

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145995</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SYMPHONY AT MIDWAY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4437 SOUTH CICERO CHICAGO, IL 60632</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based upon observation, interview and record review the facility failed to ensure that staff was aware of R4's isolation precautions, failed to cover food &amp; drinks delivered to resident rooms, and failed to ensure that staff &amp; residents wear face masks while in the hallway in an effort to prevent the spread of infectious microorganisms, including COVID 19. These failures have the potential to affect 179 residents. Findings include; The (6/2/20) daily census was 179. On 6/3/20 at approximately 10:50am, V16 (Housekeeping) was observed exiting the (1st floor) hallway and entering the reception area without wearing a mask. On 6/3/20 at 11:10am, surveyor inquired about required PPE (Personal Protective Equipment) for nursing staff V2 (Director of Nursing) stated in part They have on masks. Surveyor inquired if the housekeeping staff are also required to wear masks, V2 responded Housekeeping is the same. On 6/3/20 at 11:37am, R3 was observed in the (2nd floor) hallway without a mask present. At 11:38am, surveyor inquired why R3 was not wearing a mask while in the hallway V8 (Social Service) stated We've tried to give him a mask but he won't wear it. Signs were posted in the (2nd floor) hallway stating We encourage everyone to remain in their rooms to help avoid/reduce the spread of Covid 19. Residents should not be hanging or congregating in the hallway. R4's (4/28/20) physician orders [REDACTED]. On 6/3/20 at 11:53am, contact precaution and droplet precaution signs were posted on R4's door. Surveyor inquired what isolation precautions are currently in place for R4 V10 (Licensed Practical Nurse) stated Covid isolation. Surveyor inquired what type of isolation is required for Covid V10 responded Droplet and airborne. Surveyor inquired if any other precautions are required V10 affirmed No, that's it. On 6/3/20 at 12:03pm, R5 was observed in the (4th floor) hallway wearing a mask on his chin. At 12:05pm, surveyor inquired about R5's mask V12 (Licensed Practical Nurse) stated You need to pull your mask up. (Droplet precautions were posted on R5's door). On 6/3/20 at 12:06pm, R6 was observed in the (4th floor) hallway without a mask present, surveyor inquired if R6 was wearing a mask V12 stated No. He's dementia. Every time we put a mask on him he takes it off. (Droplet precautions were posted on R6's door). On 6/3/20 at 12:07pm, R7 was observed in the (4th floor) hallway without a mask present, surveyor inquired why R7 was also in the hallway not wearing a mask V12 stated He's alert and oriented, he does what he wants to do. He's been educated. (Droplet precautions were posted on R7's door). On 6/3/20 at 12:21pm, R8 was observed in the (4th floor) hallway without a mask present he was standing near an (uncovered) metal rack containing lunch trays. Surveyor inquired why R8 was in the hallway not wearing a mask V12 stated He took it off, he had it on. R8 responded I don't have nothing on. (Droplet precautions were posted on R8's door). On 6/3/20 at 12:23pm, lunch trays were served to (4th floor) resident rooms from the aforementioned (uncovered) rack. Sliced &amp; pureed fruit and drinks (on the trays) were uncovered. Surveyor inquired if the fruit and drinks were covered V14 (Certified Nursing Assistant) stated No, it's not. Surveyor inquired about the uncovered rack V14 advised They put a bag on it, the bag is in the dining room we took it off so we could add more trays to this one. The coronavirus 2019 policy (revised 4/24/20) states in part; COVID-19 is spread from person-person who are in close contact with one another (about 6 feet). While at work, the employee must don a facemask. The facemask must be worn at all times. If patients have been screened and their testing is positive for Covid-19: maintain standard, contact and droplet precautions.</p>		
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.