

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>08/11/2020</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record reviews, the facility failed to follow their infection control policy and did not document consistently vital signs for 4 (R1,R2, R5, R6) of 6 residents reviewed for infection control regarding Covid 19 in a sample size of 8. Findings include: On 8/6/2020 at 10:35 AM V3 (Licensed Practical Nurse) stated she works on the 3rd floor, and all residents are being monitored and assessed for respiratory symptoms. Vital signs are taken and documented every shift. Any changes to a residents' condition is reported to the Nurse Practitioner or Physician. On 8/6/2020 at 12:18PM, V4 (Infection Prevention) stated residents that have tested positive for Covid 19 or are symptomatic, are to have their vital signs taken every 4 hours, and documented on the Medication Administration Record. Residents that are new admission, Pending Under Investigation, asymptomatic, or have tested negative, are to have their vital signs taken every 8 hours, and documented on the Medication Administration Record. Residents have a Physician order [REDACTED]. R1 was admitted to the facility on [DATE]. R1's vital documentation denotes there are no vital signs consistently recorded every 4 hours for 4/24, 4/25, 4/27, 4/28, and 4/29. R2's Physician order [REDACTED]. R2 tested positive for [DIAGNOSES REDACTED]-CoV-2 on 4/27/2020. Physician order [REDACTED]. R2's vital documentation denotes there are no vital signs consistently recorded every 4 hours for 4/21, 4/22, 4/26, 4/27, 4/28, 4/29, 4/30, 5/3, and 5/8. R5 was admitted to the facility on [DATE]. Physician order [REDACTED]. R5's Vital documentation denotes vital signs were not consistently documented every shift for 8/1, 8/2, 8/3, 8/4, 8/5, and 8/6. R6 was admitted to the facility on [DATE]. Physician order [REDACTED]. R6 Vital documentation denotes vital signs were not consistently documented every shift on 8/1, 8/2, 8/3, 8/4, 8/5, and 8/6. On 8/7/2020 at 10:18 AM, V2 (Director of Nursing) stated R2's vital signs should have been taken every 4 hours because she had a positive [DIAGNOSES REDACTED]. Their vital signs were to be taken and documented every 8 hours. On 8/7/2020 at 10:59 AM, V8 (Nurse Practitioner) stated vital signs are an important tool that is to be used to assess for changes in a residents' condition in Covid 19 residents or any residents. Policy: Coronavirus 2019 Revision date: 4/24/2020 Symptom screening to performed every shift (Q8H) and should include questions about and/or observations of the following: Fever, Shortness of breath, Cough, Sore Throat, Chills or shaking w/chills, Muscle Pains, Headache, New loss of taste or smell If patients have been screened and their testing is Positive for Covid 19 or if patients have signs/symptoms of a respiratory [MEDICAL CONDITION] infection: Vitals (temperature, heart rate, respirations) and pulse oximetry every 4 hours. Blood pressure every 8 hours.		
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.