STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145977	A. BUILDING _____ B. WING _____	**08/20/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SYMPHONY OF SOUTH SHORE	**2425 EAST 71ST STREET CHICAGO, IL 60649**

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 0689 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** Based on observation, interview and record review, the facility failed to supervise residents at risk for falls to reduce the incidents of falls and failed to implement fall prevention interventions according to the care plan. This affects two of two residents (R2 and R3) reviewed for falls. Findings include: 1. On 8/17/20 at 12:45pm, V10 (Falls Nurse) stated that R2 had a total of 4 falls, and all the 4 falls were without any injuries. V10 added that R2 did not have any more falls after January of this year, and that R2 was sent to the hospital for respiratory distress related to COVID-19. At this time, V10 presented R2's fall incident reports dated 12/17/2019, 12/28/2019, 12/29/2019, and 1/12/2020. Three of these four fall incidents happened in R2's room and were not observed. R2 was found on the floor all three times. R2's care plan dated 12/17/2019 states that R2 has poor safety awareness/impulsiveness. This care plan states R2's incidents of falls will decrease through the next review. However, R2 fell 3 more times in less than 4 weeks. Facility's Fall Policy dated 8/13 with latest review in August 2014 states that the facility will identify and evaluate residents at risk for falls, plan for preventive strategies, and facilitate as safe an environment as possible. 2. On 8/17/20 at 10:29 and 12:21 pm, R3 was lying in bed, however no floor mats were observed. On 8/17/20 at 12:14 pm, V17 (Certified Nursing Assistant) stated R3's floor mats are not present, and she was not able to find them in the resident's room nor in R3's closet. On 8/17/20 at 12:51 pm, V10 (Fall Nurse) stated R3 had falls in the past and R3 currently has bilateral floor mats in place. On 8/18/20 at 11:30 am, V14 (Registered Nurse) stated on 11/14/19 R3 had 3 falls that were unwitnessed by staff, all in the dining room. V14 stated the dining room is monitored at all times by staff, and there is at least 1 staff member and they rotate every hour. On 8/20/20 at 10:36 am, V1 (Administrator) stated the facility does not have a dining room monitoring/supervision policy. Staff monitor the dining room; it is something the facility has in place. R3's fall report (11/14/19 at 8:35 am) documents resident was observed on the floor in the dining room with wheelchair behind her. No witnesses found. R3's fall report (11/14/19 at 12:28 pm) documents resident fell in the dining room. Staff was helping another resident. R3's fall report (11/14/19 at 2:50 pm) documents R3 fell in dining room. Unwitnessed by staff. R3's fall care plan document intervention: bilateral floor mats (3/9/20). Review of facility's (11/14/19) DAILY DINING ROOM MONITORING LOG affirms staff were assigned, however R3 sustained 3 falls in the dining room. Facility policy (8/13) Falls documents in part: This facility is committed to maximizing each resident's physical, mental and psychosocial well-being. 2. Residents at risk will be identified for staff awareness. 3. Residents at risk for falls will have Fall Risk identified on the interim plan of care with interventions implemented to minimize fall risk.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE