

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Burbank Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5400 West 87th Street Burbank, IL 60459	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34490</p> <p>Based on interview and record review the facility failed to ensure a resident was seen by the eye doctor as requested by the resident's Power of Attorney (POA) for 1 of 3 residents (R1) reviewed for vision in the sample of 13.</p> <p>The findings include:</p> <p>R1's Face Sheet shows that she admitted to the facility on [DATE].</p> <p>R1's Electronic Medical Record shows that she had a Care Plan meeting on 11/3/23 and 3/11/24.</p> <p>On 4/19/24 at 11:39 AM, V14 (Social Service Director) said that R1 has had two care plan meeting since being admitted and the POA has requested for the eye doctor to see her at both meetings. V14 said that she is not sure if R1 has seen the eye doctor yet.</p> <p>On 4/19/24 at 10:55 AM, V2 (Director of Nursing) said that they have an eye doctor that comes to the facility on ce a month to see residents. V2 said that all residents are seen routinely and as requested. V2 said that if a resident or family member wants a resident to see the eye doctor, social services are to make sure that they are put on the list for the doctor to see at their next visit. V2 said that she is not sure why it took so long for R1 to see the eye doctor.</p> <p>R1's Comprehensive Eye Exam dated 3/18/24 shows that R1 saw the eye doctor and was diagnosed with presbyopia and a prescription was given for glasses.</p> <p>On 4/19/24 at 2:50 PM, V2 stated that the facility does not have a policy on vision services, but it is expected that the resident is seen by the eye doctor upon physician's order or as requested by the resident or POA.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34490</p> <p>Based on interview and record review the facility failed to ensure a resident was seen by the dentist as requested by the resident's Power of Attorney (POA) for 1 of 3 residents (R1) reviewed for dental in the sample of 13.</p> <p>The findings include:</p> <p>R1's Face Sheet shows that she admitted to the facility on [DATE].</p> <p>R1's Electronic Medical Record shows that she had a Care Plan meeting on 11/3/23 and 3/11/24.</p> <p>On 4/19/24 at 11:39 AM, V14 (Social Service Director) said that R1 has had two care plan meeting since being admitted and the POA has requested for the dentist to see her at both meetings. V14 said that she had seen the dentist by the most recent care plan but was not sure why she was not seen after the first care plan meeting.</p> <p>On 4/19/24 at 10:55 AM, V2 (Director of Nursing) said that they have a dentist that comes to the facility on ce a month to see residents. V2 said that all residents are seen routinely and as requested. V2 said that if a resident or family member wants a resident to see the dentist, social services are to make sure that they are put on the list for the doctor to see at their next visit. V2 said that she is not sure why it took so long for R1 to see the dentist.</p> <p>R1's Dental Consult dated 3/6/24 shows that she had moderate plaque and staining, mildly dry mouth, puffy tissue, and mild thrush.</p> <p>On 4/19/24 at 2:50 PM, V2 (Director of Nursing) said that R1 has only had one dental exam (3/6/24) since being admitted to the facility.</p> <p>The facility's Dental Services Policy revised August, 2008 shows, Oral health services are available to meet the resident's needs .Our facility has a contract with a dentist that comes to the facility and provides dental services .The Director of Nursing Services or his/her designee, is responsible for notifying Social Services of a resident's need for dental services. Social Services personnel will be responsible for assisting the resident/family in making dental appointments.</p>		