

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155840	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2020
NAME OF PROVIDER OF SUPPLIER SYMPHONY OF DYER		STREET ADDRESS, CITY, STATE, ZIP 1532 CALUMET AVENUE DYER, IN 46311	
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 0773 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to obtain Physician's Orders related to COVID-19 mandatory mass resident testing due to a facility outbreak for 1 of 3 residents reviewed for Infection Control. (Resident 2) Finding includes: The record for Resident 2 was reviewed on 10/20/20 at 2:00 p.m. [DIAGNOSES REDACTED]. The facility conducted COVID-19 outbreak testing on 10/1, 10/8, and 10/15/20. The resident did not have a Physician's Order to be tested for COVID-19. Interview with the Director of Nursing on 10/20/20 at 3:30 p.m., indicated the resident did not have a written order to be tested when facility outbreak testing was completed. The CMS Memorandum, dated 8/26/20, indicated the facility must obtain an order from a physician, physician assistant, nurse practitioner, or clinical nurse specialist in accordance with State law, including scope of practice laws to provide or obtain laboratory services for a resident, which includes COVID-19 testing . 3.1-49(f)(1)		
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.