

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145913	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Burbank		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 West 79th 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 0689</p> <p>Level of Harm - 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** 49871</p> <p>Based on observation, interview, and record review, the facility failed to implement safety measures with Activities of Daily Living (ADL) as indicated in resident plan of care. This failure resulted in R1 sustaining a laceration on the left leg during transfer from wheelchair to bed with 6x4x2 measurements and being transferred to the local hospital for sutures. This failure also resulted in R2 sustaining intraparenchymal hematoma and transferred to local hospital.</p> <p>Findings Include:</p> <p>1. R1's medical record documents: admitted [DATE]. Diagnosis Information include Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation, Radiculopathy, Lumbar Region, Need for Assistance with Personal Care, Subsequent Encounter for Fracture Without Routine Healing.</p> <p>R1's Care Plan Report read Focus: R1 have an ADL self-care/mobility performance (functional abilities) deficit that may fluctuate with activity throughout the day. Interventions: Chair/bed to chair transfer: R1 usual performance is dependent x 2, revision date 11/15/2024. R1 use a mechanical lift for transfer assist, Revision date 3/28/2025.</p> <p>R1's Minimum Data Set/MDS Section GG, date 3/20/2025, indicates R1's Chair/bed-to-chair transfer as dependent defined as assistance of 2 or more helpers is required for resident to complete the activity.</p> <p>Facility Restorative General Information, dated 3/1/2025, indicates R1's Assist Status of X2, Sit/Stand.</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
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Facility Reported Incident, Final Report reads: On March 26th, 2025, while being transferred by CNA, (R1's) left leg bumped against the lever of the halo of her bed. A head to toe assessment was completed and noted with an open area on the left lateral lower leg area. Area cleansed thoroughly and dressing was applied; no LOC (level of consciousness) was noted and ROM (range of motion) remains at baseline. An order was received from MD (Medical Doctor) to send resident to ER (emergency room) for further evaluation. Resident returned from ER with sutures in place. Based on the investigation it was determined that (R1's) open area to her left lateral lower leg was due to her leg bumping into the lever of the halo on her bed during transfer. (R1's) bed, including the halo, was changed immediately and resident expressed feeling safe without further concerns. Minimum pain noted and managed with medications. (R1) continues to reside in the facility. Care plans were reviewed and updated by IDT (Interdisciplinary Team). MD and family made aware.</p> <p>R1's Hospital Record Discharge Instruction, dated 3/26/2025, reads: (R1) was seen today for a laceration to left leg. Laceration details: location: L lower leg: Length (cm): 6Depth (mm): 2. Hospital was able to repair the laceration. Repair method: Sutures. Suture technique: Simple interrupted. Number of sutures: 10</p> <p>On 5/29/2025 at 10:15AM, R1 was in bed. V8 (Certified Nursing Assistant/CNA) was providing morning care. R1 stated on 3/26/2025, she was transferred from wheelchair to bed by one CNA using stand-pivot method. R1 stated on transfer, her left leg hit the bed and she sustained laceration to the leg. R1 stated she went to hospital and received ten sutures to her left leg.</p> <p>On 5/29/2025 at 11:57AM, V3 (Certified Nursing Assistant) said on 3/26/2025, she transferred R1 by stand-pivot from wheelchair to bed by herself, with no assistance from other staff. V3 said R1 was a one-person assist with gait belt use. V3 said there is a book/binder at the nurse's station used by staff to identify the transfer assistance of each resident. V3 said they are to look at this binder at the beginning of the shift to identify resident transfer assistance.</p> <p>On 5/29/2025 at 1:47PM, V6 (License Practical Nurse) said R1's transfer assistance has always been a 2-person assist, with sit-to stand or mechanical lift. V6 said on 3/26/2025, she sent R1 out to hospital after sustaining a laceration to the leg. V6 said R1 returned to facility with sutures to her left leg.</p> <p>This past noncompliance occurred from 3/26/2025 through 3/27/2025.</p> <p>Prior to the survey date of 5/29/2025, the facility had taken the following actions to correct the noncompliance:</p> <ol style="list-style-type: none"> On 3/27/2025, the facility Compliance Assurance Committee developed a plan of correction for the 3/26/2025 R1's improper transfer. On 3/27/2025 V3 (Certified Nursing Assistant) received an education in- service, Topic: Transfer/Hoyer lift given by V1 (Administrator) and V11 (MDS Coordinator). On 3/27/2025 V3 was given written corrective action notice regarding improper transfer by V1. On 3/27/2025, all facility staff (Nursing Management, Nurses and Certified Nursing Assistant/CNAs) were in-serviced on Topic: Transfers/Hoyer lift by V1 and V11 <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>4. There are no subsequent improper transfer determined by Quality Assurance Tool from 3/28/2025, 4/1, 4/8, 4/15, 4/22, 4/29, 5/5, 5/13, 5/20, and 5/27/2025</p> <p>2. R2's medical record reads: admitted : 11/20/2023. Diagnosis Information include Moderate Protein-Calorie Malnutrition, Moderate Intellectual Disabilities, Unspecified Lack of Coordination, Need for Assistance with Personal Care, History of Falling.</p> <p>R2's Care Plan Report reads Focus: R2 have an ADL self-care/ mobility performance deficit r/t Impaired balance, S/P (status post) R (right) Knee Patella tendon repair. Needs assistance or dependent in: Eating, Bed mobility, Transfer, Personal hygiene, Dressing, Toileting hygiene, Bathing. Interventions: Bed mobility: dependent, Revision date 11/28/2023. Focus: R2 require assistance with bed mobility r/t weakness. Interventions: Providing assist of 1-2 staff as needed, Revision date 4/25/2025. Focus: R2 at risk for falls and injury related to falls. I have history of fall. Interventions: All essential/ personal items placed closer to bed and within resident's reach, Revision date 2/19/2024.</p> <p>R2's MDS Section GG, date 4/21/2025, indicates R2 need substantial/maximal assistance with rolling left to right from lying on back on the bed.</p> <p>Facility Reported Incident, Final Report reads: On April 26, 2025, (R2) was successfully transferred into bed by a certified nursing assistant (CNA), who then proceeded to provide incontinence care. Upon completion of incontinent care, the resident was positioned safely and centered in bed. Shortly thereafter, the resident was observed on the floor. The CNA immediately notified the assigned nurse, who conducted a prompt head-to-toe and neurological assessment. No loss of consciousness was observed. The attending physician was notified and ordered the resident to be transferred via 911 to the nearest emergency department for further evaluation. The resident's Power of Attorney was also notified. (R2) was admitted to (hospital), where he was diagnosed with an intraparenchymal hematoma. Based on the CNA's interview, it was revealed that the resident appeared to turn over to reach for his stuffed Christmas bear and family photograph and slid out of bed, as these items are known to provide comfort.</p> <p>The resident's care plan will be reviewed and updated by the Interdisciplinary Team (IDT) upon his return to the facility.</p> <p>On 5/29/2025 at 12:14PM, V4 (Certified Nursing Assistant/CNA) said she was the assigned CNA to R2 when he fell out of bed on 4/26/2025. V4 said she raised the bed after transferring R2, and proceeded to provide incontinence care to R2. V4 said she turned away from R2 for a split second when R2 fell . V4 said she believes R2 hit his face on the fall.</p> <p>On 5/29/2025 at 1:28PM, V5 (Registered Nurse) said she was called an informed by V4 that R2 fell from the bed. V5 said R2 was on the floor and laying on his back. V5 said on assessment, R2 had redness on the left side of his face near the eye. V5 said she called 911 and R2 was transferred to local hospital.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/29/2025 at 12:46PM, V2 (Director of Nursing) said R1's transfer assistance has always been 2-person assist with sit-to- stand. R1 is now care planned for use of mechanical lift transfer from bed to chair (wheelchair), and chair to bed with 2-person assist. V2 said staff should position the bed mid-level during care to avoid too much bending for back safety. Staff should have all needed supplies within reach and should not lose sight of resident whereabouts. V2 stated these incidents would have been avoided if staff followed the care plan.</p> <p>On 5/29/2025 at 2:09PM, V7 (Restorative Nurse) said resident transfer assistance is recorded in the Restorative binder available at nurse station, and can also be seen in the resident electronic record. V7 also said staff should not transfer residents by themselves if transfer care plan indicates 2-person assist.</p> <p>This past noncompliance occurred from 4/26/2025 through 4/30/2025.</p> <p>Prior to the survey date of 5/29/2025, the facility had taken the following actions to correct the noncompliance:</p> <ol style="list-style-type: none"> 1. On 4/30/2025, the facility Compliance Assurance Committee developed a plan of correction for the 4/26/2025 R2's fall incident. 2. On 4/29/2025 V4 (Certified Nursing Assistant) received an education in-service, Topic: Fall Prevention and Transferring given by V2 (Director of Nursing) along with handouts, Title: The 4P's of reducing the Risk of Falls. 3. On 4/29/2025, all facility staff received an education in-service, Topic: Fall Prevention and Transferring given by V2 (Director of Nursing) along with handouts, Title: The 4P's of reducing the Risk of Falls. 4. There are no subsequent fall incident related to bed mobility determined by Quality Assurance Tool from 4/30/2025, 5/1, 5/2, 5/5, 5/6, 5/7, 5/8, 5/9, 5/12, 5/13, 5/14,5/15, 5/16, 5/19, 5/20, 5/21, 5/22, 5/23, and 5/27/2025. <p>Observation of transfers, bed mobility, and fall prevention protocol was completed on this survey, with no other concerns identified.</p> <p>Policy and Procedure:</p> <p>Title: Transfers- Manual Gait Belt and Mechanical Lifts, Revision date 1/19/2018</p> <p>Purpose: In order to protect the safety and well-being of the Staff and Residents, and to promote quality care, this facility will use Mechanical lifting devices for the lifting and movement of Residents.</p> <p>Guidelines:</p> <ol style="list-style-type: none"> 5. The transferring needs of residents will be assessed on an ongoing basis and designated into one of the following categories: <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>0= Independent</p> <p>1= 1 person transfer (25% or less assistance from the caregiver) with gait belt</p> <p>2= 2 person transfer with gait belt (ONLY when use of mechanical lift is not possible)</p> <p>SS= Sit to Stand Lift with 2 caregivers</p> <p>H= Mechanical Lift (Hoyer) with 2 caregivers</p> <p>Title: Fall Prevention Program, Revision 11/21/2017</p> <p>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. Quality Assurance Programs will monitor the program to assure ongoing effectiveness.</p> <p>Standards:</p> <p>Accident/Incident Reports involving falls will be reviewed by the Interdisciplinary team to ensure appropriate care and services were provided and determine possible safety interventions.</p> <p>Fall/safety interventions may include but are not limited to:</p> <p>The resident's personal possessions will be maintained within reach when possible.</p> <p>Residents who require staff assistance will not be left alone after being assisted.</p>		