STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145995	A. BUILDING _____ B. WING _____	**09/15/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SYMPHONY AT MIDWAY	**4437 SOUTH CICERO CHICAGO, IL 60632**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide adequate supervision to R1, by allowing the resident to leave the facility unauthorized on 7-5-20. This failure had the potential to affect one resident (R1) out of three residents reviewed for supervision in a sample of three residents. Findings include: R1 was admitted to the facility on [DATE] and discharged from the facility to the community on 8/05/2020. R1 was considered to be cognitively intact according to her most recent brief interview for mental status (BIMS) evaluation from her comprehensive assessment. R1 had the following [DIAGNOSES REDACTED]. On 9/11/2020 at 1:30 PM, V2 (Director of Nursing) stated, I watched the surveillance video from the night R1 left the facility. R1 wheeled herself out of the front door around 2 AM on 7/5/20. The security guard watched her leave the facility. When R1 left the facility she rolled her wheelchair down Cicero Avenue. A member of the community saw her on Cicero Avenue and she took her home with her. The member of the community brought R1 back to the facility on [DATE]. On 9/15/2020 at 2:50 PM, V2 stated nurses and certified nursing assistants (CNAs) are responsible for rounding on resident every 2 hours. V2 stated rounding is not documented and the facility does not have a policy for resident rounding. On 9/15/2020 at 12:04 PM, V9 (Certified Nursing Assistant) stated, Between 12-1:40 AM on 7/5/2020, I saw R1 again in her doorway. I took my break at 3 AM. When I came back at 4 AM, I checked R1's room and I did not see her in there. On 9/15/2020 at 1:40 PM, V12 (Certified Nursing Assistant) stated, I did not see R1 at all that night when I did my rounds. I realized that R1 left the facility between 2 AM - 4 AM. V9 notified V6 (Licensed Practical Nurse) that R1 was missing. I started searching the facility at around 4 AM. On 9/15/2020 at 11:25 AM, V6 stated, I am not sure about the exact time when V9 told me that R1 was missing. V12 and I searched all the rooms on the 2nd floor and the stairwells. We both searched the 1st floor. We notified the night security guard that R1 was missing and he checked the 3rd and 4th floors. The security guard told me that he did not see anyone leave the building that night. The security guard should have seen R1 when she left the building. On 9/15/2020 at 4:01 PM V1 (Regional Director of Operations) stated, The security guard that worked the night R1 left the facility, told me that he thought R1 could leave because she was not on the list for elopement. V1 stated, It was around 2 AM when R1 left and the security guard thought it was ok for her to leave. V1 stated, R1 was considered an unauthorized pass leave. R1 was alert and she choose to leave the facility without a pass. V1 confirmed that the security guard's job responsibilities include: residents are not allowed out of the facility without a pass from the nurse. On 9/15/2020 at 3:30 PM V15 (Manager at Reliance Security) stated, The security guard was terminated because he was not alert and attentive while doing his job on 7-5-20 while working at Symphony of Midway. V15 stated, The security guard knows that residents are not allowed to leave the facility without a pass from the nurse. Security guard job duties and responsibilities read: Residents are not allowed out of the facility without a pass from nurse.

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.