

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

PRINTED: 07/26/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145977	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/14/2016
NAME OF PROVIDER OR SUPPLIER SYMPHONY OF SOUTH SHORE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 1683536/IL86516 - F323 1683616/IL86613 - F157, F309, F323 1683642/IL86643 - F157, F309, F323	F 000			
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.	F 157			

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 157	<p>Continued From page 1</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow the change in condition policy and immediately notify the physician of a new onset of pain for 1 of 3 residents (R1) reviewed for notification of changes.</p> <p>Findings include:</p> <p>Face Sheet documents R1 was admitted to the facility on 10/19/15 with the diagnosis of brain aneurysm. Minimum Data Set (MDS) 4/4/16 documents R1's transfer status as total dependence by 2 people. Mobility Assessment 4/14/16 documents R1 is assessed as needing a mechanical lift for all transfers. Care Plan 12/14/15 for assistance with activities includes the intervention total assist x 2 staff with transfer (mechanical lift) and transfer from bed to wheelchair and vice versa with use of mechanical lift x 2 staff.</p> <p>Nurse Progress Note 6/28/16 12:29pm documents there are no clean slings for the mechanical lift and R1 will be transferred once a clean sling is available. Incident Report 6/28/16 documents R1 was transferred out of bed by 2 staff members using a gait belt and transferred back to bed by 1 staff member without the use of any assistive devices. After the second transfer, R1 complained of pain to the left leg. R1 is assessed with swelling and redness to the left shin and an x-ray is ordered. X-ray results 6/29/16 document a fracture of the left lower leg</p>	F 157			

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F 157	<p>Continued From page 2 bones.</p> <p>On 7/7/16 from 12:30-12:50pm, R1 sat in a wheelchair and had a cast on the left leg, from the mid foot all the way up to the mid-thigh. R1 stated that on 6/28/16 on the 2-10pm shift, Z4(Nurse Aide) and Z5(Nurse Aide) transferred her from the bed to the chair without using the mechanical lift. R1 stated they did not use the lift because there were no pads. The 6am-2pm shift knew this also and did not get R1 up on that shift. R1 stated that later at night, Z3(Nurse Aide) aide transferred her back to bed by himself, did not use a gait belt, mechanical lift, or another person. R1 asked Z3 not to lift her, but as he did R1's left leg got caught in the siderail. R1 stated she told Z3 and Z5 that her left leg hurts, but the night nurse didn't come to check on her until about 11pm. R1 stated "I don't think (Z5) told anyone about the transfer and my leg pain."</p> <p>The following interviews took place on 7/7/16: At 10:20am, E2(Director of Nursing) stated Z5 asked Z4 to get R1 up to the chair on 2-10pm shift 6/28/16. Z4 asked Z3 to transfer R1 back to bed around 9pm 6/28/16. After the transfer back to bed, R1 told Z3 and Z4 of pain in the left leg. E2 stated the nurse did not know about R1's pain until about 1 hour later.</p> <p>At 1:55pm, E3(Nurse) stated that on 6/28/16 at 10:45pm, the night shift aide reported there was something wrong with R1's leg. Upon assessment, R1's left leg had a large bump below the knee and was in a lot of pain. E3 stated she called the physician, gave Tylenol, applied an ice pack, elevated the leg, and ordered an x-ray. E3</p>	F 157			

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F 157	<p>Continued From page 3</p> <p>asked R1 what happened, and R1 replied that her left leg hit the siderail when Z3 put her back to bed.</p> <p>The following interviews took place on 7/13/16: At 1:20pm, E6(Nurse) stated she worked 10pm-7am on 6/28/16. E6 stated R1 was very upset about having a broken leg from the transfer. At 1:35pm, Z3 stated that on 6/28/16, R1 was transferred only by him around 9:45pm; Z3 put his arms underneath R1's arms and lifted her into the bed. After the transfer, R1 told Z5 that her leg hurts. Z3 stated he saw Z5 look at R1's leg, but then Z5 did not tell the nurse before leaving at the end of the shift. At 3:35pm, Z5 stated R1 stated her left leg hurt after the transfer, Z5 looked at it but did not see anything. Z5 stated she did not tell anyone that R1's leg hurt; Z5 already left at 10pm and "it slipped my mind".</p> <p>On 7/14/16 at 10:45am, Z1(Physician) stated R1's fracture happened during the transfer by 1 nurse aide. R1 hit her left leg on the siderail during the transfer. Z1 stated R1 should not have been transferred by 1 person, R1 is totally dependent for transfers and cannot support her weight on her legs to perform a transfer.</p> <p>The incident investigation was reviewed and staff written statements are consistent with interviews conducted during the complaint survey.</p> <p>Change in Resident Condition - It is the responsibility of the facility, except in a medical emergency, to alert the resident, resident's physician, and resident's responsible party of a</p>	F 157			

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F 157	Continued From page 4 change in condition. Nursing will notify the resident's physician or nurse practitioner when the resident is involved in an accident or incident; there is a significant change in the resident's physical, mental, or emotional status.	F 157			
F 309 SS=D	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 interview and record review the facility failed to follow the pain management policy and conduct a comprehensive pain assessment at the onset of new complaints of pain for 1 of 3 residents (R1) reviewed for pain. Findings include: Face Sheet documents R1 was admitted to the facility on 10/19/15 with the diagnosis of brain aneurysm. Minimum Data Set (MDS) 4/4/16 documents R1's transfer status as total dependence by 2 people. Mobility Assessment 4/14/16 documents R1 is assessed as needing a mechanical lift for all transfers. Care Plan 12/14/15 for assistance with activities includes the intervention total assist x 2 staff with transfer (mechanical lift) and transfer from bed to wheelchair and vice versa with use of mechanical	F 309			

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F 309	<p>Continued From page 5</p> <p>lift x 2 staff.</p> <p>Nurse Progress Note 6/28/16 12:29pm documents there are no clean slings for the mechanical lift and R1 will be transferred once a clean sling is available. Incident Report 6/28/16 documents R1 was transferred out of bed by 2 staff members using a gait belt and transferred back to bed by 1 staff member without the use of any assistive devices. After the second transfer, R1 complained of pain to the left leg. R1 is assessed with swelling and redness to the left shin and an x-ray is ordered. X-ray results 6/29/16 document a fracture of the left lower leg bones.</p> <p>On 7/7/16 from 12:30-12:50pm, R1 sat in a wheelchair and had a cast on the left leg, from the mid foot all the way up to the mid-thigh. R1 stated that on 6/28/16 on the 2-10pm shift, Z4(Nurse Aide) and Z5(Nurse Aide) transferred her from the bed to the chair without using the mechanical lift. R1 stated they did not use the lift because there were no pads. The 6am-2pm shift knew this also and did not get R1 up on that shift. R1 stated that later at night, Z3(Nurse Aide) aide transferred her back to bed by himself, did not use a gait belt, mechanical lift, or another person. R1 asked Z3 not to lift her, but as he did R1's left leg got caught in the siderail. R1 stated she told Z3 and Z5 that her left leg hurts, but the night nurse didn't come to check on her until about 11pm. R1 stated "I don't think (Z5) told anyone about the transfer and my leg pain."</p> <p>The following interviews took place on 7/7/16: At 10:20am, E2(Director of Nursing) stated Z5 asked Z4 to get R1 up to the chair on 2-10pm</p>	F 309			

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F 309	<p>Continued From page 6</p> <p>shift 6/28/16. Z5 asked Z3 to transfer R1 back to bed around 9pm 6/28/16. After the transfer back to bed, R1 told Z3 and Z5 of pain in the left leg. E2 stated the nurse did not know about R1's pain until about 1 hour later.</p> <p>At 1:55pm, E3(Nurse) stated that on 6/28/16 at 10:45pm, the night shift aide reported there was something wrong with R1's leg. Upon assessment, R1's left leg had a large bump below the knee and was in a lot of pain. E3 stated she called the physician, gave Tylenol, applied an ice pack, elevated the leg, and ordered an x-ray. E3 asked R1 what happened, and R1 replied that her left leg hit the siderail when Z3 put her back to bed.</p> <p>The following interviews took place on 7/13/16: At 1:20pm, E6(Nurse) stated she worked 10pm-6am on 6/28/16. E6 stated R1 was very upset about having a broken leg from the transfer.</p> <p>At 1:35pm, Z3 stated that on 6/28/16, R1 was transferred only by him around 9:45pm; Z3 put his arms underneath R1's arms and lifted her into the bed. After the transfer, R1 told Z5 that her leg hurts. Z3 stated he saw Z5 look at R1's leg, but then Z5 did not tell the nurse before leaving at the end of the shift.</p> <p>At 3:35pm, Z5 stated she assisted Z4 with R1's transfer from bed to wheelchair; they used 2 people and a gait belt because there were no clean slings for the mechanical lift, which happens "all the time". Z5 stated R1 told Z5 that her left leg hurt after the transfer, Z5 looked at it but did not see anything. Z5 stated she did not tell anyone that R1's leg hurt; Z5 already left at 10pm and "it slipped my mind".</p>	F 309			

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F 309	Continued From page 7 On 7/14/16 at 10:45am, Z1(Physician) stated R1's fracture happened during the transfer by 1 nurse aide. R1 hit her left leg on the siderail during the transfer. Z1 stated R1 should not have been transferred by 1 person, R1 is totally dependent for transfers and cannot support her weight on her legs to perform a transfer. The incident investigation was reviewed and staff written statements are consistent with interviews conducted during the complaint survey. Pain Management - The pain management program is based on a facility-wide committment to resident confort. Pain is defined as whatever the experiencing person says it is and exists whenever he or she says it does. Pain management is a multidisciplinary care process that includes: observing for the potential pain, effectively recognizing the presence of pain, identifying the characteristics of pain, addressing the underlying causes of the pain,	F 309			
F 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and 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	F 323			

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F 323	<p>Continued From page 8</p> <p>failed to the plan of care transfer intervention and use (2) person and a mechanical lift while transferring from the wheelchair to the bed for 1 of 3 (R1) reviewed for transfers using a mechanical lift. This failure resulted in R1 sustaining a fractured left leg during a one person transfer from a wheelchair to the bed.</p> <p>Findings include:</p> <p>Face Sheet documents R1 was admitted to the facility on 10/19/15 with the diagnosis of brain aneurysm. Minimum Data Set (MDS) 4/4/16 documents R1's transfer status as total dependence by 2 people. Mobility Assessment 4/14/16 documents R1 is assessed as needing a mechanical lift for all transfers. Care Plan 12/14/15 for assistance with activities includes the intervention total assist x 2 staff with transfer (mechanical lift) and transfer from bed to wheelchair and vice versa with use of mechanical lift x 2 staff. Care Card documents R1 is a mechanical lift with 2 people.</p> <p>Nurse Progress Note 6/28/16 12:29pm documents there are no clean slings for the mechanical lift and R1 will be transferred once a clean sling is available. Incident Report 6/28/16 documents R1 was transferred out of bed by 2 staff members using a gait belt and transferred back to bed by 1 staff member without the use of any assistive devices. After the second transfer, R1 complained of pain to the left leg. R1 is assessed with swelling and redness to the left shin and an x-ray is ordered. X-ray results 6/29/16 document a fracture of the left lower leg bones.</p> <p>On 7/7/16 from 12:30-12:50pm, R1 sat in a</p>	F 323			

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F 323	<p>Continued From page 9</p> <p>wheelchair and had a cast on the left leg, from the mid foot all the way up to the mid-thigh. R1 stated that on 6/28/16 on the 2-10pm shift, Z4(Nurse Aide) and Z5(Nurse Aide) transferred her from the bed to the chair without using the mechanical lift. R1 stated they did not use the lift because there were no pads. The 6am-2pm shift knew this also and did not get R1 up on that shift. R1 stated that later at night, Z3(Nurse Aide) transferred her back to bed by himself, did not use a gait belt, mechanical lift, or another person. R1 asked Z3 not to lift her, but as he did R1's left leg hit or got caught in the siderail. R1 stated she told Z3 and Z5 that her left leg hurts, but the nurse didn't come to check on her until about 11pm. R1 stated "I don't think (Z5) told anyone about the transfer and my leg pain."</p> <p>The following interviews took place on 7/7/16: At 10:20am, E2(Director of Nursing) stated Z5 asked Z4 to get R1 up to the chair on 2-10pm shift 6/28/16. Z5 asked Z3 to transfer R1 back to bed around 9pm 6/28/16. After the transfer back to bed, R1 told Z3 and Z5 of pain in the left leg. E2 stated the nurse did not know about R1's pain until about 1 hour later. At 11:50am, E4(Nurse) stated that on 6/28/16, R1 did not get up in the chair because there were no clean slings for the mechanical lift, and R1 needs the mechanical lift for transfers. E4 stated R1 cannot support her weight and pivot to assist during a transfer. E4 stated the female aide on the 2-10pm shift asked why R1 was still in bed. E4 replied that there were no slings for the mechanical lift. E4 stated the facility has a "no lift policy", restorative assesses the patient for transfer status, and it is communicated on the care cards.</p>	F 323			

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F 323	<p>Continued From page 10</p> <p>At 1:55pm, E3(Nurse) stated that on 6/28/16 at 10:45pm, the night shift aide reported there was something wrong with R1's leg. Upon assessment, R1's left leg had a large bump below the knee and was in a lot of pain. E3 stated she called the physician, gave Tylenol, applied an ice pack, elevated the leg, and ordered an x-ray. E3 asked R1 what happened, and R1 replied that her left leg hit the siderail when Z3 put her back to bed. E3 stated sometimes slings for the mechanical lifts are not available, but R1 should not have been transferred without the mechanical lift.</p> <p>The following interviews took place on 7/13/16: At 12:25pm, Z4 stated R1 did not have a fall, R1 was transferred out of bed to the wheelchair by Z4 and Z5 using a gait belt. Z4 stated he knew R1 needed a mechanical lift, but thought it was OK to use 2 people plus a gait belt. Z5 did not tell Z4 why the mechanical lift was not used. At 1:20pm, E6(Nurse) stated she worked 11pm-7am on 6/28/16. E6 stated R1 was very upset about having a broken leg from the transfer. At 1:35pm, Z3 stated that on 6/28/16, R1 was transferred only by him around 9:45pm; Z3 put his arms underneath R1's arms and lifted her into the bed. After the transfer, R1 told Z5 that her leg hurts. Z3 stated he saw Z5 look at R1's leg, but then Z5 did not tell the nurse before leaving at the end of the shift. At 3:35pm, Z5 stated she assisted Z4 with R1's transfer from bed to wheelchair; they used 2 people and a gait belt because there were no clean slings for the mechanical lift, which happens "all the time". Z5 stated if the aides can lift the patients, they don't use the mechanical lift if there are no slings available. Z5 stated R1</p>	F 323			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145977	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/14/2016
NAME OF PROVIDER OR SUPPLIER SYMPHONY OF SOUTH SHORE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 323	<p>Continued From page 11</p> <p>complained of left leg pain after the transfer, Z5 looked at it but did not see anything. Z5 stated she did not tell anyone that R1's leg hurt; Z5 already left at 10pm and "it slipped my mind".</p> <p>On 7/14/16 at 10:45am, Z1(Physician) stated R1's fracture happened during the transfer by 1 nurse aide. R1 hit her left leg on the siderail during the transfer. Z1 stated R1 should not have been transferred by 1 person, R1 is totally dependent for transfers and cannot support her weight on her legs to perform a transfer.</p> <p>The incident investigation was reviewed and staff written statements are consistent with interviews conducted during the complaint survey.</p> <p>Safe Patient Lifting Policy - The Safe Patient Lifting Policy exists to ensure a safe working environment for resident handlers. The policy is to be reviewed and signed by all staff that perform or may perform resident handling. Initial screen will be performed on all residents to assess transfer and ambulation status. Disciplinary Actions: This policy is to be followed at all times.</p>	F 323			