

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145977	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER SYMPHONY OF SOUTH SHORE		STREET ADDRESS, CITY, STATE, ZIP 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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to ensure that staff wear face masks as recommended, and failed to perform hand hygiene after resident contact to prevent and/or contain the possible spread of infectious microorganisms, including COVID 19. These failures affected all 30 residents on the first floor, 54 residents on the second floor and 30 residents residing on the fourth floor. Findings include: 1. On 5/20/20 at 9:42 am, V3 (Business Office) was observed in the hallway, however she was not wearing a mask. On 5/20/20 at 10:00 am, V5 (Licensed Practical Nurse) was observed with face mask worn under her nose. On 5/20/20 at 9:58 am, V6 (Certified Nursing Assistant) was observed not wearing a face mask while he was standing in the doorway of patients' room on the second floor. On 5/20/20 at 10:00 am, V5 (Licensed Practical Nurse) stated due to Covid-19 infection, staff are always to wear a gown and a face mask while in the facility. Also, gloves are required only in the patient's rooms. Staff are to perform hand hygiene after resident contact. On 5/20/20 at 11:20 am, V7 (Activity Aide) walked in to R2's room with her face mask under the nose and was observed touching the resident. On 5/20/20 at 11:24 am, V7 stepped out of R2's room (without performing hand hygiene) to take a towel from the hallway and returned to the resident and stated, I probably need some gloves. On 5/20/20 at 12:17 am, V1 (Administrator) stated face masks are always to be worn by staff, including the hallways. On 5/20/20 at 12:51 am, V2 (Director of Nursing) stated face masks need to be on the mouth and nose and not underneath the nose. Facility policy, (rev. 11/17/17) INFLUENZA AND VACCINATION documents in part: 2. Standard Precautions Perform hand hygiene before and after touching the resident. Facility policy (10/2014) INFECTION PREVENTION & CONTROL PROGRAM CONTENT documents in part: 1. The infection Control Program establishes guidelines to follow in the prevention and control of contagious, infectious, or communicable diseases. The objectives of the program are to: Provide a safe and sanitary environment. Prevent or control the spread of communicable diseases. Establish guidelines that adhere to standards of care and CDC Guidelines.</p> <p>2. On 5/20/2020 at about 10:30am during resident observation on the first floor of the facility, V4 (Licensed Practical Nurse/LPN) was observed at the nursing station with no mask or any form of face covering. On 5/20/2020 at 11:45am, V1 (Administrator) stated that all staff have been trained about the importance of wearing PPE (Personal Protective Equipment) and they all know. V1 added that she would call the Director of Nursing to speak with the surveyor regarding this. On 5/20/2020 at 12:45pm, V2 (Director of Nursing) stated that the facility has enough face masks and other personal protective equipment (PPE) and there is no reason for anyone to be without a face mask. At this time, V2 presented the facility's policy titled PPE Strategies for LTCFs during Cluster of COVID-19 Infections. This policy dated 4/6/2020 states: Facility will follow IDPH (Illinois Department of Public Health) recommendations on PPE Strategies for LTCFs during Cluster of COVID-19 Infections. #1 states When there are cases in the facility, Universal masking of all Health Care Personnel (HCP) while in the facility. V4 did not follow this policy.</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.