R11 R12, and R13's MAR on the date and time in question. E3 stated there should always be two nurses assigned on the 4th floor (evening shift). E3 reviewed the facility staffing log and affirmed that on 7/30/16 there was one nurse assigned to the 4th floor (3pm-11pm).</p> <p>On 8/23/16 at 4:02pm, surveyor requested progress notes of R3, R7, R8, R9, R10, R11, R12, and R13 to verify whether or not the physician was contacted regarding medication omission. On 8/24/16 at 9:08am, E3 presented the requested progress notes and affirmed that there was no documentation regarding R3, R7, R8, R9, R10, R11, R12, and/or R13 indicating that the physician was contacted on 7/30/16.</p> <p>R8's (July 2016) MAR includes blood glucose checks before meals and at bedtime, on 7/30/16 at 5:00pm and 9:00pm nothing is documented, empty spaces are noted.</p>	F 353			

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F 353	<p>Continued From page 5</p> <p>The facility's medication administration policy and procedure (7/14) includes but not limited to; General: All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis. Guideline: If medication is not given as ordered, document the reason on the MAR (Medication Administration Record) and notify the healthcare provider.</p> <p>On 8/23/16 at 9:04am, E3 (Assistant Director of Nursing) stated "It should always be two nurse's on the 4th floor evening shift." If short staffed the nurse on the floor should contact the supervisor on duty and the supervisor goes to that floor. (E2, E3 and E7) should also be notified. Surveyor inquired about the 4th floor staffing on 7/30/16 (3pm-11pm), E3 responded "Nobody made me aware of this situation, I learned about the whole thing yesterday. In this instance somebody should have come to the building."</p> <p>On 8/23/16 at 3:05pm, E7 stated that staffing was addressed with E2 prior to 7/30/16. On 7/30/16 "We were challenged with staff. I was assisting (Certified Nursing Assistants) on the 4th floor. I did try to call everybody that I possibly can. I did inform (E6) that she was responsible for the whole floor until somebody came in." E7 affirmed that to her knowledge the facility does not use agency staff.</p> <p>The facility's staffing policy and procedure (7/14) includes but not limited to; General: To have appropriate numbers of staff available to meet the needs of the residents. Responsible Party: Administrator, Director of Nursing, Nursing Supervisors. Guideline: A schedule is made on a monthly basis and reviewed on an ongoing basis.</p>	F 353			

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F 353	Continued From page 6 Staffing is supplemented as needed by outside agencies. Staff are required to review their schedule and discuss any problems regarding their schedule with their supervisor.	F 353		