

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 07/21/2020
NAME OF PROVIDER OF SUPPLIER BURBANK REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure that staff wear face masks according to their policy in an effort to prevent and/or contain the spread of infectious microorganisms, including COVID-19. This deficient practice affected one resident (R2) reviewed for infection prevention. Findings include: On 7/22/2020 at 11:20 AM V11 (Licensed Practical Nurse/ LPN) was observed putting PPE(Personal Protective Equipment - gown, gloves and cloth mask). V11 walked to the exit door and came back with a bag containing what looked like food from outside of the facility. V11 walked down the hallway to R2's room. V11 was observed exiting R2's room with a water pitcher, still with PPE on, removed her gloves by the medication cart and disposed of the gloves in the garbage can of the medication cart. V11 walked down to the nurses station, came back with the pitcher full of water, had no gloves on, went to R2's room then came out of room still with same PPE, not wearing gloves. V11 then walked halfway down the hallway, removed gown, disposed of the gown in the garbage can and went back to the nurses' station. On 7/20/2020 at 11:30 AM V11 stated that it was acceptable to use cloth mask in the facility while taking care of residents in the Covid unit. She (V11) also stated that it was ok to doff PPE in the hallway after caring for a resident. On 7/20/2020 at 12:17PM V3 (Infection Preventionist) stated that cloth masks were not allowed in the facility, surgical masks are acceptable because the facility doesn't have any active cases, otherwise N95 should be use. V3 stated that PPE is supposed to be doffed in the resident's room and disposed of in the red bins. Staff can use the same PPE if they are going from a PUI (Patient Under Investigation) room to another PUI room but not from a PUI room to a non-PUI room. PPE is not to be used in the hallway if staff already provided care to a resident. On 7/20/2020 at 12:34 PM V14 (Certified Nursing Assistant, CNA/Staffing Coordinator/Central Supplies) stated that the facility has enough PPE, currently there are 1300 gowns, gloves, 1300 surgical masks and 900 N95 masks. V14 stated she ordered more N95 masks. V14 stated that she makes rounds mid-shift to replenish the PPE. She stated that she arrives to the facility at 6AM, makes rounds then at 10AM and at 2PM, if PPE is needed she will replenish it. Also there is a supply list for staff to request PPE if needed. V14 also said that she leaves a cart full of PPE for the late MOD (Medical on Duty) to give during the night shift. Facility's Policy Isolation: Categories of Transmission Based Precautions, effective date 3/2020, Droplet Precautions undated states that Example of infections requiring Droplet Precautions include, but are not limited to:[DIAGNOSES REDACTED], Mycoplasma pneumonia, Covid-19. C. Masks (1) In addition to Standard Precautions, wear a mask when working within 3 feet of the resident. Policy and procedure; Coronavirus Disease (Covid-19) revised 5/2020 states minimize chances for exposure; 4) Ensure adherence to standard, contact and droplet precautions, perform hand hygiene before and after all residents contact and before donning and upon removal of PPE, including gloves. Use personal protective equipment appropriately; Don; gown before entering the room and remove prior to leaving room. Don Mask; ensure bands are secured behind ears and fit snug to cover nose and below the chin, don before entering room and doff after exiting room.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.