STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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 Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 300.610 a) 300.615 e) 300.615 f) 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 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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	S9999		

pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)
f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.

These requirements are not met as evidenced by:

Based on interview and record review, the facility failed to follow its policy in conducting background checks for eight (R1, R9, R13, R32, R34, R39, R46 and R55) of ten residents in a sample of 37 reviewed for admission screening. This deficiency has the potential to affect the 55 residents currently residing in the facility.

Findings include:

Per census report, there are 55 residents currently residing in the facility.

The following documentation were presented during review of residents' admission screening:
R1 is a 75 year old, female, initially admitted in the facility on 07/11/24, with diagnoses of Systemic Lupus Erythematosus, Unspecified. Her name was checked under Department of Corrections, local and national sex offender websites on 08/09/24, which was 29 days post admission.

R9 is a 88 year old, female, admitted in the facility on 07/24/24, with diagnoses of Acute on Chronic Combined Systolic (Congestive) and Diastolic

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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	S9999		

(Congestive) Heart Failure. Her CHIRP (Criminal History Information Response Process) was checked on 08/12/24, which was 19 days after admission in the facility.

R13 is a 65 year old, female, admitted in the facility on 06/28/24, with diagnoses of Unspecified Dementia, Unspecified Severity, without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety. Her name was checked in the state and local sex offender websites on 07/16/24, and Department of Corrections on 07/16/24.

R32 is a 67 year old, male, initially admitted in the facility on 07/23/24, with diagnoses of Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side. His name was checked under national sex offender registry on 08/13/24.

R34 is an 81 year old, male, admitted in the facility on 06/25/24, with diagnoses of Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side. His CHIRP was ran on 07/16/24 which was 21 days post admission. His name was checked under local and national sex offender websites on 07/16/24 and in Department of Corrections on 07/16/24.

R55 is a 71 year old, female, admitted in the facility on 06/28/24, with diagnoses of Metabolic Encephalopathy. Her name was checked in the Department of Corrections, state and national sex offender websites on 07/03/24, which was 5 days post admission.

R39 is a 69 year old, male, initially admitted in the facility on 08/03/24, with diagnoses of Vascular Dementia, Unspecified Severity, without

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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		

Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety. Per facility's list of identified offenders, R39 is an identified offender currently residing in the facility. His name was checked under local and national sex offender registry on 08/13/24, which was 10 days post admission. His name was also checked under Department of Corrections on 08/13/24.

R46 is a 69 year old, female, admitted in the facility on 07/22/24 with diagnoses of Cerebral Palsy. CHIRP was conducted on 08/12/24. Her name was checked under state sex offender website on 08/13/24.

On 08/13/24 at 10:25 AM, V5 (Admissions Director) stated, "We do the CHIRP on the day they were admitted. State and National sex offender registry sites should be checked prior to admission."

On 08/14/24 at 3:03 PM, V1, Administrator, stated, "Background checks on residents - we do CHIRP, sex offender websites; Department of Corrections prior to admission. We do this to maintain patients' safety."

On 08/14/24 at 4:16 PM, V25, Medical Director, stated, "We normally do it, that is the law, facility has to follow the protocol, it's the law and it is required."

Facility's policy titled, "Admission of Identified Offender - Illinois", dated 1-24-18, stated the following:
Guidelines:
1. Screened on Sex Offender web sites.
2. Criminal History record information requested.
3. Facility must review screenings and all supporting documentation to determine if the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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 placement is appropriate. Facility's policy titled, "Abuse Prevention and Reporting - Illinois", dated 10-24-22, documented the following: Guidelines: This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents. This will be done by: Conducting pre-employment screening of employees and pre-admission screening of residents Abuse Prevention: Pre-Admission Screening of Potential Residents This facility shall check the criminal history background check on any resident seeking admission to the facility in order to identify previous criminal convictions. This facility will: Request a Criminal History Background Check within 24 hours after admission of a new resident, Check for the resident's name on the Illinois Sex Offender Registration Website Check for the resident's name on the Illinois Department of Corrections sex registrant search page. (C)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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	S9999		

300.610 a)
300.1210 b)
300.1210 d)3)
300.1210 d)5)

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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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	S9999		

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.

5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

These requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to identify, assess, and implement interventions in preventing the development of pressure ulcer for one (R19) of three residents in the sample of 37 reviewed for pressure ulcer. This failure resulted in R19 developing an unstageable pressure ulcer on the sacral area.

Findings include:

R19 is an 87 year old, female, initially admitted in the facility on 06/14/22, with diagnoses of Hemiplegia and Hemiparesis Following Unspecified Cerebrovascular Disease Affecting Right Dominant Side; Parkinson's Disease without Dyskinesia, Without Mention of Fluctuations; and Neurocognitive Disorder with Lewy Bodies.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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	S9999		

R19's MDS (Minimum Data Set), dated 07/02/24, recorded: Section C, BIMS (Brief Interview for Mental Status) score of 99, which means R19 was unable to complete the interview; and Section M0150 Risk of Pressure Ulcers/Injuries - R19 is at risk of developing pressure ulcers/injuries.

R19's Care plan on potential for alteration in nutrition, dated 09/06/23, documented: Intervention - Assess for changes in elimination, changes in skin integrity (04/02/24).

Braden Observation, dated 01/03/24, documented a score of 16.0, which means R19 is at risk for development of pressure ulcers.

Weekly Skin Observation, dated 08/05/24, documented R19 had intact skin. Her progress notes, dated 08/05/24, also documented intact skin.

R19's shower sheets, dated July 2024, recorded normal skin. Shower sheet, dated 08/06/24, documented an open area on R19's sacrum.

There was no documentation in the progress notes/wound notes, dated 08/06/24, addressing R19's open area on the sacrum.

R19's Wound Assessment Details, dated 08/09/24, recorded an Unstageable Facility Acquired Pressure Ulcer on the sacrum with measurements: 2.7cm length x 2.4 width x depth unknown.

R19's POS (Physician Order Sheet), dated 08/09/24, documented: Cleanse sacrum with wound cleanser then apply calcium alginate with silver then cover with foam dressing daily and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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	S9999		

PRN (when needed) one time a day for wound.

On 08/12/24 at 11:40 AM, R19 was observed in the dining room attending activities. She was sitting in her wheelchair. R19 was awakeand alert, but did not respond when greeted.

On 8/12/2024 at 1:10 PM, V24 (Wound Care Nurse) was observed performing wound care on R19. R19 was in bed, on a low air loss mattress, turned to left side, with a pressure ulcer on the sacral area. The sacral pressure ulcer had 30% slough, 70% granulation tissue, with clean wound edges. There was no discharge noted on the wound. Current measurements were taken as 2.7 cm (centimeters) x 2.4 cm. According to V24, R19's sacral wound is an unstageable pressure ulcer, facility acquired. V24 added, "She had an old pressure ulcer healed on the sacrum, it reopened. She is nutritionally compromised and also incontinent."

On 08/14/24 at 11:05 AM, V23 (Wound Nurse Practitioner) stated, "I was contacted a week ago regarding sacral wound; it is a facility acquired. The last time I saw her was last January 2024, she had a wound on the sacrum and was healed. It reopened 08/09/24 as Unstageable. I was first notified on 08/09/24, and I gave orders for calcium alginate. Facility has to follow its skin protocol. With fragile scar tissue, it can open in a matter of hours."

On 08/14/24 at 11:10 AM, V24, Wound Care Nurse, stated, "I am not here every day. When I came back on 08/09/24, I was informed that she has a wound on the sacrum. When I assessed it, it was Unstageable. I notified (V23) right away. If I am not here, nurses should notify Director of Nursing (DON), and she notifies (V23)."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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	S9999		

On 08/14/24 at 11:15 AM, V6 (Registered Nurse, RN) stated, "The CNAs (Certified Nurse Assistants) usually check residents' skin during shower and incontinence care. If there are any skin issues per CNA, I do the assessment myself and I tell DON. I also sent a message to the Wound Care Nurse."

On 08/14/24 at 11:55 AM, V20, Certified Nursing Assistant/CNA stated skin assessments on residents are done during morning care and changing. If skin issues are noted, the CNAs notify the nurse on duty.

On 08/14/24 at 12:23 PM, V2, Director of Nursing, stated, "(V24) is the Wound Care Nurse, and she is not here every day. She works Mondays, Wednesdays, Fridays, and PRN (as needed). Floor nurses do wound care. The nurses and CNAs do the skin assessment. CNAs assess skin during ADL (activities of daily living) care. If there are skin issues, CNAs notify nurses. Nurses will do the assessment, and if there are open areas or redness, the nurse will call the Primary Physician and ask for orders or treatment orders. On (R19), the wound on the sacrum was identified by (V24) on 08/09/24 as Unstageable. I was not here that time. They just told me over the phone that she (R19) had an open area on the sacrum. I told (V24) to do the assessment and implement interventions and notify (V23). In the shower sheet, on 08/06/24, there was an open area. I believe (V22, CNA) reported it to the nurse. The nurse will document under wound observation note. Staff has to assess the body of residents on a daily basis. If they found any redness, they have to inform the nurse, and the nurse will check/assess and inform the doctor and put all the necessary interventions. There is a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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	S9999		

weekly skin assessment completed by treatment nurse. CNAs do the skin assessment and it is recorded on a daily basis via plan of care. The nurse who identified the skin issue will do the first treatment." V2 was asked to present documentation from the plan of care, dated 08/06/24, relative to R19's open area to the sacrum, but nothing was presented during the course of this survey.

On 08/14/24 at 1:34 PM, V25 (Medical Director) stated, "If a resident is not mobile, they have to move the resident every two hours or so, feed resident properly; change resident on time; and if there are skin issues, contact wound care team immediately."

Facility's Policy titled, "Pressure Ulcer Prevention", dated 1/15/18, documented the following:
Purpose: To prevent and treat pressure sores/pressure injury.
Guidelines:
2. Inspect the skin several times daily during bathing, hygiene, and repositioning measures. May use lotion on dry skin.

(B)

3 of 3

300.610 a)
300.1210 b)
300.1210 d)6)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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 11	S9999		

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 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:
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.

These requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure one dependent resident (R21) was safely transported in a wheelchair. This failure affected one (R21) of two

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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 12	S9999		

residents reviewed for falls in a sample of 37. This failure resulted in R21 falling forward out of a wheelchair while being pushed by staff, hitting R21's head, and sustaining a contusion to right forehead, requiring transfer to a local hospital for emergent care.

Findings include:

R21 is an 80-year-old resident admitted to the facility on 11/20/2023, with diagnoses including but not limited to generalized anxiety disorder, moderate intellectual disabilities, muscle wasting and atrophy, and history of falling.

Minimum Data Set (MDS), dated 08/01/2024, documents R21's Brief Interview for Mental Status (BIMS) score as 00, which indicates severe cognitive impairment. MDS, dated 08/01/2024, also documents R21 is dependent on staff for wheelchair mobility and toileting hygiene; needs substantial/maximal assistance for oral hygiene, shower/bathe self, lower body dressing and putting on/taking off footwear; needs partial/moderate assistance is needed for upper body dressing and personal hygiene; and needs supervision or touching assistance for eating.

Fall risk assessments completed on R21 document the following:
11/20/2023 - Fall risk score =18; At risk for falls
02/19/2024 - Fall risk score = 14; At risk for falls
04/29/2024 - Fall risk score = 14; At risk for falls
07/12/2024 - Fall risk score = 16; At risk for falls
07/29/2024 - Fall risk score = 14; At risk for falls

Care plan for R21, dated 11/21/2023, documents: Focus: I am at risk for falls and injury related to falls. I have history of fall. Risk factors: Requiring assistance with activities of daily living (ADL's),

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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 13	S9999		

possible medication side effects, cataract, right leg cast in place.
Goal: I will have interventions in place and reviewed as needed to address risk for falls and injury related to fall through next review.
Interventions: All essential/personal items placed closer to bed and within resident's reach.
Send to hospital for evaluation.
Neurochecks as ordered.
Bump to Forehead: assess for pain, provided pain interventions as appropriate.
Assess for altered cognition, decline in safety awareness.
Assess for side effects of medications.
Assist with ADLs, anticipate and meet resident's needs.
Assist with toileting upon awakening, before and after meals, during rounds and before bedtime.

Progress note, dated 07/12/2024, documents: "While (V31) Certified Nursing Assistant (CNA) was wheeling (R21) back to his room; (R21) abruptly became agitated and noted to slide his body down landing on the floor and bumping his head. Certified Nursing Assistant unable to prevent fall in a timely manner due to resident's abrupt agitated behavior. Upon staff interview of incident, (R21) stated, 'I wanted her (referring to V31) to wheel me faster back to my room.' (R21) assisted safely back to wheelchair. Vital signs taken. Body assessment completed with discoloration/redness noted to the right side of forehead. Pain assessment completed with no complaints of pain made. Range of motion assessed and within resident's baseline. Level of consciousness within resident's normal range. First aid rendered to affected site per medical doctor (MD) orders. Neuro checks initiated. (R21) assisted safely to bed. Activities of daily living (ADL) care rendered. Bed in lowest position with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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 14	S9999		

call light in reach. MD made aware and gave orders to send (R21) to hospital for further evaluation. MD orders carried out. (V32) Case worker made aware. Plan of care ongoing."

Progress note, dated 07/12/2024, documents: "(R21) is being transported via ambulance to hospital. Order summary with signed bed hold policy sent with (R21). Report called and given to emergency room nurse. MD made aware. (V32) made aware. All departments made aware."

Local hospital emergency room note dated, 07/12/2024, reads: "80-year-old man with history of hypertension, hyperlipidemia, benign prostatic hypertrophy, failure to thrive, not on blood thinners here for evaluation of head injury. Patient coming from facility after falling out of wheelchair, hit head, sustained small contusion to right forehead."

Fall initial occurrence note, dated 07/12/2024, documents description of occurrence: "While CNA (V31) was wheeling resident back to his room; resident abruptly became agitated and noted to slide his body down landing on the floor and bumping his head. CNA (V31) unable to prevent fall in timely manner due to resident's abrupt agitated behavior."

On 08/12/2024 at 10:04 AM, R21 was sitting at table in a wheelchair in the activity room. Bruise noted to forehead, purple in color, and slightly smaller than quarter sized.

On 08/13/2024 at 9:54 AM, R21 was in a wheelchair in activity room. Bruise remained purple in color and remained slightly smaller than a quarter in size.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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 15 On 08/13/24 at 10:07 AM, V6 (Registered Nurse) stated, "The bruise on his forehead is from his fall last July. The bruise did not fade out. He has not had any falls since last one in July. He sometimes is a bit aggressive with movement, but not all the time. No aggressive attitude. Bruise has remained since fall last month. It was a little bigger, not much." When asked what interventions are in place to keep him safe, V6 stated he had fall mats and low bed in place. On 08/14/24 at 9:49 AM, (V2) Director of Nursing (DON), stated, "The bruise on (R21's) forehead has been there since his fall on 07/12/2024. It doesn't heal. He keeps messing with his face. He has not had a fall since the one in July." On 08/14/24 at 3:39 PM V29, (Certified Nursing Assistant/CNA), stated, "I have worked here about a month. I have worked with (R21). He is a fall risk. The interventions we have in place are place call light in reach, lower his bed, and floor mats. I can't think of anything else at the moment. He does not have any behaviors. I am not aware of any falls." On 08/14/24 at 12:43 PM, V27 (CNA stated, "I have worked here 3-4 months. I have taken care of (R21) before. Sometimes he gets a little aggressive. Nothing too crazy. Sometimes when someone sits where (R21) wants to sit, he makes noises or will ball up his fists and shake them. I have not been here when he has had a fall. I know (R21) is a high fall risk. The interventions we have in place are that we get (R21) up so someone is watching him. Staff is always in the activity/dining room so we can watch (R21). I am not aware of any other interventions in place to keep him from falling."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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 16	S9999		

On 08/14/24 at 11:57 AM, (V2) Director of Nursing (DON), stated, "(R21) is confused. He can't walk and does not want to go to another facility. He loves it here. He has a lot of pictures. He has behaviors sometimes. He is resistive with care or does not want to be put to bed. He sometimes become restless. He has had 2 falls. The first one he rolled over on his bed, and the last one, (V31) was wheeling (R21), and he became restless and leaned forward and ended up on the floor. We sent him out to the hospital. The family is very concerned about him. They want him to be sent out to hospital for any fall. He sustained bruising to the head. He hit is head when he hit the floor. Sometimes he is just restless once in a while. When he is in bed he just moves around once in a while. He sometimes looks for his pictures, and if they are on the floor, he will try to get them. CNAs know if his pictures on the floor, to pick up and give to him because he will look for it. When he gets restless like that, we give him time and talk to him. He started to move that time in the wheelchair, and he lost his balance in the chair. A lot of times he is in the dining area, and he is leaning on the table. We are careful with him because he is leaning a lot of time without a table in front of him. We have people all the time in the dining room to watch him. I tell them to always check on (R21). He is high risk for falls. Interventions when he is in bed his bed is in low, low position and we have a floor mat, and always redirect him. When he is restless, we give him space and redirect him. We listen to him. We tell him to always stay by the table. He is alert with confusion. He is total care. He is dependent with all ADLS. Eating is fine, but he is total assist for everything else. When a risk assessment is 14-18, that means high risk for falls. For (R21) is high risk. Care plan states he has poor safety awareness. He is not aware what

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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 17	S9999		

he is doing." V2 was asked when V31 was pushing him did he have leg rests? V2 replied, "I am not sure. (R21) was sent out to the hospital; we did not report because it was no injury. His hematoma to forehead is not serious so we did not report it" When asked, what is your expectation for CNA's? How should they propel resident in wheelchair? V2 responded, "They should make sure resident is safe and tell them what they are doing and make sure they are not moving. Yes, if he leans forward, the CNA will tell him to lean back. The expectation is for the CNA to transport safely, so the resident is safe and does not get harmed." V2 was sked, "When he fell on July 12, what intervention did you add to prevent further falls? V2 replied, "We make sure to ask for assistance, and to stop pushing the chair."

On 08/14/2024, investigation was provided, conducted by V2 regarding R21's fall on 07/12/2024. Investigation includes statement from V31 as follows: "While I was wheeling resident back to his room; all of a sudden he became agitated and slide his body down landing on the floor and bumping his head. It happened so fast and I couldn't get to him fast enough. I then made sure he was safe and called for the nurse to see him."

On 08/14/24 at 4:16 PM, V25, Medical Director, stated. "I have been Medical Director since about 2015. I am not by the computer, but I can try to log in. I remember most of my patients, but do not remember everything. I am logging in now. I recall the name (for R21), but I want to be sure. I get calls on everything that happens. I am sure I was called regarding his fall. He has anxiety and dementia no other psych diagnoses. The psychiatrist would be better to ask that question."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH 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 18 When asked what is the expectation MD has of staff regarding falls, he stated, "Obviously they need to be assessed and sent to the hospital, and they will do evaluation and testing." When asked if this fall could have been prevented? V25 stated, "Obviously they could have held them from falling forward. Did you ask the CNA? If I am on the street and see someone falling, I will try and prevent it. I think everyone will try to do that. I have not seen behaviors whenever I have seen him." Fall Prevention Program Policy, dated 11/28/12, states: Purpose: To assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. Guidelines: The Fall Prevention Program includes the following components: Use and implementation of professional standards of practice. Standards: Safety interventions will be implemented for each resident identified at risk. Fall/safety interventions may include but are not limited to: Direct care staff will be oriented and trained in the Fall Prevention Program Transfer conveyances shall be used to transfer residents in accordance with the plan of care. (No violation)	S9999		