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	04/21/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) for one of three sampled residents (Residents 1) by failing to: 1. Ensure administration of cephalexin (medication used to treat infection) and clindamycin (medication used to treat infection) on 3/14/2026, at 9 p.m., as ordered by the physician.2. Ensure administration of cephalexin and clindamycin on 3/21/2026, at 9 p.m. to complete the seven days course of the antibiotic (medication used to treat infection) as ordered by the physician.These failures had the potential to result in medication errors and could worsen Resident 1's cellulitis (a skin infection that causes swelling and redness).Findings:a. During a review of Resident 1?s admission Record, the admission Record indicated the facility admitted Resident 1 on 5/13/2024, with diagnoses that included unspecified (unconfirmed) multiple sclerosis (MS-a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord), acute panmyelosis (a very rare, aggressive form of acute myeloid leukemia [blood cancer] where the bone marrow fails rapidly) and unspecified peripheral vascular disease (PVD - a slow progressive narrowing of the blood flow to the arms and legs).During a review of Resident 1's History and Physical (H&P-a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings), dated 9/3/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions.During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 1/2/2026, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were intact. The MDS indicated Resident 1 was dependent on staff for all activities of daily living (ADL- activities such as bathing, dressing and toileting a person performs daily).During a review of Resident 1's Order Summary Report, dated 3/14/2026, the Order Summary Report indicated the following orders:1.cephalexin tablet 500 milligrams (mg-metric unit of measurement, used for medication dosage and/or amount), give one tablet by mouth four times a day for right lower leg cellulitis for seven days.2. clindamycin hydrochloride oral capsule 150 mg, give one capsule by mouth four times a day for right lower leg cellulitis for seven days.During a review of Resident 1's Progress Notes, dated 3/14/2026, at 7:45 p.m., the Progress Notes indicated the facility readmitted Resident 1 from General Acute Care Hospital (GACH). During a review of Resident 1's Medication Administration Record (MAR- flowsheet that indicates medications given to a resident), dated 3/2026, the MAR indicated cephalexin and clindamycin was not started on 3/14/2026, scheduled at 9 p.m.During a review of Resident 1's Progress Notes, dated 3/14/2026, at 9:42 p.m., the Progress Notes indicated cephalexin was not available.During a review of Resident 1's Progress Notes, dated 3/14/2026, at 9:43 p.m., the Progress Notes indicated clindamycin was not available.During a review of facility's Oral Emergency Drug Supply, the Oral Emergency Drug Supply indicated the facility had the following in the emergency kit (e-kit, storage system containing a small, stocked supply of essential, fast-acting oral medications designed to provide immediate access to medications):1. cephalexin 250 mg - eight tablets2. clindamycin 150 mg - four capsules.During a concurrent interview and record review on 4/17/2026, at (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	9:14 a.m., with the Infection Preventionist (IP), Resident 1's Physician Order, MAR, and Progress Notes, dated 3/14/2026, were reviewed. The IP stated cephalexin and clindamycin was not started on 3/14/2026, and the nurse documented both medications were not available. The IP stated cephalexin and clindamycin should be on the facility's e-kit.During a concurrent interview and record review on 4/21/2026, at 1:18 p.m., with the Director of Nursing (DON), facility's oral e-kit was reviewed. The DON stated the facility had eight tablets of cephalexin 250 mg and four capsules of clindamycin 150 mg. The DON stated both medications should have been started on 3/14/2026. The DON stated delay in starting antibiotics could delay the treatment and can possibly prolong and worsen Resident 1's infection.b. During a review of Resident 1's MAR, dated 3/2026, the MAR indicated cephalexin and clindamycin was not administered on 3/21/2026, at 9 p.m.During a concurrent interview and record review on 4/17/2026, at 9:14 a.m., with the IP, Resident 1's MAR, dated 3/2026, was reviewed. The IP stated because cephalexin and clindamycin was not started on time on 3/14/2026, at 9 p.m., the nurses should have extended the medication to 3/21/2026, at 9 p.m. to complete the seven days course of antibiotic as per physician order. The IP stated one dose of cephalexin and clindamycin was missed causing an incomplete antibiotic course of treatment. The IP stated incomplete antibiotic treatment could be ineffective in treating infection that could possibly cause Resident 1's cellulitis to get worse.During an interview on 4/17/2026, at 1:18 p.m. with the DON, the DON stated if antibiotic was not started as scheduled, the cephalexin and clindamycin should have been extended to complete the antibiotic dose as per physician order. The DON stated incomplete antibiotic treatment could place Resident 1 at risk for prolonging his (Resident 1) infection.During a review of facility's policy and procedure (P&P) titled, Administering Medications, dated 3/2023, and last reviewed on 2/20/2026, the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed.4. Medications are administered in accordance with prescriber orders, including any required time frame.7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). During a review of facility's P&P titled, Antibiotic Stewardship (efforts in doctor's offices, hospitals, long-term care facilities and other health care settings to ensure that antibiotics are used only when necessary and appropriate, means prescribing the right drug at the right dose at the right time for the right duration), dated 12/2016, and last reviewed on 2/20/2026, the P&P indicated, Antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program.4. If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements: . d. Duration of treatment: 1. Start and stop date; or 2. Number of days of therapy.12. Before a nurse removes an antibiotic from the facility emergency supply of medication, he or she will check for the right drug, right strength, allergy information and use of warfarin (blood thinner medication), along with the following: a. The nurse will contact the pharmacist if not familiar with the antibiotic dose or drug-drug interactions. b. The pharmacy removal slips for the dose(s) removed will be completed.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) who tested negative for skin scraping (a diagnostic procedure where a healthcare provider uses a scalpel blade to gently scrape the top layer of skin, usually over a burrow [hole], to collect samples) for scabies (a parasitic infestation caused by tiny mites that burrow into the skin and lay eggs, causing intense itching and a rash) was not given permethrin (medication used to treat scabies and lice) and ivermectin (medications used to treat scabies).This failure had the potential to result in Resident 1 receiving unnecessary medications (any medicine or treatment that a person is taking but does not need, does not benefit from, or that causes more harm than good) and could potentially place Resident 1 at risk for adverse (are harmful, unintended, and undesirable effects that can occur at normal or excessive doses)/side effects (secondary, usually predictable, and often mild effects of a medication occurring at therapeutic doses).Findings:During a review of Resident 1?s admission Record, the admission Record indicated the facility admitted Resident 1 on 5/13/2024, with diagnoses that included unspecified (unconfirmed) multiple sclerosis (MS-a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord), acute panmyelosis (a very rare, aggressive form of acute myeloid leukemia [blood cancer] where the bone marrow fails rapidly) and unspecified peripheral vascular disease (PVD - a slow progressive narrowing of the blood flow to the arms and legs).During a review of Resident 1's History and Physical (H&P-a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings), dated 9/3/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions.During a review of Resident 1's General Acute Care Hospital (GACH) Hematology Oncology Progress Notes, dated 3/11/2026, the GACH notes indicated scabies as one of the active hospital problems with topical (a medication applied directly to a specific body surface) application of permethrin on 3/10/2026.During a review of Resident 1's GACH Infectious Disease Progress Notes, dated 3/12/2026, the GACH notes indicated Resident 1 was suspected of chronic (a long-lasting, persistent medical condition) scabies and had treatment.During a review of Resident 1's Order Summary Report, dated 3/16/2026, the Order Summary Report indicated the following orders:1. Skin scraping.2. Ivermectin oral tablet 3 milligrams (mg- metric unit of measurement, used for medication dosage and/or amount), give five tablets by mouth every Tuesday for dermatitis (skin inflammation causing itchy, red and dry patches) for four weeks.3. Permethrin external cream five percent (%-by the hundred), apply from neck to toes topically one time a day every Tuesday for dermatitis for four weeks. Apply one tube at 9 a.m., leave for 12 hours then rinse the following day. Repeat once a week every Tuesday for four weeks.During a review of Resident 1's Skin Rash Report, dated 3/16/2026, the Skin Rash Report indicated per resident recent hospitalization, report of scabies treatment on 3/10/2026, to 3/11/2026.During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 3/19/2026, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were intact. The MDS indicated Resident 1 was dependent on staff for all activities of daily living (ADL- activities such as bathing, dressing and toileting a person performs daily).During a review of Resident 1's Laboratory Results Report, dated 3/24/2026, the Laboratory Results Report indicated scabies examination was negative.During a review of Resident 1's Medication Administration Record (MAR), dated 3/2026, the MAR indicated Resident 1 received Ivermectin on 3/18/2026, and 3/25/2026.During a review of Resident 1's Treatment Administration Record (TAR), dated 3/2026, the TAR indicated Resident 1 received permethrin on 3/19/2026, and 3/26/2026.During a review of Resident 1's MAR, dated 4/2026, the MAR indicated Resident 1 received Ivermectin on 4/1/2026, and 4/8/2026.During a review of Resident 1's TAR, dated 4/2026, the TAR indicated Resident 1 received permethrin on 4/2/2026, and 4/9/2026.During an interview on 4/17/2026, at 8:41 a.m., with Family Member 1 (FM (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1), FM 1 stated Resident 1 had treatment for scabies in GACH and when Resident 1 returned to the facility, the facility denied Resident 1 having scabies and yet the facility continued the scabies treatment.During a concurrent interview and record review on 4/17/2026, at 9:14 a.m., with the Infection Preventionist (IP), Resident 1's GACH medical records were reviewed. The IP stated GACH treated Resident 1's scabies with permethrin. The IP stated when Resident 1 was readmitted to the facility on [DATE], the permethrin and ivermectin were indicated for unspecified dermatitis and not for scabies. The IP stated permethrin and ivermectin were treatment for scabies. The IP stated Resident 1 could have received unnecessary medication since the indication was for unspecified dermatitis and not for scabies. The IP stated Treatment Nurse 1 (TN 1) obtained the order for permethrin and ivermectin from the Primary Medical Doctor for unspecified dermatitis. The IP stated Resident 1 could have received improper treatment and could develop adverse effects from receiving unnecessary medication.During an interview on 4/2/2026, at 1:18 p.m. with the Director of Nursing (DON), the DON stated Resident 1 was medicated with permethrin and ivermectin in the facility without clear indication for scabies. The DON stated Resident 1's skin scraping was negative for scabies. The DON stated ivermectin was the treatment for scabies and it could be unnecessary medication for Resident 1 since he (Resident 1) had no scabies in the facility. The DON stated Resident 1 receiving unnecessary medication could place him (Resident 1) at risk for adverse/side effects.During a review of facility's policy and protocol (P&P), titled, Adverse Consequences, Medication Errors, and Unnecessary Medication, dated 3/2023, and last reviewed on 2/20/2026, the P&P indicated, The interdisciplinary team (IDT- a coordinated group of experts from several different fields who work together) evaluates medication usage in order to prevent and detect adverse consequences and medication-related problems such as adverse drug reactions (ADRs) and side effects.4. An unnecessary drug is any drug when use in: excessive dosage, excessive duration, without adequate monitoring, without adequate indication for its use, in the presence of adverse consequences which indicate the dose should be reduced or discontinued.5. The staff and practitioner shall strive to avoid the use of unnecessary drug and minimize adverse consequences by: a. following relevant clinical guidelines and manufacturer's specifications for use, dose, administration, duration, and monitoring of the medication. b. defining appropriate indications for use;During a review of facility's P&P, titled, Scabies Identification, Treatment and Environmental Cleaning, dated 4/2026, the P&P indicated, The purpose of this procedure is to treat residents infected with and sensitized to sarcoptes scabiei (itch mite) and to prevent the spread of scabies to other residents and staff.1. Scabies is an itching skin irritation caused by the microscopic (extremely small that they are invisible to the naked eye and require a microscope to be seen) human itch mite, which burrows into the skin's upper layers and eventually causes itching, tiny irregular red lines just above the skin and an allergic rash.7. Diagnosis may be established by recovering the mite from its burrow and identifying it microscopically. Failure to identify scrapings as positive does not necessarily exclude the diagnosis. It is difficult to obtain a positive scraping because only one or two mites may cause multiple lesions. Often diagnosis is made from signs and symptoms and treatment followed without scraping. The facility will refer residents with skin rash to the physician/specialist and perform scabies scraping if ordered or indicated by physician.15. The use of ivermectin by mouth should be considered during widespread outbreak (the occurrence of cases of disease greater than would normally be expected) and/or when treatment with topical medication is unsuccessful.Treatment with permethrin: . A single treatment is generally adequate.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on interview and record review, the facility failed to implement its policy for antibiotic (medication used to treat infection) stewardship (efforts in doctor's offices, hospitals, long-term care facilities and other health care settings to ensure that antibiotics are used only when necessary and appropriate, means prescribing the right drug at the right dose at the right time for the right duration) by failing to monitor Resident 1 for the adverse effects (undesired or harmful effects) of clindamycin (medication used to treat infection) on 3/8/2026.This failure had the potential to increase antibiotic resistance (do not respond to a drug) and had the potential for Residents 1 to experience an adverse reaction.Findings:During a review of Resident 1?s admission Record, the admission Record indicated the facility admitted Resident 1 on 5/13/2024, with diagnoses that included unspecified (unconfirmed) multiple sclerosis (MS-a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord), acute panmyelosis (a very rare, aggressive form of acute myeloid leukemia [blood cancer] where the bone marrow fails rapidly) and unspecified peripheral vascular disease (PVD - a slow progressive narrowing of the blood flow to the arms and legs).During a review of Resident 1's History and Physical (H&P-a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings), dated 9/3/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions.During a review of Resident 1's Order Summary Report, dated 3/8/2026, the Order Summary Report indicated clindamycin hydrochloride oral capsule 150 milligram (mg-metric unit of measurement, used for medication dosage and/or amount), give one capsule by mouth one time only for right upper and lower leg cellulitis (a skin infection that causes swelling and redness), first dose taken from emergency kit (e-kit, a secured, sealed box containing a small, stocked supply of essential medications meant for immediate, urgent, or after-hours use when a pharmacy is not available).During a review of Resident 1's Medication Administration Record (MAR- flowsheet that indicates medications given to a resident), dated 3/2026, the MAR indicated Resident 1 received the first clindamycin on 3/8/2026, at 10:26 p.m.During a review of Resident 1's Care Plan, dated 3/9/2026, on antibiotic therapy (clindamycin), the Care Plan indicated an intervention to assess for signs and symptoms of adverse reactions or side effects (an unintended, often adverse, secondary result of a medication, treatment, or action that occurs alongside the intended primary effect) and notify the physician.During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 3/19/2026, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were intact. The MDS indicated Resident 1 was dependent on staff for all activities of daily living (ADL- activities such as bathing, dressing and toileting a person performs daily).During a concurrent interview and record review on 4/17/2026, at 9:14 a.m., with the Infection Preventionist (IP), Resident 1's Physician Order, MAR, and Progress Notes, dated 3/8/2026, were reviewed. The IP stated Resident 1 received clindamycin on 3/8/2026 at 10:26 p.m. The IP stated residents on antibiotics should be monitored for the side effects/adverse effects of the medication. The IP stated the nurses should document monitoring in Resident 1's Progress Notes or in MAR. The IP stated there was no documented monitoring for the side effects/adverse effects of clindamycin in Resident 1's Progress Notes and MAR, on 3/8/2026. The IP stated Resident 1 could develop allergic reactions (unexpected responses) that could possibly harm Resident 1 if not monitored for the side effects/adverse effects of the clindamycin. The IP stated side effects could be unnoticed if not monitored and could delay Resident 1's care.During an interview on 4/21/2026, at 1:18 p.m., with the Director of Nursing (DON), the DON stated Resident 1 should be monitored for the adverse effects of clindamycin and document in Progress Notes or in MAR. The DON stated Resident 1 who was started on clindamycin on 3/8/2026, could be at risk for side effects or adverse effects if not monitored.During a review of facility's policy and procedure (P&P) titled, Antibiotic Stewardship, dated 12/2016, and last reviewed on 2/20/2026, the P&P indicated, Antibiotics will be prescribed and (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	administered to residents under the guidance of the facility's antibiotic stewardship program. The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents.During a review of facility's P&P titled, Adverse Consequences, Medication Errors and Unnecessary Medications, dated 3/2023, and last reviewed on 2/20/2026, the P&P indicated, Residents receiving any medication that has a potential for an adverse consequence will be monitored to ensure that any such consequences are promptly identified and reported.Facility staff monitor the resident for possible medication-related adverse consequences, including mental status and level of consciousness.