	F OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		IL6001127		B. WING			C 26/2024
AME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BURBAN	K REHABILITATION	CENTER		ST 87TH STR K, IL 60459	EET		
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR		ECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
S 000	Initial Comments			S 000			
	Complaint Investig	ation: 24917	18/IL170437				
S9999	Final Observations	5		S9999			
	Statement of Licer 300.1210b) 300.1210d)2)3)	nsure Violatio	ons:				
	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.						
	administered as or 3) Objective of resident's conditior	at a minimul ced on a 24- basis: ts and proce dered by the oservations on, including r s, as a mean equired and aluation and taff and reco	m, the following hour, edures shall be physician. of changes in a nental and s for analyzing and the need for treatment shall be				
	This REQUIREME	NT is not me	et as evidenced by:				
is Departr	nent of Public Health						
	DIRECTOR'S OR PROVID	DER/SUPPLIER	REPRESENTATIVE'S SIGN	ATURE	TITLE		(X6) DATE
TE FORM	ung orginou	-		899	/JB11		05/07/24

			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		1127	B. WING			C 04/26/2024	
		5400 WES	T 87TH STR				
(EACH DEFICIENC	STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE	
Based on interview failed to identify, a wound site for 1 o wounds in the sam R1's wound site bo 10-day course of a weeks of wound of The findings includ R1's Face Sheet p admitted to the face R1's Nurse Practite dated 2/8/24 at 9:5 tracheostomy and on 1/31/24. R1's Progress Not Nurse's, V4, note R1's admission sk No wound to R1's documented. On 2/20/24 at 5:28 documentation sho right side next to h with an embedded Nursing notes date has a wound to he amount of serous no odor.	w and record issess, and tr f 3 residents nple of 9. This ecoming infer- antibiotics, an are treatmen de: printed 4/26/2 cility on 2/7/24 tioner's (NP) 51 AM show I PEG (feedin tes show the dated 2/8/24 tin assessme right clavicle. B PM, Respira ows redness her stoma (tra suture in the ed 2/20/24 at right front n drainage, record ed 2/21/24 at apy in progres	eat a post-surgical (R1) reviewed for s failure resulted in cted, requiring a ad at least four t. 4 shows she was 4. Progress Notes R1 is status post g) tube placement Wound Care at 2:16 PM shows nt was complete. /neck was atory Therapy was noted on R1's incheostomy) site e skin. 7:33 PM show R1 eck with a scant Idened skin, and 1:42 AM show R1	\$9999				
	OF CORRECTION PROVIDER OR SUPPLIEF IK REHABILITATION SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From p Based on interview failed to identify, a wound site for 1 o wounds in the sam R1's wound site b 10-day course of a weeks of wound of The findings inclue R1's Face Sheet p admitted to the face R1's Nurse Practifid dated 2/8/24 at 9:3 tracheostomy and on 1/31/24. R1's Progress Not Nurse's, V4, note R1's admission sk No wound to R1's documented. On 2/20/24 at 5:28 documentation shr right side next to h with an embedded Nursing notes date has a wound to he amount of serous no odor.	OF CORRECTION IDENTIFI IL600 PROVIDER OR SUPPLIER IK REHABILITATION CENTER SUMMARY STATEMENT OF DI (EACH DEFICIENCY MUST BE PRE REGULATORY OR LSC IDENTIFYIN Continued From page 1 Based on interview and record failed to identify, assess, and tr wound site for 1 of 3 residents wounds in the sample of 9. Thi R1's wound site becoming infer 10-day course of antibiotics, ar weeks of wound care treatmen The findings include: R1's Face Sheet printed 4/26/2 admitted to the facility on 2/7/24 R1's Nurse Practitioner's (NP) dated 2/8/24 at 9:51 AM show I tracheostomy and PEG (feedin on 1/31/24. R1's Progress Notes show the Nurse's, V4, note dated 2/8/24 R1's admission skin assessme No wound to R1's right clavicle, documented. On 2/20/24 at 5:28 PM, Respirat documented. On 2/20/24 at 5:28 PM, Respirat documented. Nursing notes dated 2/20/24 at has a wound to her right front in amount of serous drainage, recomposite Nursing notes dated 2/21/24 at has antibiotic therapy in progress to her stoma trachea site.	OF CORRECTION IDENTIFICATION NUMBER: IL6001127 STREET ADI PROVIDER OR SUPPLIER STREET ADI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Based on interview and record review, the facility failed to identify, assess, and treat a post-surgical wound site for 1 of 3 residents (R1) reviewed for wounds in the sample of 9. This failure resulted in R1's wound site becoming infected, requiring a 10-day course of antibiotics, and at least four weeks of wound care treatment. The findings include: R1's Face Sheet printed 4/26/24 shows she was admitted to the facility on 2/7/24. R1's Nurse Practitioner's (NP) Progress Notes dated 2/8/24 at 9:51 AM show R1 is status post tracheostomy and PEG (feeding) tube placement on 1/31/24. R1's Progress Notes show the Wound Care Nurse's, V4, note dated 2/8/24 at 2:16 PM shows R1's admission skin assessment was complete. No wound to R1's right clavicle/neck was documented. On 2/20/24 at 5:28 PM, Respiratory Therapy documentation shows redness was noted on R1's right side next to her stoma (tracheostomy) site with an embedded suture in the skin. Nursing notes dated 2/20/24 at 7:33 PM show R1 has antibiotic therapy in progress for an infection to odor. Nursing notes dated 2/21/24 at 1:42 AM show R1 has antibiotic therapy in progress for an infection to her stoma trachea site.	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: IL6001127 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S SUMMARY STATEMENT OF DEFICIENCIES 5400 WEST 87TH STR BURBANK, IL 604599 ID VEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 1 S9999 Based on interview and record review, the facility failed to identify, assess, and treat a post-surgical wound site for 1 of 3 residents (R1) reviewed for wounds in the sample of 9. This failure resulted in R1's wound site becoming infected, requiring a 10-day course of antibiotics, and at least four weeks of wound care treatment. The findings include: R1's Face Sheet printed 4/26/24 shows she was admitted to the facility on 2/7/24. R1's Nurse Practitioner's (NP) Progress Notes dated 2/8/24 at 9:51 AM show R1 is status post tracheostomy and PEG (feeding) tube placement on 1/31/24. 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If continuation sheet 2 of 4

AND PLAN OF CORRECTION		ER/SUPPLIER/CLIA ICATION NUMBER: 11127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 04/26/2024		
NAME OF F	PROVIDER OR SUPPLIER		STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
BURBAN	IK REHABILITATION	CENTER		ST 87TH STRI IK, IL 60459	EET		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L	Y MUST BE PR	EFICIENCIES ECEDED BY FULL	ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO TH DEFICIENCY		ON SHOULD BE COMPLET HE APPROPRIATE DATE	
S9999	Continued From part documents that she embedded suture to trachea collar. V4 at describes some real serosanguineous do of pain. V4 remove wound care physiciar related to the wound R1's Physician Ord shows an antibiotic discontinued on 2/2 2/22/24 for a diagn clavicle area to be to 3/1/24. The sam to receive tracheoto 2/7/24 to 2/27/24. Yo ordered to R1's neo 2/21/24 to 2/27/24. Yo ordered to R1's neo 2/21/24 to 2/27/24. Si ordered to R1's neo 2/27/24. R1's Progr to the hospital (for to 2/27/24 and was re 3/6/24. R1' Care PI R1 has signs and s clavicle area wound an antibiotic. V14 (Wound Care II 2/23/24 in R1's Wo Management Summ R1's trachea site de out of the trachea s treatments to the an days. V14's Wound Summary document	e was inforr o R1's neck assessed th dness to the rainage, no d the suture ian, and init d. er Report for was ordere 22/24, and r osis of infec given twice e order report omy care ev Wound care ck/clavicle a and again fir ress Notes s unrelated co admitted to an initiated ymptoms re d infection a Physician) of und Evalua nary a post escribing that ite. V14 ord rea three tim Evaluation natation from	a under R1's e area and e area with odor, and no signs a, informed the lated a care plan or 2/7/24 to 4/26/24 ed on 2/20/24, eordered on ction to the right a day from 2/20/24 ort also show R1 is very morning from e treatments were trea beginning on the facility on on 3/11/24 to show R1 was sent oncerns) on the facility on on 2/21/24 shows elated to right nd is currently on locumented on tion & surgical wound to at a suture came ered wound care nes a week for 30 & Management 3/29/24 shows				
	R1's post-surgical v was resolved on 3/2 R1's NP note dated R1's physical exam ment of Public Health	29/24. 2/25/24 at	12:53 PM shows				

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME	ED.	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		E SURVEY PLETED C 26/2024		
	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE				
		5	400 WEST 87TH STR					
BURBAN	IK REHABILITATION	CENTER	BURBANK, IL 60459					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU .SC IDENTIFYING INFORMATIC		PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE		
S9999	Continued From pa	age 3	S9999					
	 area with embedded suture with wound around site that has mild erythema (redness) and some non-odorous serosanguineous drainage (thin, watery, pink-tinged). The assessment/plan from that note is "Infected Wound," initiate antibiotics twice a day for 10 days. On 4/26/24 at 10:44 AM, V5 (Respiratory Therapist/RT) said respiratory does trachea care every day on each resident with a trachea. Trachea care includes changing the gauze, cleaning the stoma and area around it, and suctioning. V5 said sometimes the initial trachea is sutured in place and sutures usually stay in about 14 days. V5 said RT found R1's suture embedded in her skin to the right of her stoma on 2/20/24. V5 said the RT should have been able to see the suture with daily trachea care. V5 said she could have removed the suture, but it was embedded, and she noted some redness and drainage. V5 said she was concerned it could be infected, so she told nursing about it. 		some hin, from biotics ea care e, d rachea y in ure oma on a able to said was and					
	admitted with two s her trachea plate. A remove the sutures suture was embede puffy, a little red, ar drainage. V4 said F treat it for infection. identified the suture about them. V4 sai have sutures in pla does not know how	0 PM, V4 said R1 was sutures: one on each sid /4 said RT asked her to s. V4 said R1's right side ded in her skin and look ad had some serosangu R1 was put on antibiotic V4 said RT should hav es and informed wound d surgical wounds usua ce for two weeks. V4 sa y long trachea sutures a hould be removed befor I in the skin.	e e ked uinous s to /e care ally aid she ure left					

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If continuation sheet 4 of 4