

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001127</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/27/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BURBANK REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5400 WEST 87TH STREET BURBANK, IL 60459</b>
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S 000	Initial Comments  Complaint Investigation  2192412/IL132589	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1210b) 300.1210d)2)  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 and dated minutes of the meeting.  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	S9999	<b>Attachment A</b> <b>Statement of Licensure Violations</b>	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a resident received physician-ordered hemodialysis for one (R2) of three residents (R2, R3, R4) reviewed for dialysis in the sample of 5. This failure resulted in R2 developing pulmonary congestion and fluid overload, resulting in hospitalization.</p> <p>Findings include:</p> <p>R2's Face Sheet (obtained 4/20/21) states R2 was admitted to the facility on 3/27/21 with diagnoses that include Hypertensive Chronic Kidney Disease with Stage 5 Chronic Kidney Disease or End Stage Renal Disease and Dependence on Renal Dialysis.</p> <p>R2's Progress Note, dated 3/27/21 at 7:19 PM, states R2 was admitted to the facility. R2 is a dialysis patient with a dialysis schedule of Tuesday, Thursday and Saturday. R2 has medical history of End Stage Renal Disease (ESRD) and has a right arm arteriovenous fistula (AVF). R2's diet is renal diet, regular texture, with thin liquids. All medications verified via telehealth. All orders carried out.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>R2's Physician's Orders state the following orders were given on 3/29/21: Hemodialysis right arm AVF once a day on Tuesday, Thursday, and Saturday; document vital signs for each dialysis day (Tuesday, Thursday, Saturday); and check access site right AVF for redness, bleeding and swelling. Medication Administration History for March 2021 and April 2021 indicate staff signed/initialed that R2 received dialysis on Tuesday 3/30/21, Thursday 4/1/21, and Saturday 4/3/21; had vital signs checked after dialysis on Tuesday 3/30/21, Thursday 4/1/21, and Saturday 4/3/21; and had his access site right AVF checked for redness, bleeding and swelling from 3/29/21 - 4/3/21. There was no documentation in R2's Progress Notes from 3/27/21- 4/3/21 stating R2 had completed hemodialysis.</p> <p>Physician's Progress Note dated 4/3/21 at 4:25 PM states R2's Nurse reports edema (could see pitting edema in video). Nurse having difficulty obtaining vitals, she reports. Nurse said R2 is on 2 liters of oxygen. R2 is on hemodialysis but not clear the hemodialysis schedule (R2 is not on dialysis schedule so nurses are not sure if/when R2 had her hemodialysis). R2 is lethargic and not very interactive on video call, which appears to be a change. Assessment/Plan: send to hospital STAT due to lethargy and fluid overload status, let family know of situation.</p> <p>Progress Note dated 4/3/21 at 7:36 PM states R2 was observed with labored breathing and pitting edema (+4) to bilateral upper extremities. R2 is very lethargic. Unable to obtain vital signs. Physician contacted and made aware of residents change in condition. Received order to send resident to emergency room STAT via 911. Order carried out. R2 remained in stable condition until</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>departure to hospital accompanied by paramedics.</p> <p>Hospital Records, obtained 4/21/21, stated R2 was admitted to the hospital emergency room on 4/3/21 at 5:14 PM, presenting with weakness and apparent missed hemodialysis. Emergency Department Resident Physician Note, dated 4/3/21, stated on arrival to the emergency department, R2 was mildly tachypenic, however otherwise stable vital signs. Physical exam reveals an edematous uncomfortable appearing woman with signs of volume overload. Concern at this time for pulmonary congestion and volume overload secondary to missed hemodialysis, also concern for electrolyte abnormality, such as hyperkalemia, also considering heart failure exacerbation, other electrolyte abnormality. Admission and nephrology consult anticipated. R2 was admitted to the hospital. Hospital Records state R2 was hospitalized from 4/3/21 - 4/15/21.</p> <p>R2's chest X-ray completed on 4/3/21 shows moderate cardiomegaly with suggestion of pulmonary vascular congestion and moderate bilateral pleural effusion with underlying atelectasis or consolidation. Comprehensive Metabolic Panel, completed 4/3/21, indicates low sodium (126, normal range 135-145 millimoles per litre-mmol/L), elevated potassium (5.8, normal range 3.1-5.1 mmol/L), low chloride (93, normal range 98-107 mmol/L), and elevated creatinine (6.17, normal range 0.51-0.95 milligrams per decilitre-mg/dl). Complete Blood Count (CBC) completed 4/3/21 indicated low hematocrit (29.8, normal range 36-46.5 %).</p> <p>On 4/20/21 at 2:30 PM, V3 (Director of Nurses) stated an approval request was sent to the</p>	S9999		

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S9999	Continued From page 4  facility's inhouse dialysis company regarding R2 receiving dialysis services as a new admission. V3 stated that R2 was never put on a dialysis list. V3 stated R2 missed dialysis on Tuesday 3/30/21 and Thursday 4/1/21. V3 stated the facility was not aware R2 did not have her dialysis treatments until R2 began showing symptoms (pitting edema, shortness of breath) on Saturday 4/3/21. V3 stated R2 was sent to the emergency room on 4/3/21 for dialysis.  The undated Dialysis policy states the facility is responsible to pre-screen all potential dialysis residents prior to admission. The dialysis company will notify the facility that the resident has been accepted. The facility will then notify the dialysis company when the resident has been admitted to the facility. The dialysis company will then place the resident on the schedule. The facility must request the patient be scheduled for dialysis by speaking to or emailing with a member of the dialysis unit. The dialysis company will email a schedule to the Administration daily. The dialysis schedule includes any pending residents, hospitalizations, and current 'in house' residents. Facility Administration will reconcile new admissions and the schedule to ensure any new admission or readmission has a scheduled 'chair time' for dialysis.  (A)	S9999		