STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145913	A. Building B. Wing	04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Burbank	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on interviews and record review, the facility failed to ensure all food served to residents was procured from approved or satisfactory sources. This has the potential to affect all residents receiving meals from the facility kitchen. On 04/02/2026 at 11:17 AM, V3 (Food Service Director) said she had been working at the facility since August 2025 and was in charge of ordering the facility's food. V3 said if a food shortage ever happened, she would go to the store and buy what was needed with the Administrator's card, then provide the Administrator with a receipt of the purchased items. V3 said she co-owned a food pantry with her husband and, occasionally, would take canned goods, like green beans or fruit mix from her personal pantry to the facility's kitchen for use in the resident's meal preparation. V3 said she took canned goods from her personal pantry to the facility's kitchen because she was running low of the food items and did not want to go to the store to buy them. V3 said she had taken maybe two or three cases containing twenty-four little green bean cans to the facility's kitchen, probably twice, since she started working at the facility in August 2025, and had prepared them as part of resident meals and served it to them. V3 said the facility had contracted food providers that supplied the kitchen with food for residents. V3 said she did not create any delivery invoice for the food items she took to the facility kitchen from her personal pantry because she never thought of that. V3 said she did not remember exactly the last time she prepared and served a meal with food from her personal pantry to the facility's residents, but believed she had done so, maybe a week ago. V3 said she did not tell V1 (Administrator) she took cans from her personal pantry to the facility's kitchen and now felt like she did something wrong.On 04/02/2026 at 1:42 PM, V1 (Administrator) said V3 had just told him she had taken food from her personal pantry for use in the facility kitchen. V1 said that (using unauthorized food items) was not our practice; adding, we use the food from our food providers.On 04/06/2026 at 9:50 AM, V1 said he did not have a policy and procedure for kitchen food procurement.The facility four-week cycle menus, dated 03/02/2026, had green beans scheduled to be served during lunch on Sunday (day 1); Friday (day 6); Saturday (day 21); and Wednesday (day 25).An In-Service of Dietary Manager document, dated, 04/03/2026, and provided by V1, stated, The Dietary Manager will review with Administration and Consultation for guidance regarding food products from outside sources being stored and served to the residents. The Dietary Manager will not bring food from personally owned food pantry to serve to the residents.A document provided by V3 contained a list of four contracted facility food providers. V3's personal food pantry was not on the list.

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