

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 01/23/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview, and record review, the facility failed to follow their Extreme Weather Temperature Policy by not maintaining indoor temperatures in the range of 71 degrees to 81 degrees Fahrenheit. This failure affected 3 residents (R8, R9, R11) in dialysis and 4 residents (R6, R7, R12, R13) residing on the wing complex. On 1/20/2026 at 11:50AM, during unit rounds, state agency observed residents in the XXX complex unit hallway wearing multiple layers of clothing, hoodies, zipped up jackets. State agency and V3 (Assistant Director of Nursing/ADON) continued walking down the hallway of the XXX complex wing and observed V3 zipping up her blue sweater. V3 stated this hallway is cold. State agency observed multiple staff wearing zipped up sweaters. On 1/20/2026 PM at 12:03PM, V9 (Maintenance Director) stated the complex XXX wing heater system was down and the facility called a company to come and assess the heating system in the end of November. V9 stated after the company came and worked on the heating issue, it resolved the heating issue to the rooms on the left side of the complex XXX wing, the odd room numbers, but we are still having heater issues to the resident rooms in the right side of the complex XXX wing, the even room numbers. On 1/20/2026 at 12:25PM, V10 (Certified Nursing Assistant/CNA) stated the XXX wing is cold, some of the resident's room heaters are not working. On 1/20/2026 at 12:42PM, V11 (Licensed Practical Nurse/LPN) stated the XXX complex unit, some rooms do not have proper heating. Record review of the facilities temperature log sheets provided by V1 (Administrator) document dated 1/7/2026 time 7:00AM reads, location Complex by R14's room temperature was 63.9- degrees Fahrenheit. Temperature log sheet dated 1/8/2026 at 6:00AM documents, location Complex by R6's room, temperature was 62.1-degree Fahrenheit. Temperature log sheets provided by V1 dated 1/13/2026 time 6:00AM documents, location complex by R13's room temperature was 63.2 degrees Fahrenheit. Temperature log sheet dated 1/14/2026 at 6:00AM documents, location Complex near R7 and R12's room, temperature was 60.1-degree Fahrenheit. On 1/20/2026 at 12:53 PM, V9 and state agency were standing in the XXX hallway between R6's room and the room in front of R6's, V9 measured the temperature using the (brand name) thermometer and it read 62.2 degrees Fahrenheit. On 1/20/2026 at 12:53PM, V9 and state agency checked the temperature using a (brand name) thermometer and it read 61.9-degree Fahrenheit inside R6's room. At 12:55 PM checked the temperature in R5's room, V9 and state agency observed that the (brand name) thermometer of R5's room read 62.0-degree Fahrenheit. V9 stated 62.0-degree Fahrenheit in a resident's room is unacceptable and the temperature to the rooms should be 71 to 81 degrees Fahrenheit. On 1/21/2026 at 10:25AM, state agency and V9 went into the dialysis room, in the XXX complex wing. Observed residents receiving dialysis treatment who were wrapped in multiple blankets. V9 measured the temperature in the dialysis room using the (brand name) thermometer and it read 62.2 degrees Fahrenheit. Random interviews were conducted on 1/22/2026, R8, R9, and R11 stated they received dialysis yesterday and it was cold in there. R9 states the cold makes her body hurt and is very uncomfortable. R8 stated it was so cold in there, its uncomfortable, it makes R8 angry. R11 stated</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 145211	Facility ID: 145211 If continuation sheet Page 1 of 3

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>the dialysis room is cold, stated she takes two blankets with her and wraps them over her body and head, states there is no heat in the dialysis room. Policy and Procedure titled: Extreme Weather Temperature Policy, effective Date: 1/1/2024. Policy reads: Policy: It is the policy of this facility to maintain indoor temperatures in the range of 71 degrees - 81 degrees Fahrenheit. Interventions will be promptly implemented to protect residents' health and safety when temperatures fluctuate outside the accepted range. Policy Specifications: To assure all departments assist in implementing appropriate interventions to maintain resident comfort during severe exterior temperature changes which may affect interior environment. Standards: Heating and air-conditions system will be inspected, maintained and repaired in accordance with the prevention maintenance schedule. The Maintenance Director will advise administration of any serious malfunctions or need for repairs/replacements beyond the approved budget. 3. Repairs of heating and air-conditioning units will be considered a priority during extreme weather or anticipated extreme temperature during winter and summer months.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow their Fall Guideline Policy when the admitting nurse failed to complete the Fall Risk Evaluation upon a resident's admission into the facility. This affected 1 (R1) resident of 3 reviewed for accidents. R1 is a [AGE] year-old female admitted to the facility on facility 6/5/2025 at 12:30PM and discharged date on 6/6/2025 at 3:36PM. R1's medical diagnosis are, but are not limited to, Chronic Obstructive Pulmonary Disease with acute exacerbation, acute respiratory failure with hypercapnia, type 2 diabetes mellitus, unspecified asthma with acute exacerbation, epilepsy with status epilepticus, chronic fatigue, history of falling, lack of coordination, altered mental status, abnormal electroencephalogram, other supraventricular tachycardia, hypertension. On 1/21/2026 at 11:11 AM, V16 (Restorative Director) stated the fall assessment evaluation for new admitting residents should be done on admission by the admitting nurse. V16 states that I do not see an initial fall risk assessment for the date R1 was admitted to the facility. On 1/21/2025 at 11:57AM, V6 (Licensed Practical Nurse/LPN) stated she was R1's admitting nurse. V6 stated when she got report from the hospital, they stated R1 fell a bunch of times, was a high fall risk, and R1 was not complaint. V6 stated, she does not recall what assessments she did for R1. V6 states for an initial fall risk assessment that should be in place upon admission, a fall risk should be in place to evaluate the resident's fall risk score. V6 stated it is the responsibility of the admission nurse to complete the fall risk evaluation. V6 stated a fall risk evaluation risk assessment should be completed upon admission, after a fall, and quarterly. If a fall risk evaluation assessment is not complete, a resident is at risk of falling. On 1/20/2026 at 1:30PM, V2 (Director of Nursing/DON) stated it is expected for the admitting nurse to complete the initial fall risk assessment the day of admission. I do not see a fall risk score for the admission date. Reviewed R1's fall incident report dated 6/5/2025 at 3:15PM, V6 documents a fall incident description that reads informed by co-nurse the R1 was observed sitting on the floor in room. R1 stated she needed to go to the bathroom, when asked why she didn't use the call light R1 states I forgot a call light because I had to use the bathroom really bad. Reviewed R1's fall incident report dated 6/6/2025 at 1:00PM V14 (LPN) documents a fall incident description that reads R1 as observed on the floor after an unwitnessed fall head to toe assessment performed by V14 and Nurse Practitioner (NP) a knot observed on the left side of the resident's head no active bleeding noted. Resident was observed on the floor after an unwitnessed (fall). Upon assessment R1 stated she was sitting in her wheelchair, and she had reached down in an attempt to grab her phone and subsequently lost her balance. Reviewed R1's Fall Risk Observation, effective Date, 06/06/2025 at 2:56PM documents R1's category as High Risk for falls, score of 13. Reviewed Facilities Fall Guideline Policy provided by V2. Policy revised 8/2024 documents: Purpose: to consistently identify and evaluate residents at risk for falls and those who have fallen to treat or refer for treatment appropriately and develop an organization - wide ownership for fall prevention to: achieve each resident's maximum potential of physical functioning. To prevent or reduce injuries related to falls. To enhance residents dignity and self-worth. To rehabilitate residents to their fullest potential of function. Fall Risk Evaluation: A fall evaluation is used to identify individuals who have predicting factors for falls. This evaluation is completed upon admission, quarterly, annually and with significant change in condition. Purpose: 1. To consistently identify and evaluate residents who fall and to treat or refer to treatment appropriately. 3. To prevent or reduce injuries related to falls. 6. Individualize interventions for each resident. 1. If the evaluation finds the resident at risk, implement resident specific interventions / precautions.</p>		