

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145990	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Symphony Maple Crest		STREET ADDRESS, CITY, STATE, ZIP CODE 4452 Squaw Prairie Road Belvidere, IL 61008	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33760</p> <p>Based on observation, interview and record review the facility failed to provide showers to a resident that needs assistance in activities of daily living (ADL) to 1 of 5 residents (R3) reviewed for ADL care in the sample of 5.</p> <p>The findings include:</p> <p>R3's facility assessment dated [DATE] show R3 has no cognitive impairment.</p> <p>On 7/10/24 at 9:20 AM, R3 was sitting in her wheelchair in her room. R3 said her scalp was itching and said she has not had a shower or her hair washed since 7/1/24 (Monday). R3 said her shower days are Mondays and Thursdays. R3 said she did not have a shower last July 4 (she would remember since it was a holiday.) R3 said she did not receive any shower last Monday (July 8). R3 stated I better have a shower tomorrow! The running water is refreshing to me. R3 said what she had done was to wash up in her sink but she was looking forward to her shower and her hair wash tomorrow.</p> <p>On 7/10/24 at 12:00 PM, V2 (Director of Nursing-DON) said she had updated all the residents shower schedules. V2 (DON) confirmed R3's shower days are Mondays and Thursday per facility tasks. V2 said all residents should receive their shower per their schedule for hygiene purposes. V2 said she will make sure R3 will receive her shower today.</p> <p>R3's careplan dated 12/12/23 shows, (R3) has ADL self care performance deficit and will maintain current level of function: Bathing- requires staff participation. Personal Hygiene-requires assistance with personal hygiene care.</p> <p>The facility ADL policy dated 11/2023 shows, A Hygiene, a. self image is maintained. f. Showers or baths will be scheduled per facility protocol while incorporating residents preferences.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33760</p> <p>Based on observation, interview and record review the facility failed to provide incontinence care in a manner to prevent infection to 1 of 5 residents (R2) reviewed for incontinence care in the sample of 5.</p> <p>The findings include:</p> <p>R2's Facility assessment dated [DATE] show R2 has no cognitive impairment and R2 is incontinent of bladder function.</p> <p>R2's medical record show R2 has history of urinary tract infections (UTI).</p> <p>On 7/10/24 at 8:30 AM, R2 was in his room doorway sitting in his wheelchair with strong urine odor. This surveyor requested for skin check. R2 was placed in bed. V4 (Certified Nursing Assistant-CNA) removed incontinent brief soiled with urine. V4 (CNA) took incontinent wipes and wiped R2's frontal area then applied new incontinent brief. V4 did not cleanse or provide incontinence care to buttocks or thigh area to R2.</p> <p>On 7/10/24 at 9:35 AM, V5 (Licensed Practical Nurse-LPN) said residents should be provided thorough incontinence care including their back area, buttocks and thighs to prevent skin breakdown since R2 now has skin irritations and redness. Incontinence care also provides comfort and prevents infection.</p> <p>R2's careplan dated 6/28/24 shows, R2 has bladder incontinence, R2 will remain free from skin breakdown due to incontinence and brief use through the review date with intervention to include: Check as required for incontinence. Wash, rinse and dry perineum. Change clothing PRN after incontinence episodes.</p> <p>The facility policy on Incontinence Care dated 11/2023 shows, Incontinence care is provided to keep residents as dry, comfortable and odor free as possible.</p>