STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056129	A. Building B. Wing	04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Burbank Healthcare & Rehab	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)
F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. Based on observation, interview, and record review, the facility failed to ensure the resident has the right to be free from physical restraint for one of four sampled residents (Resident 2). The facility failed to ensure Resident 2's bed was not placed against the wall to restrain the resident's movements. This deficient practice violated Resident 2's right to be free from physical restraints.Findings: During a review of Resident 2's admission Record, the admission Record indicated the facility admitted the resident on 9/20/2013 with diagnoses including unspecified dementia (a mental decline such as memory loss or confusion, that interferes with daily life, but the exact cause cannot be determined), age-related osteoporosis (a disease where bones become weak, brittle, and porous making them fragile and prone to breaking [fractures]), and hypotension (low blood pressure). During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool), dated 1/23/2026, the MDS indicated Resident 2's cognitive (conscious mental activities including thinking, reasoning, understanding, learning, and remembering) skills for daily decision making were severely impaired. The MDS indicated Resident 2 required moderate assistance (helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) on the ability to roll from lying on back to left and right side. During a concurrent observation and interview on 4/6/2026 at 10:56 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 2 could not make needs known. Resident 2 was observed lying in bed inside the resident's room. Resident 2's right side of the bed was against the wall. LVN 1 stated a bed against the wall was considered a form of restraints. LVN 1 stated restraints require a physician order, a signed consent, and a resident care plan. During an interview on 4/6/2026 at 11:37 a.m. and concurrent record review of Resident 2's medical records, reviewed with LVN 2, LVN 2 stated a bed against the wall was considered as a restraint and required a physician order, a consent, and a resident care plan. LVN 2 stated Resident 2's Physician Orders indicated there was no documented evidence that an order was given and a Care Plan was created for the resident's bed against the wall. LVN 2 stated there was no consent from Resident 2's representative to place the resident's bed against the wall. LVN 2 stated Resident 2's bed against the wall could limit the resident's movement and result to Resident 2's increased agitation. During an interview on 4/6/2026 at 2:43 p.m. with the Assistant Director of Nursing (ADON), the ADON stated licensed nurses should complete Resident 2's assessment for the need to have the resident's bed against the wall. The ADON stated Resident 2's bed placed against the wall should have a physician order, a consent, and a care plan. The ADON stated placing Resident 2's bed against the wall could result in the resident's increased agitation and potential physical injury. The ADON acknowledged and stated the facility failed to assess Resident 2's need, obtain a physician order and consent, and create a care plan for the resident's bed against the wall. During a review of the facility's policy and procedure (PnP) titled, Use of Restraints, last reviewed on 2/20/2026, the PnP indicated if the resident cannot remove a device in the same manner in which the staff applied it. and this restricts his/her typical ability to change position or place, that device is considered a restraint. The PnP indicated practices that inappropriately utilize equipment to prevent resident mobility are considered restraints. The PnP indicated prior to placing a resident in restraints, there shall be an assessment and a review to (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	determine the need for restraints. The PnP further indicated restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative. The PnP indicated care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use.