FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING IL6001127 05/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5400 WEST 87TH STREET **BURBANK REHABILITATION CENTER** BURBANK, IL 60459 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION). TAG TAG DATE DEFICIENCY) **Initial Comments** S 000 Complaint Investigation: 2392917/IL158496 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)1) 300.1210d)2) 300.1610a)1) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed Attachment A and dated minutes of the meeting. Statement of Licensure Violations

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

11/2 11 \*\*FPRINTED: 06/20/2023 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C B. WING IL6001127 05/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5400 WEST 87TH STREET **BURBANK REHABILITATION CENTER BURBANK, IL 60459** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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. Section 300.1610 Medication Policies and **Procedures** 

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a) Development of Medication Policies

1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal. State and

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Nursing/DON) said nurses should follow

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING IL6001127 05/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5400 WEST 87TH STREET BURBANK REHABILITATION CENTER** BURBANK, IL 60459 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 · admission orders unless changed by the physician. V3 was unsure if there had been any changes to R1 admission orders. On 5/10/23 at 1:48PM, V21 (Medical Doctor/MD) said he will usually follow the admission order from the hospital and does not recall making any changes to R1's coumadin orders. V21 said he does not recall changing Coumadin to Monday thru Saturday and unable to provide rationale for why medication would have been changed on admission. V21 said he would expect his orders to be followed by staff and would expect to be notified if medication was not given. R1's admission orders dated 2/24/23 documents: warfarin reminder: INR 2-3. Check PT/INR every Monday, Wednesday, and Friday. R1's physician order report dated 3/22/23 documents: PT/INR once a day on Monday, Wednesday, and Friday. R1's medical record does not document any PT/INR result was drawn on 3/27/23 (Monday). On 5/9/23 at 12:21, V16 (Lab personal) said she was unable to see any PT/INR draws on 3/27/23 for R1. On 5/10/23 at 1:48PM, V21 (MD) said he would expect his orders to be followed by staff and would expect to be notified if lab was not drawn. R1's laboratory results collected 3/23/23 at 05:15am for prothrombin time, PT 20.8 and International normalized ratio, INR 1.6: For patients stabilized on long term anticoagulation therapy, the following target ranges are usually

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recommended: standard therapy: 2.0 -3.0

PRINTED: 06/20/2023 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6001127 B. WING 05/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5400 WEST 87TH STREET **BURBANK REHABILITATION CENTER** BURBANK, IL 60459 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 S9999 Continued From page 4 (myocardial infarction, atrial fibrillation, venous thrombosis, pulmonary embolism). Final reported 3/25/23 at 16:09. On 5/10/23 at 1:48PM, V21 (MD) said he was aware of results drawn on 3/23/23 and would not have ordered any changes to coumadin based on results because resident was a new admit and obtaining a baseline PT/INR. R1's laboratory results collected 3/24/23 at 09:00am for prothrombin time, PT 18.7 and International normalized ratio, INR 1.4: For patients stabilized on long term anticoagulation therapy, the following target ranges are usually recommended: standard therapy: 2.0 -3.0 (myocardial infarction, atrial fibrillation, venous thrombosis, pulmonary embolism). Final reported 3/27/23 at 11:51. On 5/10/23 at 1:15PM, V20 (Nurse Practitioner/NP) said an INR below 2 is not therapeutic and would need a medication change. A patient who is being treated with warfarin for atrial fibrillation who is not within a therapeutic INR level is at greater risk for blood clots. Blood clots can cause stroke Coumadin helps to make the blood thinner, so clots do not develop. R1's progress note dated 3/28/23 documents: during medication pass, resident wasn't able to stay attentive and kept dozing off. Resident would not answer to his name or simple commands. Vital Signs: 166/91 Blood Pressure, 102 Heart

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alert/oriented x4.

Rate, 97.2 Temperature, 99% room air, 120 Blood Sugar, resident had bilateral weakness to both upper extremities. Normal baseline is

MD via (Brand) facility software system was contacted and was ordered to send the resident Illinois Department of Public Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		(X3) DATE SURVEY					
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COM	COMPLETED					
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	out to the hospital.										
24			155								
	R1 activated code:	d dated 3/28/23 documents: stroke with history of Atrial	(6) (U								
		nadin presenting with acute resis, awake but nonverbal.									
	Baseline is alert an	d oriented x4 with no prior									
	neuro deficits. CT o occlusion.	obtained revealing inferior M2									
	Data hassital naves	James and a date of 2/00/02									
		's hospital neurology note dated 3/28/23 cuments under assessment: Stroke etiology		W							
	likely from atrial fibi INR.	rillation with subtherapeutic									
				53		<u> </u>					
	Facility healthcare NEXSYS (Automated medication dispensary onsite) medication lists documents: warfarin 1mg, 2.5mg and 5mg			3.5							
	available for use. S inconclusive.	Stroke assessment		30		177					
55	On 5/11/22 at 11:40	9AM, V3 (Director of									
	Nursing/DON) said	residents PT/INR results are				12 100					
 Si	expected to be repo	orted same day.									
-		DAM, V24 (Lab) said residents									
		expected to be reported same something unexpected that		.1							
	happens.			51							
	R1's medical record	d does not document any									
		orders until 3/27/23.									
-		er dated 3/27/23 documents: 3									
	mg warfarin daily. F	Recheck in one week.									
		"Orders for Anticoagulants									
		4 documents: To ensure									
		only prescribed when proper ory monitoring is in place.			5						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
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	Anticoagulant therapy orders will be administered as ordered by the attending physician.			c s	- 1				
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