STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145372	A. BUILDING _____ B. WING _____	**03/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SYMPHONY OF JOLIET	**306 NORTH LARKIN AVENUE JOLIET, IL 60435**

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 0692 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide enough food/fluids to maintain a resident's health.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow their policy for conducting a weight change investigation for residents who showed significant weight loss, failed to reweigh residents with significant weight loss in a timely manner, and failed to follow physician orders [REDACTED]. This applies to 2 of 3 residents (R1, R3) reviewed for weight loss in the sample of 3. Findings include: 1. The EMR (Electronic Medical Record) shows R1 was admitted to the facility in September 2018 with multiple [DIAGNOSES REDACTED]. R1 was discharged to a local long-term care facility on (NAME)5, 2020 per family's request and was not present during the investigation. R1's MDS (Minimum Data Set) dated December 10, 2019 shows R1 had severe cognitive impairment, was totally dependent on facility staff for locomotion on and off the unit and required extensive assistance with all other ADLs (Activities of Daily Living). R1 was always incontinent of bowel and bladder. R1's care plan initiated on September 23, 2018 and revised on December 30, 2019 shows: (R1) has nutritional problem or potential nutritional problem r/t (related to) d/x (diagnoses) w/repeated falls, [MEDICAL CONDITION] and collapse, [MEDICAL CONDITION]. BMI (Body Mass Index) is 33. Resident w/confusion able to feed self w/a (with a) very good appetite. Care plan interventions initiated on September 23, 2018 for R1 include the following: Monitor/record/report to MD PRN (as needed) s/sx (signs/symptoms) of malnutrition: Emaciation (Cachexia), muscle wasting, significant weight loss: 3 lbs in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6 months. RD (Registered Dietitian) to evaluate and make diet change recommendations PRN. Weigh monthly and prn. Report any significant weight changes to MD and RD. The EMR shows the following weights for R1: November 18, 2019 - 197.0 pounds December 8, 2019 - 190.0 pounds January 14, 2020 - 198.0 pounds February 16, 2020 - 170 pounds (14.14 percent weight loss from January 14, 2020) February 28, 2020 - 185.4 pounds (6.36 percent weight loss from January 14, 2020) The facility did not have documentation to show R1 was re-weighed until February 28, 2020. The facility did not have documentation to show a weight change investigation had been initiated after R1's weight of 170 was documented on February 16, 2020. The facility did not have physician documentation to show R1's weight loss was medically unavoidable. On (NAME)9, 2020 at 11:21 AM, V3 (ADON-Assistant Director of Nursing) said, The family member was notified of the weight loss, and she was so worried about his weight that she made a trip up here all the way from Texas to check on him. We had not done a reweigh of the resident after the weight of 170 pounds was documented on February 16. When she got here on February 28, 2020, we did a reweigh of the resident, per her request. His weight still showed a significant weight loss. Generally the reweighs are done right away. I don't know why a reweigh wasn't done for the resident until she requested it. The dietitian should have asked for a reweigh. On (NAME)10, 2020 at 11:15 AM, V9 (Dietitian) said, Resident reweighs should be done within a few days. A reweigh done a week or two later wouldn't reflect an accurate re-weight of the resident since so much time would have passed by since the original weight was obtained. At this facility, final resident weights are supposed to be documented by the tenth of the month so I can do my documentation. I work with what I have from the facility. 2. The EMR shows R3 was admitted to the facility on [DATE] with multiple [DIAGNOSES REDACTED]. R3's MDS dated [DATE] shows R3 is cognitively intact, is totally dependent on facility staff for locomotion off the unit, requires supervision with setup help only for eating, and extensive assistance with all other ADLs. The MDS shows R3 is occasionally incontinent of urine and frequently incontinent of stool. At the time of the MDS assessment R3 had one unstageable pressure ulcer. The EMR shows R3 has an order dated February 19, 2020, [MEDICAL CONDITIONS]: Weigh daily and record. Every day shift Weigh at the same time daily. The EMR also shows the following order for R3 dated February 19, 2020: [MEDICAL CONDITION]: Notify cardiologist/Primary MD/NP. If weight increases by 3 pounds in 1 day or 5 lbs in 1 week. The EMR shows the following weights were obtained by the facility for R3: February 20, 2020 - 303 pounds February 24, 2020 - 305 pounds February 29, 2020 - 280 pounds (NAME)1, 2020 - 280 pounds R3's MARs (Medication Administration Records) dated February 2020 and (NAME)2020 show daily weights were not obtained as ordered for R3 on February 25, 27, 2020 or (NAME)2, 3, 4, 5, 7 (resident refused), and 8, 2020. The EMR shows R3 weighed 280 pounds on February 29, 2020. R3 was weighed on (NAME)1, 2020 and documentation shows R3 weighed 280 pounds, an 8.20% significant weight loss from February 24, 2020. The facility did not have documentation to show a weight change investigation had been initiated after R3's weight of 280 was documented on February 29, 2020 and (NAME)1, 2020. The facility did not have physician documentation to show R3's weight loss was medically unavoidable. On (NAME)10, 2020 at 9:31 AM, V9 (Dietitian) said, I did the original dietary assessment for (R3) on February 21, 2020, and at that point he didn't have any weight change. He was admitted after the monthly weights would have been done. Monthly weights are usually done by the 10th and I will chart on the significant weight changes. A significant weight loss wouldn't be triggered for him until I pull the reports again in (NAME)unless I am notified by the facility. We have not had any discussion about (R3) having a weight loss. The scales are being calibrated now. It could be the scale error. It could be due to weight technique. They have to follow their nursing policies on this. We would like him to have more gradual weight losses than what is documented. On (NAME)9, 2020 at 3:30 PM, V2 (DON-Director of Nursing) said weight change investigations had not been completed for R1 or R3 following their significant weight losses. The facility's policy entitled Weight Monitoring, dated 2016 shows: Policy: To ensure the client maintains acceptable parameters of nutritional status unless their clinical condition demonstrates that this is not possible, the client's body weight is monitored. Procedure: Clients are weighed monthly. The monthly weight is compared to the previous weights to determine significant and insidious weight changes. Clients with a 5% weight change in one month are re-weighed. Finalized weights are entered into the computer on a predetermined date such as by the 10th of the month. Significant weight change is defined as 5% in one month, 7.5% in three months, and 10% in six months. Once a significant weight change or an insidious weight loss trend has been identified, the director of nursing or person in charge notifies the physician, dietitian, diet technician, and the director of food and nutrition services. The facility's Weight Change Investigation policy, reviewed July 2014 shows: General: To provide a policy for the investigation of significant or insidious weight changes. Guideline: 1. The weight change investigation will be initiated with the following: a. A significant weight change of 5% or more in one month, 7.5% or more in 3 months, and/or 10% or more in 6 months. b. An insidious weight change of 5 pounds or more in 2 consecutive months. 5. The weight change investigation will occur each month until the weight has stabilized, if based on the resident's condition, weight stability is the most appropriate goal. 6. If the weight loss is unavoidable based on the resident condition, and stabilization is unlikely, a physician should document as to why weight loss is medically unavoidable.

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.