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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>056129 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>03/04/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Burbank Healthcare & Rehab |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1041 S. Main St.<br>Burbank, CA 91506 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure interventions to prevent falls were in place for one of three sampled residents (Resident 3) by failing to implement floor mats (a thick, soft foam pad placed on the floor next to a bed or chair) as ordered by the doctor when on 3/4/2026 during an observation no floor mat where noted in Resident 3's room, who was identified as a fall risk (how likely a person is to lose their balance and fall causing potentially injury). This deficient practice placed Resident 1 at increased risk of having a serious injury after a fall. Findings: During a review of Resident 3's admission Record (AR), the AR indicated the facility admitted Resident 3 on 2/24/2026 with diagnoses including muscle weakness, history of falling, and cerebral infarction (a type of ischemic stroke where a blockage, such as a blood clot, cuts off blood flow to a part of the brain, causing that brain tissue to die from lack of oxygen). During a review of Resident 3's Order Summary Report (OSR) dated 2/24/2026, the OSR indicated:- Floor mat bed to decrease potential injury.- Low bed to decrease potential injury. During a review of Resident 3's Care plan (CP) for risk for fall and injury related to history of falls, initiated on 2/24/2026, the CP indicated to utilize the safety and supportive devices as ordered, provide adequate supervision and frequent cues on safety measures. During a review of Resident 3's Fall Risk Evaluation (a process used by healthcare providers to determine a person's likelihood of falling), dated 2/24/2026, the Fall Risk Evaluation indicated Resident 3 had a fall risk score of 11 (a score of 10 or greater indicates a high risk for potential falls). During a review of Resident 3's History and Physical (H&amp;P- a process used by doctors to understand a patient's health, it combines medical history and a physical examination), dated 2/27/2026, the H&amp;P indicated patient lacks capacity due to cognitive and communication impairment following acute stroke. During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool), dated 3/1/2026, the MDS indicated Resident 3 had the ability to be understood and was understood. The MDS indicated Resident 3 was dependent (helper does all the effort) with toileting, upper and lower body dressing, putting on taking off footwear, and required substantial assistance (helper does more than half the effort) with oral hygiene, showering and personal hygiene, and required partial assistance (helper does less than half the effort) with eating. During a concurrent observation on 3/4/2026 at 11:03 a.m. of Resident 3's room and interview with Resident 3, observed Resident 3 in bed and behind Resident 3's bed a yellow star was noted indicating low bed and floor mat. Resident 3 stated has not had a fall in the facility but has history of falling. Resident 3 stated does not recall having any mat by his bed. During a concurrent observation of Resident 3's room on 3/4/2026 at 11:13 a.m. with the Infection Preventionist (IP) and the Director of Staff Development (DSD), the IP stated the star behind Resident 3's bed means he is a fall risk and it indicates Resident 3's interventions include to have bed in low and there should be floor mats. The IP stated there was no floor mats and this was not following the plan of care for Resident 3 and can lead to Resident 3 having a fall and may have an injury due to the fall. The DSD stated Resident 3 uses two landing mats. During an interview on 3/4/2026 at 3:26 p.m. with the DSD, the DSD stated Resident 3 requires the floor mats, at that time the floor mats were not in the room. The DSD stated the floor mats are there to prevent injury when a resident falls. The DSD stated there can be a bad injury if (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER<br><br>Burbank Healthcare & Rehab   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1041 S. Main St.<br>Burbank, CA 91506 |  |
| 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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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Resident 3 does not have the landing mats. During an interview on 3/4/2026 at 4:22 p.m. with the Administrator (Adm) the Adm stated Resident 3 has an order for floor mats and he (Resident 3) is a fall risk. The Adm stated Resident 3 should have floor mat while he is in bed if not there is a potential for Resident 3 to have a fall which can result in injury or fracture. During a review of the facility's policy and procedure (P&amp;P) titled, Falls and Fall Risk, Managing, last reviewed on 2/20/2026, the P&amp;P indicated based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risk and causes to try to prevent the resident from falling and to try to minimize complications from falling.</p> |  |  |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure there were safe and sanitary food preparation practices in the kitchen when kitchen staff failed to: 1. Calibrate thermometers on 3/3/2026 and 3/4/2026. 2. Monitor and document Refrigerator 1, Refrigerator 2, Freezer 1, and Freezer 2 temperatures on 3/3/2026 p.m. shift and 3/4/2026 a.m. shift. These deficient practices had the potential to result in harmful bacterial growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness (a disease caused by consuming food or drinks that are contaminated by germs or chemicals) in medically compromised residents who received food from the kitchen. Findings: During a concurrent interview and record review of the facility-provided document titled, Thermometer Calibration Log, and Refrigerator &amp; Freezer Temperature Log, on 3/4/2026 at 9:15 a.m. with the Dietary Service Supervisor (DSS), the DSS stated temperatures for the freezers and refrigerators are kept in a binder. The DSS stated per the Thermometer Calibration Log, the calibration has not been done on 3/2/2026, 3/3/2026, and 3/4/2026. The DSS reviewed the Refrigerator &amp; Freezer Temperature Log, and stated the 3/3/2026 p.m. log was not documented and the 3/4/2026 for today has yet to be logged. The DSS stated if both the temperatures and calibration are not logged, we cannot say they were done. During a concurrent interview and record review of the facility provided, Thermometer Calibration Log, and Refrigerator &amp; Freezer Temperature Log, on 3/4/2026 at 12:40 p.m. with the Assistant Dietary Supervisor (ADS), the ADS stated the cooks are the ones that check the refrigerators and freezer temperatures that should be done at the start of the shift at 5 a.m. then again at 7:30 p.m. The ADS stated calibration of the thermometer is done prior to temperature checks as needed, for lunch, dinner, or throughout the day, and it is first logged in the morning and monitored throughout the day, to ensure the thermometer is accurate. The ADS stated if not doing the calibration it could be a potential for thermometers not to be accurate and will lead to a potential for food borne illness. The ADS stated the same thing with the freezer and refrigerator temperatures, not being done can result in a food borne illness if not within temperature. The ADS stated one cannot tell temperatures were taken if they were not documented. During an interview on 3/4/2026 at 4:22 p.m. with the Administrator (Adm), the Adm stated calibration is done daily and must be calibrated to give an accurate temperature. The Adm stated if the thermometers are not calibrated the temperatures can be wrong and food can get spoiled or cold when it gets to the residents. The Adm stated for freezer and refrigerator temperatures, they should be done if not the food may spoil or go bad and can be potentially given to the residents and the residents can get sick, have food poisoning, diarrhea, and vomiting. During a review of the facility's policy and procedure (P&amp;P) titled, Thermometer Calibration, last reviewed on 2/20/2026, the P&amp;P indicated food thermometers will be calibrated to ensure accurate temperature reading. 3. AM cook or designated dietary aide will calibrate thermometers before the start of each shift. The temperature and initials of the staff assigned must be recorded on the Thermometer Calibration Log. During a review of the facility P&amp;P titled, Refrigerator/Freezer Storage, last reviewed on 2/20/2026, the P&amp;P indicated dietary staff will check and record temperatures of all refrigerators and freezers to ensure the equipment is within appropriate temperature for food storage and handling. 1. Dietary staff will check the inside temperature of refrigerators and freezers. 2. Dietary staff will record and initial the temperature log at the beginning of the shift. 3. If temperatures are not within appropriate range, dietary staff will notify the dietary supervisor and/or Maintenance Supervisor and Administrator. Refrigerator Temperature: 40 degrees F or lower Freezer Temperature: 0 degrees F or lower</p> |  |  |