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 02/01/2022

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

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S 000	Initial Comments Complaint Investigation: 2290447/IL00142565 2290613/IL00142782	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3)6) 300.1220b)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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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: 3)Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1220 Supervision of Nursing Services b)The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.	S9999		

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S9999	Continued From page 2	S9999		

These Requirements were Not met evidenced by:

Based on interviews, and records reviewed, the facility failed to conduct a comprehensive assessment for pain, treat pain post fall incident, failed to report complaints of pain to the attending physician and nurse for 1 of 3 residents (R2) reviewed for pain. This failure resulted in R2 in pain crying with tears for over 4 hours.

Findings include:

R2 is 71 year old with diagnosis including but not limited to Repeated Falls, Weakness, and Need for Assistance with Personal Care. R2's cognition was assessed to be intact. R2 was transferred to the hospital on 1/14/22 and did not return to the facility.

On 1/21/22 at 2:50PM V23, Wound Care Coordinator, said on 1/14/22 she was called by V1. Administrator, and notified R2 was having pain on his left side and if I could go see R2 and assist in getting R2 transferred to the hospital. V23 said R2 did not say anything to her when she went to see him.

On 1/25/22 at 10:02AM V25, R2's family, said on 1/14/22 she called the facility to check on R2 and she was told Physical Therapy was with R2 and he seemed upset. V25 said she arrived to visit R2 around 4:30PM and R2 was completely upset, V25 said I noticed it immediately. V25 said she spoke with a nurse who didn't know anything about R2. V25 said she spoke with V1 and requested R2 be transferred to the hospital.

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S9999	Continued From page 3 On 1/25/22 at 10:18AM V12, Certified Nursing Assistant (CNA), said she found R2 on the floor on 1/14/22 around 4:30AM. R2 said I understand some Spanish and R2 said he was in pain, he was crying he was in pain. V12 said R2 indicated he had pain on his left side from his left foot to his left shoulder. V12 said she saw R2 was red on his left side from pressure of the fall. V12 said the bed was not in the lowest position and there was not a floor mat under R2, but it was on the other side of the bed. V12 said R2 rubbed his skin on the floor when he fell and his arm was bleeding. On 1/25/22 at 11:25AM V1, Administrator, said an agency nurse was assigned to R2 on 1/14/22 and he had no information about R2. V1 said he went to see R2 and he pointed to his shoulder, R2's daughter said R2 has discomfort to his shoulder. V1 said R2's daughter requested R2 be transferred to the hospital. [Agency nurse phone number not provided to surveyor.] On 1/25/22 at 11:45AM V13, Therapy Director, said she worked with R2 and he usually had pain in his legs. V13 said R2 was able to perform upper body exercises. On 1/25/22 at 12:01PM V14, Physical Therapist, said on 1/14/22 R2 was her first patient she saw him around 3:00PM. She was made aware at the nurses' desk that R2 had fallen. V14 said she saw R2 in his room and he was crying, had tears on his face. V14 said normally R2 does not cry with tears. V14 said normally R2 has pain in his legs. V14 said she did not report to anyone R2 was in pain. V14 said about an hour later someone told me R2 was going to the hospital. On 1/25/22 at 1:33PM V2, Director of Nursing,	S9999		

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S9999	Continued From page 4	S9999		

said after a resident has a fall we do post fall assessments and we continue to monitor the resident for changes, and pain. V2 said she did not see R2 at all on 1/14/22.

On 1/25/22 at 3:34PM V16, Licensed Practical Nurse (LPN), said on 1/14/22 I saw R2 on the floor and he was moaning. V17 said he did not asses R2. V17 said when V24, R2's Nurse, arrived to the room V17 left the unit.

On 1/25/22 at 4:35PM V17, Registered Nurse, said he saw R2 on the floor and he was moaning. V17 said when V24 arrived to the room he left the unit.

On 1/25/22 at 10:10AM V19, Medical Director, said he expects the nursing staff to follow physician orders and give medications, this is per the Standard of Care.

On 1/25/22 at 11:42AM V17, CNA, said she was assigned to R2 routinely. V17 said R2 had periods of confusion and often requested pain medication for his legs. V17 said she would report R2's request to his nurse. V17 said she never saw R2 crying with tears.

On 1/26/22 at 12:36PM V23, Wound Care, said on 1/14/22 she did not provide wound care to R2 because his treatment is ordered Sunday, Tuesday, and Thursdays. [1/14/22 was a Friday.]

The surveyor was unsuccessful in contacting V24, LPN, who was assigned to R2 on 1/14/22 when he fell. Calls and messages were left on 1/21/22 at 3:28PM additional calls were made on 1/25/22 at 9:57AM, 9:58AM and 12:45PM on 2 phone numbers provided by the facility.

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S9999	Continued From page 5 R2's Event Report dated 1/14/22 notes: Initial Observation complains of shoulder pain. Pain Observations bracing, grimacing, massaging a body part of area, rubbing is check marked. Analgesic given is documented on Event Report. However, documentation was made on the Medication Administration History for 1/14/22 or R2's Controlled Drug Form until 9:00AM. Pain was documented at 5:10AM by V24. V24 did not return surveyors calls to be interviewed. Review of R2's Physician Order Report notes Hydrocodone-Acetaminophen tablet daily as needed for wound care. Review of R2's Controlled Drug Form dated 1/14/22 at 9:00AM notes Hydrocodone-Acetaminophen tablet administered. Pain scale evaluation performed on 1/14/22 notes R2 has a pain rating of 7 on 0-10 pain scale. No follow up note or documentation was found to address the effectiveness of the medication. Review of R2's Medication Administration History for 1/14/22 Tramadol tablet as needed every 12 hours is not signed off as given since 1/13/22 at 5:50PM. Tramadol is not signed on R2's Controlled Drug Form dated 1/14/22. Review of R2's Progress Notes dated 1/14/22 at 5:02AM notes R2 complained of left arm pain. Medication was offered but declined at this time. Order for STAT left arm X-ray given. The next nurse written Progress Note is at 5:38PM noting R2 complained of pain to left chest and arm. Doctor notified and order to transfer to the hospital carried out. [This note is 12 hours after the initial complaint of left arm pain. No progress note was found after the fall until 1/14/21 at	S9999		

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S9999	Continued From page 6 5:01PM noting R2 was being sent to the hospital for complaints of pain.] R2's Risk for pain and discomfort related to wound to right lower extremity initiated 11/12/21 includes: administer medications: Tramadol, evaluate effectiveness of pain management intervention. Adjust if ineffective, monitor and record any non verbal signs of pain (crying, moaning). The facility Pain - Clinical Protocol revised August 2008 notes as follows: Identify individuals who have pain or who are at risk for having pain. Such assessments should occur whenever anytime pain is suspected. Identify the nature and severity of pain. Evaluate non-verbal individuals for nonspecific signs and symptoms that could reflect pain; for example grimacing. The physician will order appropriate non-pharmacological and medication interventions to address the individual's pain. Staff will reassess the individual's pain and consequences of pain at regular intervals. The staff will discuss significant change in levels of comfort with the Attending Physician. Resident's Physician and resident's family/responsible party should be notified of significant changes pertaining to resident's pain level. " B "	S9999		