

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 08/25/2020
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.			
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F 0622 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to document a full informative report in the resident's medical record regarding a hospital transfer and failed to notify, obtain and document a physician order [REDACTED]. I did not hear her answer because I think I was in the hallway. The ambulance crew picked up the resident by cart. V18 denied notifying Physician or obtaining a transfer order. V18 further said that it was the family who sent the ambulance crew to pick up R2. V18 stated that she wrote down on the 24 hour nursing report that R2 went to the hospital. Per V1 (Administrator) on 7/13/2020 at 9:01am, they do not have a copy of the 24 hour nursing report. On 7/9/20 at 12:12 PM, V14 (Social Worker) said that a Discharge Summary was not done for R2. I only do a Discharge Summary if the resident goes home or discharges to another facility. Review of R2's Physician order [REDACTED]. No entry was on R2's Progress notes that would reflect R2's physician was notified or if R2 was discharged Against Medical Advice. R2's Progress notes entered by V18 stated in part: This writer noted EMS going to (R2's room number) and one paramedic stated they were contacted by a third party to transfer patient. Resident was in no visible distress. R2's Care plan does not document Discharge planning. On 7/13/20 at 12:33PM V2 (Director of Nursing) stated, They should not have sent a resident to the hospital without notifying the physician. It should be documented in the progress notes that the physician was notified and the resident went to the hospital. Per Transfer and Discharge Policy dated September 2016 Policy Specifications: a. Notify and receive an order from the resident's physician regarding transfer/discharge.		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to maintain the patency and integrity of a gastrojejunostomy tube by not following the procedure when it is clogged for one (R1) of three residents reviewed for specialty care. Findings include: R1 is a [AGE] year old male, admitted in the facility on 10/02/18 with [DIAGNOSES REDACTED]. Census report from March 2020 to July 2020 indicated that R1 was admitted in the hospital on [DATE], 04/18/20, 05/12/20, 06/03/20 and 06/30/20 due to gastrojejunostomy (GJ) tube cut and malfunction. The following hospital inpatient face sheets indicated R1's chief complaint: 04/14/20 - Clogged G tube (gastrostomy tube) 04/18/20 - GJ tube cut 05/12/20 - GJ tube malfunction 06/03/20 - GJ tube exchange 06/30/20 - GJ tube malfunction On 07/09/20 at 1:39 PM, V5 (Registered Nurse/RN) was interviewed regarding R1's GJ tube that was found to have a cut. V5 stated, On 04/18/20, I was called to assess his (R1's) GJ tube because his feeding formula was scattered on his bed sheets and on the floor. It looks like the feeding tube was cut in the middle close to his stoma but not that it was intentionally cut. Maybe because it was clogged that made the feeding formula build up and the feeding tube is unable to hold the pressure and made to explode. I have no idea what happened. When I started my shift, the feeding was ongoing. I administered his 10 o'clock medications. But prior to that I checked his tube's patency, placement and residual. Everything was okay when I left after administering the medications. V5 was asked on what to do for clogged GJ tube. She verbalized that when R1's GJ tube is clogged, she flushes the tube with warm water by pushing and pulling it in the tube using a plunger. She also added, If it is not successful, we have a declogger that we used. I put it in the tube and I push it in and out. Push it in until it reaches the end of the stoma. I do the pull and push slowly or turn the little wire to scrape off the feeding. The declogger is plastic, flexible and does not have sharp ends but has ridges on its body. If it's really clogged, I ask another nurse for help to unclog it but if not, he will be sent out to the hospital as ordered. I have tried using the declogger on him before and it was successful. V13 (Licensed Practical Nurse/LPN) was also interviewed on 07/09/20 at 3:10 PM regarding clogged GJ tube. V13 stated, If a [DEVICE] is clogged, I will flush it with warm water or I will milk it. If it is still not successful, we use a declogger. It is a long tool, with ridges at the tip. It helps declog the tube as I push it in and pull it out motion. If it still not successful, I will call physician for orders. On him (R1), basically I do the same procedure. If it is clogged, I will flush it and use a declogger. If there is no resistance, I flush it and it opens. On 04/12/20, I did the flushing and I used a declogger on him but was not successful. He was sent to the hospital for GJ tube replacement. His tube was clogged a few times and I use a declogger all the time. We use the declogger on all residents with GJ tube. Per R1's progress notes dated 04/12/20, he was sent out to the hospital and returned to the facility the same day. On 07/09/20 at 3:32 PM, V23 (LPN) stated that on 5/12/20, during assessment of R1's GJ tube, she noticed a hole in the tubing. R1 was sent to the hospital as ordered. V21 (RN) was also interviewed on 07/09/20 at 4:33 PM regarding R1 and his GJ tube. V21 stated, If a GJ tube is clogged, we use a declogger. It is a long, thin plastic tool that goes inside the tubing and we push it in and out to get rid of the clog. I will milk the tubing first and if it does not work, I will use the declogger. Regarding R1, I used the declogger for his clogged GJ tube a few times. On 06/03/20, I noticed a hole in his feeding tube. When I flushed it, water started to come out from the tube. According to R1's progress notes dated 06/01/20, it was documented that his J-tube remained clogged despite attempts made to unclog it. V21 was the nurse on duty and the one who documented the attempt for unclogging his tube feeding. V21 was also asked regarding R1's 06/17/20 hospitalization for clogged GJ tube. V21 verbalized, When I came in for work last 06/17/20, they told me that it was clogged and several attempts during the day were made to unclog it but unsuccessful so they waited for me cause I am pretty good about it. So I used the declogger but was still unsuccessful. So he was sent out to the hospital as ordered. In the progress notes dated 06/18/20 at 7:39 AM, R1 was sent to the hospital and came back in the facility the same day. Also in the progress notes dated 06/30/20 documentation, V24 (LPN) noticed a leakage on R1's [DEVICE]. During an interview, V24 stated, On 6/30/20, I started at seven in the morning. Prior to start the feeding, I flushed his GJ tube and connected it to the feeding. I did not notice anything unusual with the tubing. When I came back after an hour to check feeding, I noticed some leakage on the tube because of a rip. R1's Care Plan dated 4/28/20 regarding tube feeding was reviewed. There were no documented interventions about clogged GJ tube and use of a declogger. In an interview with V22 (Nurse Practitioner) on 07/09/20 at 2:14 PM, V22 stated that flushing the GJ tube with water is the key to prevent clogging. She also added, To unclog, flush it with warm water. Then, if it is not successful, we have to send out the resident to the hospital for a replacement. Flushing is the only way to unclog the tube. Facility's policy titled, Gastric Tube Feeding via Continuous Pump revised date August 2008, does not address problems and solutions for clogged GJ tube, neither the use of a declogger. According to R1's Discharge		
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.

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<p>F 0684</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>Instructions, Patient Instructions, Patient Education and Performed Procedures Materials: Gastrostomy Tube Home Guide Adult dated 04/14/20, 06/30/20 and 07/02/20 documented in part but not limited to the following: [DEVICE] problems - [DEVICE] is clogged Cause: Thick formula or medication Solutions: Try to slowly push warm water into the tube with a large syringe. Never try to push any object into the tube to unclog it. Do not force fluid into the tube. If you are unable to unclog the tube, call your health care provider right away. TIPS: Do not pull or put tension on the tube. Seek immediate medical care if: the tube is clogged and cannot be flushed.</p>		