

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 04/26/2024
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40798</p> <p>Based on interview and record review, the facility failed to identify, assess, and treat a post-surgical wound site for 1 of 3 residents (R1) reviewed for wounds in the sample of 9. This failure resulted in R1's wound site becoming infected, requiring a 10-day course of antibiotics, and at least four weeks of wound care treatment.</p> <p>The findings include:</p> <p>R1's Face Sheet printed 4/26/24 shows she was admitted to the facility on [DATE].</p> <p>R1's Nurse Practitioner's (NP) Progress Notes dated 2/8/24 at 9:51 AM show R1 is status post tracheostomy and PEG (feeding) tube placement on 1/31/24.</p> <p>R1's Progress Notes show the Wound Care Nurse's, V4, note dated 2/8/24 at 2:16 PM shows R1's admission skin assessment was complete. No wound to R1's right clavicle/neck was documented.</p> <p>On 2/20/24 at 5:28 PM, Respiratory Therapy documentation shows redness was noted on R1's right side next to her stoma (tracheostomy) site with an embedded suture in the skin.</p> <p>Nursing notes dated 2/20/24 at 7:33 PM show R1 has a wound to her right front neck with a scant amount of serous drainage, reddened skin, and no odor.</p> <p>Nursing notes dated 2/21/24 at 1:42 AM show R1 has antibiotic therapy in progress for an infection to her stoma trachea site.</p> <p>On 2/21/24 at 12:03 PM, V4 (Wound Care Nurse) documents that she was informed of an embedded suture to R1's neck under R1's trachea collar. V4 assessed the area and describes some redness to the area with serosanguineous drainage, no odor, and no signs of pain. V4 removed the suture, informed the wound care physician, and initiated a care plan related to the wound.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>R1's Physician Order Report for 2/7/24 to 4/26/24 shows an antibiotic was ordered on 2/20/24, discontinued on 2/22/24, and reordered on 2/22/24 for a diagnosis of infection to the right clavicle area to be given twice a day from 2/20/24 to 3/1/24. The same order report also show R1 is to receive tracheotomy care every morning from 2/7/24 to 2/27/24. Wound care treatments were ordered to R1's neck/clavicle area beginning on 2/21/24 to 2/27/24 and again from 3/11/24 to 3/27/24. R1's Progress Notes show R1 was sent to the hospital (for unrelated concerns) on 2/27/24 and was readmitted to the facility on [DATE]. R1' Care Plan initiated on 2/21/24 shows R1 has signs and symptoms related to right clavicle area wound infection and is currently on an antibiotic.</p> <p>V14 (Wound Care Physician) documented on 2/23/24 in R1's Wound Evaluation & Management Summary a post-surgical wound to R1's trachea site describing that a suture came out of the trachea site. V14 ordered wound care treatments to the area three times a week for 30 days. V14's Wound Evaluation & Management Summary documentation from 3/29/24 shows R1's post-surgical wound (as described above) was resolved on 3/29/24.</p> <p>R1's NP note dated 2/25/24 at 12:53 PM shows R1's physical exam shows a right clavicle/neck area with embedded suture with wound around site that has mild erythema (redness) and some non-odorous serosanguineous drainage (thin, watery, pink-tinged). The assessment/plan from that note is Infected Wound, initiate antibiotics twice a day for 10 days.</p> <p>On 4/26/24 at 10:44 AM, V5 (Respiratory Therapist/RT) said respiratory does trachea care every day on each resident with a trachea. Trachea care includes changing the gauze, cleaning the stoma and area around it, and suctioning. V5 said sometimes the initial trachea is sutured in place and sutures usually stay in about 14 days. V5 said RT found R1's suture embedded in her skin to the right of her stoma on 2/20/24. V5 said the RT should have been able to see the suture with daily trachea care. V5 said she could have removed the suture, but it was embedded, and she noted some redness and drainage. V5 said she was concerned it could be infected, so she told nursing about it.</p> <p>On 4/26/24 at 12:00 PM, V4 said R1 was admitted with two sutures: one on each side of her trachea plate. V4 said RT asked her to remove the sutures. V4 said R1's right side suture was embedded in her skin and looked puffy, a little red, and had some serosanguinous drainage. V4 said R1 was put on antibiotics to treat it for infection. V4 said RT should have identified the sutures and informed wound care about them. V4 said surgical wounds usually have sutures in place for two weeks. V4 said she does not know how long trachea sutures are left in place, but they should be removed before they become embedded in the skin.</p>		