

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145718	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER SYMPHONY OF CRESTWOOD		STREET ADDRESS, CITY, STATE, ZIP 14255 SOUTH CICERO AVENUE CRESTWOOD, IL 60445	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide resident showers as requested by three residents (R2, R4, R5) reviewed for preferences. Findings include: On 7/22/20 at 11:31 AM, R2 stated that she has not been given a shower since June 24, 2020. R2 appeared clean and no strong body odor noted. R2 verbalized that she was provided with basin of water, towel and soap which she used to clean her under arms, arms and chest area, and if she requests, staff would wash her upper back. R2 denied having any bed bath since June 24 and has been requesting for a shower or bed bath. R2 said that staff would clean her perineal area after bowel movement and incontinence care. Per R2's bath / Bathing sheet titled Documentation Survey Report for June 2020, R2 was last given a partial bed bath on July 6, 2020, and a complete bed bath on July 2. Last shower was given June 3, 2020. R2 said that she was last given a shower on June 24, 2020 but it was not documented on the shower sheet. R2's Minimum Data Set ((MDS) dated [DATE], R2 was total dependent with bathing and need 2 persons physical assist. On 7/22/2020 at approximately 2:45 PM, R2 stated that she was just given a shower. R2 was given a bath after writer asked if R2 will be given a bath as requested. Per R4's bath sheet titled Documentation Survey Report, R4 was last given complete bed bath on July 17, 2020, partial bed bath on June 27, 2020 and shower bath on June 18, 2020. R4 stated, on 7/22/2020 at 2:00 PM that he would like to have a shower and he was last given shower 2 weeks ago. R4 also said that staff would wash him up with wet towel and soap. Per R4's MDS dated [DATE], R4 was a total dependent with bathing and need one person assist. R4 appeared clean, no strong,unpleasant odor noted. Per R5's bath sheet titled Documentation Survey Report, R5 was last given complete bed bath on July 14, 2020 and a partial bed bath on July 17, 2020 and no recorded shower bath in June and during survey date. R5's MDS indicate Bathing self-performance: Physical help in part of bathing activity. Bathing support: One person physical assist. On 7/22/2020 at 2:08PM, R5 said that he was last assisted to a shower bath two weeks ago. R5 appeared clean, no strong unpleasant odor noted. On 7/23/2020 at 11:52 AM V2 (Director of Nursing) said that residents who request for shower need to have their request accommodated by staff when able. Policy and Procedure titled Bathing dated 9/16 stated in part; All residents are given a bath or shower at least once a week or based on resident's preferences		

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.