

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056129	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/16/2026
NAME OF PROVIDER OR SUPPLIER  Burbank Healthcare & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1041 S. Main St. 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure Certified Nursing Assistants (CNA 1 and CNA 2) performed proper hand hygiene after providing Activities of Daily Living (ADLs) (e.g., bathing, dressing, and toileting) for one of four sampled residents (Resident 4). This deficient practice had the potential to result in the transmission of infectious organisms and cross-contamination to other residents, staff, and visitors. Findings: During a review of Resident 4's admission Record (AR), the AR indicated the facility admitted Resident 4 on 3/18/2025 and re-admitted the resident on 1/7/2025 with diagnoses including generalized muscle weakness, difficulty walking, and dementia (a progressive decline in cognitive function). During a review of Resident 4's Care Plan (CP), initiated on 4/2/2025, the CP indicated Resident 4 had self-care deficits and required assistance with ADLs as needed, including incontinent care. During a review of Resident 4's Minimum Data Set (MDS), dated [DATE], the MDS indicated Resident 4 was sometimes able to understand and was sometimes understood. The MDS further indicated Resident 4 was dependent for showering, required substantial assistance with toileting, required partial assistance with oral hygiene, upper and lower body dressing, and footwear management (putting on and taking off footwear) and required supervision with eating. During an observation on 3/16/2026 at 11:19 a.m., CNA 1 and CNA 2 were observed entering Resident 4's room. At 11:27 a.m., CNA 2 was observed at the doorway of Resident 4's room wearing gloves while Resident 4 was seated in a wheelchair. CNA 2 removed and discarded the gloves in a trash receptacle near the doorway; however, CNA 2 was not observed performing hand hygiene (handwashing or use of alcohol-based hand rub [ABHR]) after glove removal. At 11:29 a.m., CNA 1 was observed at the doorway of Resident 4's room wearing gloves. CNA 1 removed and discarded the gloves in a trash receptacle near the doorway; however, CNA 1 was not observed performing hand hygiene with soap and water or ABHR and proceeded to a table to document. During an interview on 3/16/2026 at 11:30 a.m., CNA 1 stated she provided incontinent care for Resident 4 and assisted the resident to activities. CNA 1 acknowledged that she removed her gloves upon exiting the room and did not perform hand hygiene using ABHR. CNA 1 stated that hand hygiene should be performed after providing resident care due to the risk of contamination. During an interview on 3/16/2026 at 11:34 a.m., CNA 2 stated she provided perineal care to Resident 4 using warm water and mild soap, assisted the resident with dressing, and prepared the resident for activities. CNA 2 confirmed she did not perform hand hygiene after providing care. CNA 2 stated that hand hygiene should be performed before and after resident contact and acknowledged the risk for infection transmission when hand hygiene is not performed. During an interview on 3/16/2026 at 12:40 p.m., the Infection Preventionist (IP) stated staff are required to perform hand hygiene before entering and after exiting resident rooms, and after providing direct care. The IP stated CNA 1 and CNA 2 should have performed hand hygiene after removing gloves upon exiting the room. The IP further stated failure to perform hand hygiene increases the risk of contamination and transmission of microorganisms to other surfaces, residents, and staff. During an interview on 3/16/2026 at 1:10 p.m., the Administrator stated hand hygiene is required before and after resident care and after contact with residents. The Administrator acknowledged that failure to perform hand hygiene after care (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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>places residents and staff at risk for infection transmission. During a review of the facility's policy and procedure titled Handwashing/Hand Hygiene, last reviewed on 2/20/2026, the policy indicated all personnel are required to follow hand hygiene procedures to prevent the spread of infection. The policy further indicated hand hygiene must be performed before and after direct resident contact, after contact with bodily fluids, after removing gloves, and that hand hygiene is the final step after removal of personal protective equipment. The policy also stated that glove use does not replace the requirement for hand hygiene and that adherence to hand hygiene practices is essential to prevent healthcare-associated infections.</p>		