STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001127	A. BUILDING: _____ B. WING _____	C 07/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURBANK REHABILITATION CENTER	5400 WEST 87TH STREET BURBANK, IL 60459

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigations: 2294664/IL147990 2294719/IL148060 2294813/IL148162 2294839/IL148196 2294715/IL148048	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2: 300.2210a) 300.2920a)1) 300.2920g)1)B) Section 300.2210 Maintenance a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. Section 300.2920 Mechanical Systems a) General Requirements 1) Mechanical systems shall be tested, balanced, and operated to demonstrate that the installation and performance of these systems conform to the requirements of this Section. g) Heating, Ventilating, and Air Conditioning Systems 1) Areas of a nursing home used by residents of the nursing home shall be air conditioned and heated by means of operable air-conditioning and heating equipment. The	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001127	A. BUILDING: _____ B. WING _____	C 07/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURBANK REHABILITATION CENTER	5400 WEST 87TH STREET BURBANK, IL 60459

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 areas subject to this air-conditioning and heating requirement include, without limitation, bedrooms or common areas such as sitting rooms, activity rooms, living rooms, community rooms, and dining rooms. (Section 3-202(8) of the Act) B) The air-conditioning system shall be capable of maintaining an ambient air temperature of between 75 degrees Fahrenheit and 80 degrees Fahrenheit, pursuant to the requirements of Section 300.670(j). These Regulations are not met as evidenced by: Based on observation, interview, and record review the facility failed to provide a homelike environment and maintain a building temperature of 71 to 81 degrees Fahrenheit. This affects 3 of 3 (R18, R1, and R14) residents reviewed building temperatures. The facility also failed follow their hot weather policy and conduct building temperatures during extreme hot weather this affects 83 of 84 residents that are residing in the facility. Findings include: On 6/22/22 10:23 am during the tour of the facility to conduct building temperatures with V12 (Maintenance Supervisor) the building temperatures: resident common areas, resident rooms, resident activity room and hallways were observed to range from 77 degrees to 82 degrees Fahrenheit, the relevant humidity ranged from 37.5 to 49.4 degrees Fahrenheit. The air conditioner units in the resident's rooms on the joint unit were observed to blow warm air and there was very little to no air blowing. In room XXX the temperature was 80.4 and relative humidity was 49.4 (reflect 81 on the heat index	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001127	A. BUILDING: _____ B. WING _____	C 07/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURBANK REHABILITATION CENTER	5400 WEST 87TH STREET BURBANK, IL 60459

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 table), the activity room on the joint unit's temperature was 79.4 and relative humidity was 47.4 (reflect 81 on the heat index table), the hallway on the joint unit was 81.0 and relative humidity was 44.0 (reflect 81 on the heat index table), room Y was 81.0 and relative humidity was 35.9 (reflect 79 on the heat index table). In room Z the temperature was 80 degrees and relative humidity was 43.5 (reflect 79 on the heat index table). On 6/22/22 at 11:32 am, V12 (Maintenance Supervisor) stated he does not know what the building temperatures are supposed to be, he has to check the policy, but the humidity should be between 30 to 50 degrees Fahrenheit. V12 stated he checks the building temperatures when there is a problem, V12 stated he does not check the temperature in the resident's rooms. V12 stated he did not do building temperatures when the outside temperatures reached 100 degrees yesterday (6/21/22). V12 stated yesterday (6/21/22) he had to go on the roof every hour to check the chiller because it would overheat and shut off and he would have to reset the switch every time, until he bypassed the switch. V12 stated the chiller system is responsible for cooling the entire facility and it was not functioning properly and has been broken for about a month and a half. V12 stated the chiller cannot keep up, meaning it cannot provide enough coolant to chill the water for the building to absorb cooling. V12 stated resetting the switch every hour is not the proper functioning mechanism of the chiller system. V12 stated rooms A, B, C, and the small dining room on the joint unit are cooled by the conventional air conditioner system. On 6/29/22 at 3:58 pm V12 stated the air condition system was serviced on 5/13/22 and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001127	A. BUILDING: _____ B. WING _____	C 07/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURBANK REHABILITATION CENTER	5400 WEST 87TH STREET BURBANK, IL 60459

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3	S9999		

the company recommended to repair leaks (coolant leaks from the chiller), V12 stated that job was not done. V12 stated the company serviced the system again on 6/23/22 and recommended to replace 2 compressors, 2 fan motors, a switch and add coolant to the system. V12 stated the only service that was completed was the adding of the coolant. V12 stated the facility did not have the recommended services done, they are getting estimates for the job. V12 was asked if the system is leaking coolant, V12 did not respond.

On 6/22/22 at 12:03 pm V1 (Administrator) stated the facility does not have a building temperature policy and the building temperatures should be below 80. About 4 minutes later, V1 stated the building temperatures should be between 71 to 81 degrees Fahrenheit. V1 stated the facility does not do building temperatures and the facility does not have to keep a building temperature log and there are no regulations that says the facility must have a building temperature log. V1 was asked how the facility knows and ensures that the building temperature is between 71 to 81 degrees if the facility does not do building temperatures. V1 said the facility has thermostats in the facility and pointed to a digital thermostat that was not on, V1 was asked how he would know what the temperatures are in the resident's rooms if the facility does not do building temperatures. V1 stated he will look into this and get back to surveyor. Upon exiting this survey V1 did not review with the surveyor on how the facility knows and ensures that the resident room temperatures are in the range of 71 to 81 degrees Fahrenheit.

On 6/23/22 at 12:00 pm, V1 stated that V12 informed him on Monday (6/20/22) that the air conditioning system are not working properly. V1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001127	A. BUILDING: _____ B. WING _____	C 07/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURBANK REHABILITATION CENTER	5400 WEST 87TH STREET BURBANK, IL 60459

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

stated the facility initiated the hot weather policy on 6/22/22. V1 stated the systems old blower motor is not operating the most efficient and he believes it is low on coolant. On 6/28/22 at 12:49 pm, V1 presented building temperatures showing that building temperatures were completed on 6/20/22 and 6/21/22, V1 stated that V12 completed the building temperatures, V1 was informed that on 6/22/22 V12 stated he did not do any building temperatures, nor did he check any temperatures in the resident's rooms. V1 replied "oh". V1 stated the facility plans to replace the system after the summer. On 6/29/22 V1 stated the air conditioning system should be working properly at all times.

Review of the documents there is no record for any building temperatures, no resident room temperatures, or common area temperatures completed for 6/22/22, when the outside temperatures in Burbank, IL reached 101 degrees Fahrenheit according to the national weather service.

On 6/22/22 at 10:21am, R14 who was assessed to be alert and orient to person, place and time, stated, I was hot. The air conditioner is on the other side of the room and it was not cooling me off.

On 6/22/22 at 1:24 pm, R1 who was assessed to be alert and orient to person, place and time, stated, I was hot, I had to leave the facility on 6/14/22. I went to a friend' s house, not sure the actual temp but felt it like it was 100F. The facility gave me a fan and my family purchased a second fan. The facility was working on the problem, but it wasn't resolved.

On 6/23/22 at 12:19 pm, R18 was observed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001127	A. BUILDING: _____ B. WING _____	C 07/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURBANK REHABILITATION CENTER	5400 WEST 87TH STREET BURBANK, IL 60459

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5 resting in bed, alert and orient to person, place, and time, R18 stated her room is hot and it has been hot, R18 stated the temps are not comfortable and she was glad that her family provided her with a fan. R18 stated the air conditioner does not have cool air coming out. The air that was blowing out of R18s air conditioner was observed to be warm and barely blowing. V12 observed this as well, and stated the system is hardly registering. Facility hot weather policy, no date noted shows in part if the air conditioning is not functioning appropriately, follow the following procedures. Temperatures and humidity should be measured in several rooms on each floor or unit that has been identified as being the warmest area of each floor or unit. This should be done approximately every two hours during the day and evening. These rooms should include day room (activity), dining rooms and hallways. If the facility temperatures and humidity combined value falls in the shaded region of the chart the relative humidity and temperature, proceed with the following: A list of high-risk residents should be kept with the nurse supervisor for emergencies such as this. Facility preventive maintenance policy dated 2/2014 shows to assure that all equipment included in the preventative maintenance program includes testing, maintenance, and repair information at the established intervals. The maintenance department checks for preventative maintenance program equipment work orders and evaluates/ repairs the malfunction described. When maintenance is to be performed by an external vendor, the maintenance department contacts the vendor and instructs the vendor to pick up the equipment to	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001127	A. BUILDING: _____ B. WING _____	C 07/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURBANK REHABILITATION CENTER	5400 WEST 87TH STREET BURBANK, IL 60459

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6 perform the maintenance detail in the work order, and to document accordingly. V12 provided a list of equipment that is included in the preventative maintenance program and the items are HVAC unit, generator, furnace, vacuum pump and air compressor. On 6/23/22 at 3:43 pm, V2 stated all the residents are identified as high risk during hot weather. On 6/28/22 at 3:18 pm, V32 (staff from air condition company) stated his company was called out for an emergency call, V32 reviewed the service record with surveyor, V32 stated the company noted that there were 2 compressors not working, 2 condenser fan motors were not working, fan switch not working, and the system needed coolant. V32 stated the company only serviced the coolant and bypassed the fan (meaning they connect the fan to run continuously instead of cycling on and off as it is designed) the company did not fix the compressor, condenser, or the fan switch. V32 stated the job was too big. Review of facility service rerecord dated 5/13/22 shows in-part a/c (air conditioner) start up, arrived at site checked in access boiler rooms verified all valves and switches open chiller feeds isolated boilers, checked pumps checked all valves on roof chiller coolant online, need to return to repair leaks. Unit operational yes, follow up requested. Requires immediate attention yes, and no box is checked. Service report dated 6/23/22 shows in-part several condensers fan motors not running, compressor #1 and #2 not running, condenser fan motors fuses are blown, identified ground short on condenser fan and circuit and disconnected shortened motor. The failed fan cycle switch bypassed it. Unit operational, parts needed, quote, follow up requested.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001127	A. BUILDING: _____ B. WING _____	C 07/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURBANK REHABILITATION CENTER	5400 WEST 87TH STREET BURBANK, IL 60459

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7 (B) Statement of Licensure Violations 2 of 2: 300.1210b) 300.1210d)1)2) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. These Regulations are not met as evidenced by: Based on interview and record review, the facility failed to follow hospital discharge orders by not ordering and administering pain medication Oxycodone (Opiate Narcotic Analgesic) 5mg	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001127	A. BUILDING: _____ B. WING _____	C 07/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURBANK REHABILITATION CENTER	5400 WEST 87TH STREET BURBANK, IL 60459

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 8 every 8 hours for pain for 1 of 3 residents reviewed for pain. This failure resulted in R1 complaining of pain for 5 days without medication or relief. Findings include: R1 was admitted on 4/28/22 due to a motor vehicle accident (MVA) with a semi-truck. R1 was admitted for acute pain, left rib fracture (5-12), left (3-8) anterior lateral rib fracture, right (1-2) rib fracture, right inferior and superior pubic rami fracture, left anterior acetabular fracture, left pubic bone fracture and left sacral alar fracture. R1 had multiple orthopedic surgeries. R1 is total assist due to pain. Nursing note dated 5/3/22 documents: R1 present with a lot of pain during her therapy session but was able to sit up in the wheelchair. On 6/22/22 at 1:24 pm, R1 who was assessed to be alert and orient to person, place and time stated, I was in a MVA and sustained multiple fractures. I didn't have my pain medication when I got here. Staff wanted to send me back to the hospital. I refused to be transferred related to the pain with movement. I asked for two acetaminophen and a Benadryl. On 6/22/22 at 1:48 pm, V9 (R1's family member) stated, we were informed that R1 did not have any pain medication on file. On 6/23/22 at 3:1 5pm, V11 (Physical Therapy Director) stated, R1 complained of pain related to pelvis/multiple fractures. On 6/24/22 at 1:14 pm, V19 (Nurse) stated, R1 complained of extreme pain in the beginning.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001127	A. BUILDING: _____ B. WING _____	C 07/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURBANK REHABILITATION CENTER	5400 WEST 87TH STREET BURBANK, IL 60459

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9 On 6/29/22 at 2:30 pm, V2 (DON/Director of Nursing) stated, R1 did not receive any medication out of our convenience box/machine. On 6/30/22 at 11:18 pm, V3 (ADON/Assistant Director of Nursing) stated, R1 was receiving acetaminophen for pain. R1 did not have the Oxycodone between 5/3/22 -5/9/22 because R1 needed a new script. Hospital paperwork dated 4/28/22 documents: Oxycodone 5mg take one tablet by mouth every 8 hours as needed for pain start 4/28/22. Quality-ten. Refill- zero. Controlled drug receipt dated 4/28/22 received 4/29/22 documents: Oxycodone 5mg tablet take 1 tablet by mouth every 8 hours as needed for pain. Quantity dispensed 10. Medication was signed out on 4/29/22 -5/3/22 ten tablets given. Controlled drug receipt dated 5/8/22 received 5/9/22 documents: Oxycodone 5mg tablet take 1 tablet by mouth every 8 hours as needed for pain. Quantity dispensed. Quantity dispensed 30. Medication was out on 5/9/22 - 5/25/22. Nursing note dated 5/8/22 documents: R1 was given acetaminophen and Benadryl. R1 was reassessed within thirty minutes with no relief. R1 was asked if she wanted to go to hospital. R1 refused. Nursing note dated 5/9/22 documents: R1 was assessed for pain, reports no pain, educated on the delivery of Oxycodone. Medication Administration record dated 5/1/22-5/31/22 document Oxycodone start on 4/29/22 -5/8/22 discontinue.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001127	A. BUILDING: _____ B. WING _____	C 07/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURBANK REHABILITATION CENTER	5400 WEST 87TH STREET BURBANK, IL 60459

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 10 Pain - Clinical Protocol Revised August 2008 Treatment/Management #2. The physician will order appropriate non-pharmacologic and medication interventions to address the individual ' s pain. (B)	S9999		