

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145775	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2025
NAME OF PROVIDER OR SUPPLIER Harmony Healthcare & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 3919 West Foster Avenue Chicago, IL 60625	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15301</p> <p>Based on interview and record review, the facility failed to access EMS (Emergency Medical Services) for one of one residents (R1) reviewed for change in condition in a total sample of three residents.</p> <p>Findings include:</p> <p>R1's face sheet documents R1 is a [AGE] year-old admitted to the facility on 12.12.2024, with diagnoses including but not limited to: Intrahepatic Bile Duct Carcinoma, Acquired Total Absence of Pancreas, Muscle Wasting and Atrophy, Adult Failure to Thrive, Type 2 Diabetes Mellitus, and Hypertension.</p> <p>R1's MDS (Minimum Data Set of 12.14.2024) documents R1 is moderately cognitively impaired.</p> <p>1.6.2025, 9:00 PM, General Progress Note documents in part: 3:30 PM- noted resident lying on bed comfortably. No respiratory distress noted. Vital signs taken as follows BP 110/ 64, respiratory rate 20, heart rate 84, oxygen level 92% RA (room air), temperature 98.7, blood sugar 128. Due meds given and well tolerated. At around 5:00 PM, NOD (Nurse On Duty) made a quick round and noted resident verbalized that he feels nauseated. vital signs taken, BP (blood pressure)104/61, HR (heart rate) 97, temperature 100.5, oxygen 89% RA (room air), RR (respiratory rate) 20. The physician was updated and made an order to put resident on oxygen treatment, start an IVF (intravenous fluid) treatment for hydration and STAT (immediate) lab works. At around 5:30 PM, resident's vitals were taken as follows BP 114/ 67, RR 20, HR 91, Temp 98.6, O2 96% via nasal cannula. Resident is easily arousable to tactile stimuli.</p> <p>1.6.2025, 11:55 PM, General Progress Note documents in part: 11:00 PM, received resident in bed, on moderate high back rest, awake, not in distress, with oxygen inhalation via nasal cannula at 2LPm (liters per minute). Resident denies any discomfort. Vital taken as follows; BP 98/56, HR 92, RR 18, O2 sat-98%. At 11:53 PM NOD (nurse on duty) received chest x-ray result and relayed results to the physician. New orders made and carried out.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145775
		If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145775	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2025
NAME OF PROVIDER OR SUPPLIER Harmony Healthcare & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 3919 West Foster Avenue Chicago, IL 60625	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1.7.2025, 3:35 AM, General Progress Note documents in part: 1:45 AM, routine rounds made. Resident is alert and sleeping with interval, appear weaker. Vital signs taken as follows: BP 88/ 56, HR-89, RR -17, O2 sat-98%. Placed resident in Trendelenburg position. Physician made aware. Orders made & carried out. At 2:00 AM- vital signs rechecked. BP-68/52, HR-91, RR-18, O2 sat 97% VNC (via nasal cannula). Resident is easily arousable to tactile stimuli. Not in distress. Incontinent care done by staff. Physician made aware and order given to transfer the resident to hospital emergency department. Called (private) ambulance. At 3:15 AM-(Private) ambulance arrived. At 3:28 AM, resident left the facility via stretcher accompanied by 3 paramedics going to (local) hospital ER; remains awake, weakness noted.</p> <p>1.7.2025, 7:20 AM, General Progress Note documents in part: 7:00 AM- called (local) hospital for follow up but found out that resident was rerouted to (911 hospital) and admitted to MICU (Medical Intensive Care Unit) with diagnosis of septic shock.</p> <p>1.7.2025, 7:20AM, General Progress Note: 7:00 AM- called local hospital for follow up but found out that resident was rerouted to different hospital and admitted to local hospital with diagnosis of septic shock.</p> <p>2.22.2025, at 4:09 PM, via telephone, V9 (RN-Registered Nurse) said, I was worried about R1's blood pressure. I don't know why I didn't call 911. I should have, I'm sorry. I think I made a mistake. I did contact V11 (Physician). I think I gave R1 an antibiotic (by mouth), I think I started an IV. His blood pressure was not stable, it kept dropping. I was monitoring him frequently. Yes, septic shock is serious.</p> <p>2.22.2025, at 4:35 PM, V10 (RN-Registered Nurse) said she checked on R1 at the start of shift; his vital signs were good, he was in no distress. V10 said during med pass, I can't remember what time, he said he was nauseated. I took his vital signs. His blood pressure dropped. He had a fever and his oxygen saturation was 89% on room air. I contacted V11 (Physician) and received orders to put R1 on oxygen, start an IV and obtain STAT labs. I gave him Tylenol for his fever. I continued to monitor him. I would have called 911 and not waited for the private ambulance when his blood pressure dropped.</p> <p>2.22.2025, at 5:02 PM, via telephone, V11 (Physician) said, I don't remember anything about it (R1). Surveyor read above referenced progress notes to V11. V11 said, I would have sent R1 to the hospital via 911, not a private ambulance, when his blood pressure was below 90. When asked what could possibly happen if access to acute care is delayed, V11 said recovery period could be prolonged, his condition could have worsen if the resident had comorbidities. V11 continued, R1 didn't develop hypoxia because he was awake/alert and coherent. His oxygen level was stable and the resident was stable.</p> <p>2.22.2025, at 6:03 PM, V3 (ADON-Assistant Director of Nursing) said, V9 (RN-Registered Nurse) was doing close monitoring of R1. R1 was receiving IV fluids and the resident was not in distress. V3 continued, management wise they were able to intervene, but you know the resident came in with stomach cancer. The low blood pressure could be due to the metastatic disease. It seems the blood pressure was stable enough. V3 said constant monitoring was being done though not specified in documentation; it appears the resident stabilized. R1 was still responsive; he could verbalize if he was not doing well. At that time since there were no signs of distress, it was okay during that situation to wait for the private ambulance. Based on the documentation of the nurse, I would have waited for (private ambulance), not called 911.</p>		