

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 09/03/2025
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)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (continued on next page)		

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow their employee handbook on cell phone usage by having a staff member take a personal phone call while providing care to a resident. This failure affected 1 (R1) of 3 residents reviewed for resident rights in a total sample of 6. Findings include: R1 is a [AGE] year-old male originally admitted on [DATE] with medical diagnosis that include and are not limited to: paraplegia, diabetes mellitus type 2, convulsions, hypertension, unspecified injury at unspecified level of cervical spinal cord, and colostomy status. Per the Minimum Data Set (MDS) dated [DATE], reads: Brief Interview for Mental Status score 15/15, cognitively intact. On 9/2/2025 at 11:17 AM, R1 stated an incident occurred on Thursday, 8/28/25 around 4:00 PM. R1 stated during R1's shower on the shower bed by the nurse's station shower room a Certified Nursing Assistant (CNA) was using her cell phone, using face time during R1's shower. R1 cannot provided the name of the CNA. R1 describes the CNA as a skinny African American women. R1 states that the CNA works morning shift, but on August 28, 2025, that CNA stayed until 5:00 PM. R1 states he told his family member about the incident that same evening and did not let management know. R1 stated he did not let management know about the incident because he gets nervous, or his heart begins to race, and he wants to prevent his seizures. R1 stated the incident only occurred 1 time. R1 stated the shower bed is broken. R1 states he does feel safe in the facility. R1 states he has not heard from other residents about cell phone usage during showers in the facility. On 9/2/2025 at 1:28PM, V6 (License Practical Nurse/LPN) stated V6 (LPN) worked day shift on Thursday, 8/28/2025 and was R1's nurse for the day. V6 stated V5 (CNA) was R1's CNA giving R1 a shower on Thursday 8/28/2025. V6 (LPN) stated on 8/28/2025, V6 (LPN) observed V5 (CNA) using V5's (CNA) personal phone and air pods (wireless headphones) while providing patient care to R1. V6 stated she told V5 (CNA) to get off her phone while V5 (CNA) provides patient care. V6 (LPN) reported the incident to the assistant director of nurse on 8/29/2025 day shift. V6 stated she did not observe V5 (CNA) on facetime. V6 stated it is expected for staff not to use their personal phones at while providing patient care. On 9/2/2025 at 2:11 PM V5 (CNA) stated she provided a shower to R1 on 8/28/2025. V5 stated R1 is dependent on staff for lower body related to patient's diagnosis of paraplegia. V5 (CNA) stated she received an emergency personal phone call on 8/28/2025 during R1's shower from V5's family member. V5 (CNA) stated she apologized to R1 for the phone call. V5 stated she was never on facetime. V5 (CNA) said she had her air pods on her ear and when her personal phone rang, it answered the phone call on its own. V5 (CNA) said she had education and had to sign a write up for using air pods/personal cell phone usage. V5 (CNA) states there is no reason why R1 thinks V5 was on facetime during R1s shower on 8/28/2025. V5 (CNA) states she should have not been using the air pods, cell phone during patient care. V5 (CNA) states it is expected for staff not to use their personal cell phone or wear air pod devices during patient care. On 9/2/2025 at 2:52 PM V8 (Director of Nurse/DON) stated she holds a monthly meeting telling staff they are not allowed to use their personal phones in resident areas. V8 stated if she personally sees staff using their personal phones, she advises staff to step out of the resident areas. V8 was informed on 8/29/2025 of the incident with R1 that occurred on 8/28/2025. V8 stated R1 was upset because V5 (CNA) was on her personal cell phone during R1's shower on 8/28/2025. V8 (DON) stated V6 (LPN) told V5 (CNA) to get off her phone. V8 (CNA) is expected to not be on a personal phone call during R1's shower. On 9/2/2025 at 3:03 PM V9 (Administrator) stated he was made aware, today on 9/2/2025 that V5 (CNA) was using her personal phone during R1's shower that occurred on 8/28/2025. V9 (Administrator) was informed of R1's incident by the Assistant Director of Nursing. V9 (Administrator) stated that all staff upon hire and at the monthly meetings, V9 informs staff not to use personal cell phone in resident areas or on the units. V9 (Administrator) stated if staff are seen on their personal phones, he would educate the staff not to use their personal phone in resident areas, write the staff up if seen on a phone call in resident areas. V9 (Administrator) states staff must be off the unit to answer personal phone calls. V9 (Administrator) states they do not have a cell phone policy, documents provided was a page from the handbook stating: Do not use devices during working time that obstruct or restrict your hearing (such as cell phones, MP4 players, (cellular phone brand name), and other similar devices), expect for cell phone use authorized by management. Per the Minimum Data Set (MDS) dated [DATE], MDS section GG reviewed, R1 requires staff assistance with bilateral lower extremity related to medical diagnosis of paraplegia. R1 is dependent on staff with shower/bathe self. The MAR on 8/2025 documents R1 received a shower on 8/28/2025. R1 shower days are</p>		