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	12/20/2024

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50961 Based on interview and record review, the facility failed to follow their policy and procedure (P&P) related to a resident's decision-making process for informed consent (IC-voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) for one of six sample residents (Resident 37) by obtaining a consent for an antipsychotic medication from the resident without capacity to make medical decisions. This failure had the potential for Resident 37 to not understand his treatment. Findings: During a review of Resident 37's Admission Record (not dated), the Admission Record indicated Resident 37 was admitted on [DATE] with the following diagnoses, but not limited to, dementia (a progressive state of decline in mental abilities), bipolar disorder (a mental disorder with mood swings that range from the lows of depression to elevated periods of emotional highs), degeneration of nervous system due to alcohol, attention-deficit hyperactivity disorder (a mental disorder with symptoms including inattention, hyperactivity and impulsivity) predominantly inattentive type. The Admission Record also indicted Resident 37 did not have a Resident Representative (RR- An individual chosen by the resident or authorized by State or Federal law to act on behalf of the resident). During a review of Resident 37's History and Physical (H&P), dated 10/30/24, the H&P indicated, Resident 37 did not have mental capacity to make decisions. During a review of Minimum Data Set (MDS- a resident assessment tool), dated 9/24/24, the MDS indicated, Resident 37's cognitive function (mental processes that enable people to think, understand, make decisions, and complete tasks) was impaired. During a review of Order Summary, dated 1/10/24, the Order Summary indicated order for Zyprexa (an antipsychotic medication [a substance that can change how a person's brain works and can affect awareness, thoughts, mood, and behavior] used to treat episodes of bipolar disorder) 2.5mg, give one tablet by mouth one time a day every Monday, Wednesday, and Friday for bipolar disorder manifested by inability to process external stimuli (factors that come from outside the body and trigger a response) causing anger or stress. During a review of Resident 37's Informed Consent form, dated 11/15/24, the Informed Consent Resident provided verbal consent to receive an antipsychotic medication. (continued on next page)

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
	056129	A. Building B. Wing	12/20/2024

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/17/24 at 8:38 a.m. Licensed Vocational Nurse (LVN) 6, LVN 6 stated Resident 37 has episodes of confusion and does not have a RR. LVN 6 also stated when residents don't have capacity to make medical decisions and do not have a representative, then social services will organize the Bioethics Committee (group of interdisciplinary staff that helps to resolve ethical dilemmas that may arise in the care of residents). LVN 6 stated the IC was not obtained correctly and had the potential to jeopardize Resident 37's safety. During an interview on 12/17/24 at 12:25 p.m. with Registered Nurse (RN) 1, RN 1 stated residents who do not have a capacity to make medical decisions and do not have a representative, the Bioethics Committee should be organized. During an interview on 12/18/24 at 10:38 a.m. with Social Services Director (SSD), SSD stated the IC should have not been obtained from Resident 37 since he does not have the capacity to make medical decisions. SSD also stated the Interdisciplinary Team Meeting (IDT) and Bioethics committee should have been organized by social services. During a concurrent interview and record review on 12/18/24 at 11:39 a.m. with Licensed Social Worker (SW) 1, Resident 37's IDT meeting for Behavior Management/Psychotropic Regimen Review Update report, dated 11/15/24 was reviewed. SW 1 stated only social worker, RN, and therapy was present during the IDT meeting. During an interview on 12/20/24 at 2:22 p.m., with the Director of Nursing (DON), DON stated residents who do not have the capacity to make medical decisions and do not have a RR, IDT meeting should be organized including the physician proposing the treatment or the primary physician, nursing staff, social services, and other interdisciplinary team members to discuss proposed treatment. DON stated facility did not follow regulations and their policy and procedures to obtain IC from the Resident. During a review of facility's P&P titled, Lack of Capacity when Medical Interventions Requires Informed Consent, dated 9/20/24, when the resident lack's capacity for informed consent and psychoactive medications is ordered by the physician the bioethics meeting will be held. It will include the resident's primary physician, another physician along with the facility interdisciplinary team member. During a review of facility's P&P titled, Bioethics Committee, dated 9/20/24, the P&P indicated Bioethics Committee consisting of Administrator, DON, Medical Director, Attending Physician, Social Services and any other party deemed necessary in deciding the issue at hand should meet during one formal meeting every quarter or as needed to resolve conflicts regarding bioethics in areas of confusion and uncertainty.

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	12/20/2024

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376 Based on observation, interview, and record review, the facility failed to protect the resident's right to be free from physical abuse (deliberately aggressive or violent behavior with the intention to cause harm by one resident towards another) for one of three sampled residents (Resident 85) when on 12/10/2024 at 1:30 p.m. , Certified Nursing Assistant 3 (CNA 3) and Resident 999 witnessed Resident 73 pull Resident 85's right arm (while he was on his wheelchair going to the bathroom accompanied by CNA 3) while passing Resident 73's bed (who was sitting at the edge of his bed) leading to both residents landing on the floor. This deficient practice resulted in Resident 85 being subjected to physical abuse by Resident 73 while under the care of the facility. Resident 85 sustained a superficial scratch on his right cheek. Based on the Reasonable Person Concept (the usual behavior of an average person under the same circumstances), due to Residents 73's aggression and unstable psychological condition, an individual subjected to physical abuse may have physical pain, psychological (mental or emotional) effects including feelings of hopelessness (a feeling or state of despair or lack of hope), helplessness (the belief that there is nothing that anyone can do to improve a bad situation), and humiliation (the feeling of being ashamed or losing respect for own self). Findings: During a review of Resident 85's Admission Record (AR), the AR indicated the facility admitted the resident on 3/24/2019, and readmitted the resident on 5/8/2021, with diagnoses including bipolar disorder (mood swings that range from the lows of depression [a common mental health condition that involves a persistent low mood and loss of interest in activities] to elevated periods of emotional highs), schizophrenia (a mental illness that is characterized by disturbances in thought), and dementia (a progressive state of decline in mental abilities). During a review of Resident 85's History and Physical (H&P), dated 9/4/2024, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 85's Minimum Data Set (MDS, a resident assessment tool), dated 9/17/2024, the MDS indicated the resident had adequate hearing, clear speech, sometimes had the ability to make self-understood, and usually understands others. The MDS indicated Resident 85 had severely impaired cognition (problems with a person's ability to think, learn, remember, use judgement, and make decisions). The MDS indicated the resident was dependent to requiring substantial to maximal assistance on mobility and activities of daily living (ADLs, activities such as bathing, dressing, and toileting a person performs daily). The MDS indicated the resident uses a wheelchair. During a review of Resident 85's Order Summary Report, the Order Summary Report indicated the following physician orders: -6/29/2021 Monitor episodes/s of bipolar disorder monitor for behavior (m/b) uncontrollable extreme mood swings causing stress and anger and tally by hashmarks for (Depakote, used to treat various types of seizure disorders) use. Every shift. (continued on next page)

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	12/20/2024

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-12/10/2024 Right side of face: Cleanse with normal saline solution (NSS, mixture of water and salt for washing wounds) and pat dry. Apply A&D (a moisturizer to treat or prevent dry, rough, scaly, itchy skin and minor skin irritations) and leave open to air for multiple facial scratches every day shift for 14 days. -12/10/2024 Monitor for pain during treatment (0= no pain) (1-3= mild pain) (4-6= moderate pain), (7-9= severe pain), (10= very severe pain). Every day shift. During a review of Resident 85's Psychological Assessment, dated 11/17/2024, the assessment indicated the resident had the following treatment goals: 1. Stabilization of anxiety (a feeling of fear, dread, and uneasiness). 2. Stabilization of irritability/anger and increase appropriate expression of angry feelings. 3. Reduce psychotic symptoms (a collection of symptoms that affect the mind, where there has been some loss of contact with reality). 4. Reduce incidence of inappropriate behaviors. 5. Monitor for decompensation (a loss of ability to maintain normal or appropriate psychological defenses) and recurrence of psychosis (when a person lose some contact with reality). 6. Facilitate healthy coping with stressors, both internal and external. During a review of Resident 85's Change of Condition (COC)/Interact Assessment Form, dated 12/10/2024, the COC/Interact Assessment Form indicated on 12/10/2024 at 1:30 p.m., Resident 85 was being assisted to the bathroom by CNA 3 on a wheelchair passing by Resident 73 who was sitting at the edge of his bed, when suddenly with no precipitating factors (a specific event or trigger to the onset of the current problem) Resident 73 grabbed Resident 85 and dragged the resident (Resident 85) down to the floor. The COC/Interact Assessment Form indicated a complete head-to-toe assessment was done by Treatment Nurse 2 (TN 2) and noted a very small superficial scratch on the right cheek of Resident 85 with no complaints of pain. The area was cleansed with NS, patted dry and was left open to air. During a review of Resident 73's Admission Record (AR), the AR indicated the facility admitted the resident on 1/5/2018, and readmitted the resident on 9/15/2024, with diagnoses including major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and anxiety disorder (a condition in which a person has excessive worry and feelings of fear, dread, and uneasiness). During a review of Resident 73's H&P, dated 8/9/2024, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 73's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had an intact cognition (the ability to use mental processes to acquire knowledge, process information, and apply knowledge). (continued on next page)

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	12/20/2024

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 73's Order Summary Report, dated 8/5/2024, the report indicated an order to monitor potential side effects (an effect of a drug or other type of treatment that is in addition to or beyond its desired effect) of antidepressants (Sertraline); sedation, drowsiness, dry mouth, blurred vision, constipation, postural hypotension (a condition that occurs when the blood pressure drops when standing up after sitting or lying down), urinary retention (a condition in which a person is unable to empty all the urine from the bladder), tachycardia (a medical condition where the heart beats faster than normal, usually more than 100 beats per minute while resting), muscle tremors, agitation, headache, skin rash, weight gain, weight loss. 0= absence 1= presence. Every shift. During a review of Resident 73's Care Plan (CP) titled Altered behavior patterns related to anger outbursts manifested by verbally aggressive accusatory- Everyone hates me, no one wants to care for me, open criticism toward staff, initiated on 8/12/2024, the CP indicated an intervention to assess what may cause the behavior and what may trigger behavior; attempt to reduce/eliminate those triggers if possible and if resident will become hostile during care, to stop giving care and resume after resident has calmed down. During a review of Resident 73's Psychological Assessment, dated 11/25/2024, the assessment indicated the resident had the following treatment goals: 1. Stabilization of depressed mood. 2. Stabilization of anxiety. During a review of Resident 73's Telephone Order (physician's order), dated 12/10/2024, the Telephone Order indicated to: -Transfer resident to General Acute Care Hospital 1 (GACH 1) emergency room (ER) for psych evaluation (altered mental status [AMS]). -Bed hold (the right of an individual to resume nursing facility residency after he or she has been away from the facility due to hospitalization or therapeutic leave) for 7 days if resident is admitted . During a review of Resident 73's COC/Interact Assessment Form, dated 12/10/2024, the COC/Interact Assessment Form indicated that CNA 3 reported that while she was wheeling Resident 85 to the bathroom, Resident 73 suddenly grabbed the arm of Resident 85 and fell on the floor next to Resident 73's bed. During a review of Resident 73's Resident Transfer Record, dated 12/10/2024, the record indicated the resident was transferred to GACH 1 for altered mental status and psychological evaluation. During a review of Resident 999's Admission Record (AR), the AR indicated the facility admitted the resident on 8/27/2023, with diagnoses including polyneuropathy (when multiple nerves becomes damaged), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), and hypertension (HTN, high blood pressure). (continued on next page)

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	12/20/2024

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 999's MDS, dated [DATE], the MDS indicated the resident had adequate hearing and had clear speech and had the ability to make self-understood and understand others. The MDS indicated the resident had no cognitive impairment. During an interview on 12/18/2024, at 9:31 a.m., with Registered Nurse 1 (RN 1), RN 1 stated at approximately 1:30 p.m. on 12/10/2024, RN 1 got a report that Resident 73 had an outburst of anger inside Room A. RN 1 stated Resident 73 grabbed the arm of Resident 85 and pulled him (Resident 85) to the ground. Resident 85 sustained a scratch on the right side of his face and bled. RN 1 stated Resident 73 grabbing Resident 85 dragging him (Resident 85) to the floor making Resident 85 sustain facial scratches was a physical abuse from a resident. During an interview on 12/18/2024, at 9:57 a.m., with Social Worker 1 (SW 1), SW 1 stated at around 1 p.m. on 12/10/2024, SW 1 interviewed Resident 999 (witness) and the resident told her that Resident 85 requested CNA 3 to bring him to the bathroom. SW 1 stated Resident 73 also wanted to go to the bathroom at the same time as Resident 85 wanted to go. SW 1 stated per Resident 999, Resident 73 got upset when CNA 3 told him to wait because she is still assisting Resident 85 to the bathroom. Resident 73 started shouting out profanities to Resident 85 and Resident 85 responded to Resident 73 with the finger sign and uttered profanities too. When CNA 3 was wheeling Resident 85 to the bathroom passing by Resident 73 sitting at the edge of his bed, Resident 73 grabbed Resident 85's arm and pulled him (Resident 85) down to the floor including himself (Resident 73). SW 1 stated per Resident 999, Resident 85 had a scratch in his face. SW 1 stated Resident 73 grabbing and pulling Resident 85's arm to the floor is a physical abuse from a resident. During an interview on 12/18/2024, at 10:13 a.m., with Resident 999, inside Room A, with Certified Nursing Assistant/Staffer 1 (CNA/S 1) translating to Resident 999's language, Resident 999 stated Resident 85 was being assisted by CNA 3 to the bathroom when Resident 73 also expressed the need to go to the bathroom at the same time. Resident 999 stated CNA 3 told Resident 73 to wait as she was assisting Resident 85 to the bathroom. Resident 999 stated Resident 73 got upset and uttered profanities to CNA 3 and Resident 85. Resident 999 stated Resident 85 replied back to Resident 73 with a finger sign and uttered profanities back to him. Resident 999 stated while CNA 3 was wheeling Resident 85 to the bathroom passing by Resident 73's bed, Resident 73 grabbed Resident 85's arm and pulled him (Resident 85) to the ground and both residents fell on the floor. Resident 999 stated he saw Resident 85 bleeding from the face. Resident 999 stated he had been witnessing multiple times Resident 73 getting upset at the CNAs and at Resident 85 because they spent more time in cleaning Resident 85. Resident 999 stated the staff knows about the issue of Resident 73 complaining about the time the staff were spending to care for Resident 85. During an interview on 12/18/2024, at 11:31 a.m., with Licensed Vocational Nurse 12 (LVN 12), LVN 12 stated she was in charge of Resident 85 on 12/10/2024. LVN 12 stated at around 1:30 p.m., she found Resident 85 on the floor who appeared to have been attacked by Resident 73. LVN 12 stated Resident 85 was calm but Resident 73 was upset and verbally screaming and cussing at the staff and Resident 85. LVN 12 stated TN 2 provided treatment to the scratches of Resident 85. LVN 2 stated Resident 73 grabbing onto Resident 85's arm pulling him down to the floor was physical abuse from a resident. During an interview on 12/18/2024, at 11:38 a.m., with TN 2, TN 2 stated Resident 85 sustained facial scratches from Resident 73 and she had obtained orders from the physician to apply A&D ointment to the wound and leave open to air. TN 2 stated Resident 73 gets upset when Certified Nursing Assistant 13 (CNA 13) is not working, and he (Resident 73) gives the other CNAs a hard time. (continued on next page)

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	12/20/2024

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 12/18/2024, at 11:47 a.m., inside Station 2 Dining Room, observed Resident 85 sitting on his wheelchair with a scratch on the right cheek. Resident 85 nodded when asked if he got the scratch on the right cheek from Resident 73. During an interview on 12/18/2024, at 11:50 a.m., with CNA 13, CNA 13 stated he was aware that Resident 73 likes him (CNA 13), and he (Resident 73) gets upset with the other CNAs when he (CNA 13)is not there, and Resident 73 tends to be verbally abusive to them. During a telephone interview on 12/18/2024, at 7:54 p.m., with Certified Nursing Assistant 14 (CNA 14), stated Resident 73 told her (CNA 14) that he does not like Resident 85. CNA 14 stated she does not know why Resident 73 disliked Resident 85. During an interview on 12/19/2024, at 9:08 a.m., with CNA 3, CNA 3 stated that she witnessed Resident 73 grabbing Resident 85's arm on the way to the bathroom. CNA 3 stated she was wheeling Resident 85 to the bathroom and Resident 73 also expressed the need to go to the bathroom. CNA 3 stated she asked Resident 73 to wait as she was assisting Resident 85 first, she heard Resident 73 uttering some words, but she was not paying attention because she was in a hurry to complete her tasks. CNA 3 stated the act of Resident grabbing Resident 85 dragging him down to the floor sustaining scratches on his face is a physical abuse. During an interview on 12/20/2024, at 1:42 p.m., with the Director of Nursing (DON), the DON stated she was at the facility during the incident. The DON stated she got a report from RN 1 that Resident 73 grabbed and pulled Resident 85's arm to the floor and Resident 85 sustained scratches on his face. The DON stated the act of Resident 73 pulling the arm of Resident 85 and dragging Resident 85 to the floor with himself sustaining scratches on the face as a physical abuse. During a review of the facility's recent policy and procedure (P&P) titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program, last reviewed on 9/20/2024, the P&P indicated residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms. The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: 1. Protect residents from abuse, neglect, exploitation, or misappropriation of property by anyone including, but not necessarily limited to: b. other residents. Investigate and report any allegations within time frames required by federal requirements.

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	12/20/2024

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 - Some	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376 Based on observation, interview, and record review, the facility failed to ensure residents were free from physical restraints (any manual method, physical or mechanical device, material or equipment that is attached or adjacent to the resident's body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body) for six of eight sampled residents (Residents 31, 5, 30, 63, 33, and 151) investigated during review of physical restraints care area by failing to ensure: 1. Residents 31 and 5's pad alarm (when connected to a fall prevention monitor, the pressure pad will trigger the fall alarm when weight is removed from the pad) had a physician's order, restraint assessment, informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered), and a care plan on its use. 2. Resident 30 and 33's use of the restraint bed placed against the wall had a physician's order, restraint assessment, informed consent, and care plan on its use. 3. Resident 151 had an informed consent from the resident or resident representative for the use of bed against the wall. 4. Resident 63's use of restraint pillow tucked under the sheet had a physician's order, restraint assessment, informed consent, and a care plan on its use. These deficient practices had the potential to result in the restriction of residents' freedom of movement, a decline in physical functioning, psychosocial harm, physical harm from entrapment (a state in which a person is trapped by the bed rail in a position that they cannot move from), and death of residents. Findings: 1. During a review of Resident 31's Admission Record (AR), the AR indicated the facility admitted the resident on 11/5/2021, and readmitted the resident on 9/4/2024, with diagnoses including dementia (a progressive state of decline in mental abilities), anxiety disorder (a mental health condition that causes excessive and persistent feelings of fear, worry, or nervousness that interfere with daily life), and muscle weakness. During a review of Resident 31's History and Physical (H&P), dated 9/4/2024, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 31's Minimum Data Set (MDS, a resident assessment tool), dated 10/30/2024, the MDS indicated the resident sometimes had the ability to make self-understood and understand others. The MDS indicated the resident required substantial to partial assistance on mobility and activities of daily living (ADLs, activities such as bathing, dressing and toileting a person performs daily). (continued on next page)

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	12/20/2024

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 - Some	During a review of Resident 31's Care Plan titled Expected behavior related to movement to floor mat. History of falls/ at high risk for falls with interventions ., last revised on 2/23/2024, the Care Plan indicated an intervention of pad alarm, as indicated, to remind resident to stop and ask for assistance. During a review of Resident 31's Fall Risk Assessment, dated 10/30/2024, the Fall Risk Assessment indicated the resident was not a fall risk. During an observation on 12/16/2024, at 10:33 a.m., observed resident was not in bed. The bed had a pad alarm on. During a concurrent observation and interview on 12/17/2024, at 12:54 p.m., with Licensed Vocational Nurse 9 (LVN 9), inside Resident 31's room, observed Resident 31 lying in bed with a pad alarm on. LVN 9 stated the pad alarm was used for fall prevention. During a concurrent interview and record review on 12/18/2024, at 9:09 a.m., with Registered Nurse 1 (RN 1), reviewed Resident 31's Order Summary Report, Informed Consent, Restraint Assessment, and Care Plan. RN 1 stated there was no physician's order, informed consent, and restraint assessment on the use of the pad alarm. RN 1 stated it was important to have a physician's order, informed consent, and restraint assessment on the use of pad alarm to ensure its safe use and to honor the resident's right to informed consent. During an interview on 12/19/2024, at 2:17 p.m., with the Director of Nursing (DON), the DON stated before applying a pad alarm, the staff should obtain an order from the physician, get a consent from the resident or resident representative, perform a restraint assessment, and create a care plan on its use. The DON stated it was important to have a physician's order, restraint assessment, and informed consent to ensure the restraint was appropriate and safe to use. The DON stated the informed consent should be secured to honor the resident's right to accept or decline the use of the pad alarm. During a review of the facility's recent policy and procedure (P&P) titled, Use of Restraints, last reviewed on 9/20/2024, the P&P indicated physical restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. Prior to placing a resident in restraints, there shall be an assessment and a review to determine the need for the restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve the symptoms. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following: a. The specific reason for the restraint (as it relates to the resident's medical symptom); b. How the restraint will be used to benefit the resident's medical symptom; and c. The type of restraint, and period of time for the use of the restraint. (continued on next page)

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	12/20/2024

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 - Some	Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use. During a review of the facility's recent P&P titled Personal Alarm, last reviewed on 9/20/2024, the P&P indicated if a fall risk associated fall from bed/chair is identified, physician orders will be obtained for assessment by appropriate staff. Care Plan will be developed. 2. During a review of Resident 5's Admission Record (AR), the AR indicated the facility admitted the resident on 9/27/2024, with diagnoses including muscle weakness, anxiety disorder, and psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality). During a review of Resident 5's MDS, dated [DATE], the MDS indicated the resident sometimes had the ability to make self-understood and understand others. The MDS indicated the resident had impaired vision and was totally dependent on mobility and activities of daily living (ADL). During a review of Resident 5's Fall Risk Assessment, dated 9/28/2024, the Fall Risk Assessment indicated the resident was high risk for falls. During an observation on 12/16/2024, at 9:32 a.m., observed Resident 5 lying in bed sleeping with a pad alarm on. During a concurrent observation and interview on 12/17/2024, at 12:36 p.m., with Certified Nursing Assistant 9 (CNA 9), inside Resident 5's room, observed Resident 5's bed with pad alarm on. CNA 9 stated they use the pad alarm on the resident to alert the staff when the resident gets out of the bed to prevent a fall. During a concurrent interview and record review on 12/18/2024, at 8:42 a.m., with RN 1, reviewed Resident 5's Order Summary Report, Informed Consent, Restraint Assessment, and Care Plan. RN 1 stated there was no physician's order, informed consent, restraint assessment and care plan on the use of the pad alarm on the resident's bed. RN 1 stated it was important to have a physician's order, informed consent, restraint assessment and care plan on the use of the pad alarm to ensure it was appropriate, safe to use on the resident, and to honor the resident's right to informed consent. During an interview on 12/19/2024, at 2:17 p.m., with the DON, the DON stated before applying a pad alarm, the staff should obtain an order from the physician, get a consent from the resident or resident representative, perform a restraint assessment, and create a care plan on its use. The DON stated it was important to have a physician's order, restraint assessment, and informed consent to ensure the restraint was appropriate and safe to use. The DON stated the informed consent should be secured to honor the resident's right to accept or decline the use of the pad alarm. The DON stated the care plan serves as a communication to the healthcare team containing the resident's identified problems, the goal of treatment, and the interventions to keep the team on the same page for consistency of care. (continued on next page)

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	12/20/2024

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 - Some	During a review of the facility's recent P&P titled, Use of Restraints, last reviewed on 9/20/2024, the P&P indicated physical restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. Prior to placing a resident in restraints, there shall be an assessment and a review to determine the need for the restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve the symptoms. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following: a. The specific reason for the restraint (as it relates to the resident's medical symptom); b. How the restraint will be used to benefit the resident's medical symptom; and c. The type of restraint, and period of time for the use of the restraint. Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use. During a review of the facility's recent P&P titled Personal Alarm, last reviewed on 9/20/2024, the P&P indicated if a fall risk associated fall from bed/chair is identified, physician orders will be obtained for assessment by appropriate staff. Care Plan will be developed. 3. During a review of Resident 30's Admission record (AR), the AR indicated the facility admitted the resident on 7/31/2020, with diagnoses including anxiety disorder, restlessness and agitation, and contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) of the right and left knee. During a review of Resident 30's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was dependent to needing partial to moderate assistance on mobility and activities of daily living (ADL). The MDS indicated the resident was using a bed and chair alarm. During a review of Resident 30's Fall Risk Assessment, dated 10/28/2024, the Fall Risk Assessment indicated the resident was not at risk for fall. During an observation on 12/16/2024, at 10:15 a.m., observed Resident 30 lying in bed with the bed of the resident placed against the wall at the right side of the bed. During a concurrent observation and interview on 12/16/2024, at 10:17 a.m., with LVN 5, observed Resident 30's bed placed against the wall at the right side of the resident's bed. LVN 5 stated placing the bed against the wall was a restraint. (continued on next page)

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	12/20/2024

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 - Some	During a concurrent interview and record review on 12/18/2024, at 9:15 a.m., with RN 1, reviewed Resident 30's Order Summary Report, Informed Consent, Restraint Assessment, and Care Plan. RN 1 stated there was no physician's order, informed consent, restraint assessment, and care plan on the use of bed placed against the wall. RN 1 stated it was important to have a physician's order, informed consent, restraint assessment, and a care plan on the restraint bed placed against the wall to ensure safety of its use and to prevent accidents such as bed entrapment. RN 1 stated they need an informed consent on the use of bed placed against the wall to honor's the resident's right to accept or decline the proposed intervention. During an interview on 12/19/2024, at 2:17 p.m., with the DON, the DON stated before placing the resident's bed against the wall the staff should obtain an order from the physician, get a consent from the resident or resident representative, perform a restraint assessment, and create a care plan on its use. The DON stated it was important to have a physician's order, restraint assessment, and informed consent to ensure the restraint was appropriate and safe to use. The DON stated the informed consent should be secured to honor the resident's right to accept or decline the use of the pad alarm. The DON stated the care plan serves as a communication to the healthcare team containing the resident's identified problems, the goal of treatment, and the interventions to keep the team on the same page for consistency of care. During a review of the facility's recent P&P titled, Use of Restraints, last reviewed on 9/20/2024, the P&P indicated physical restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. Prior to placing a resident in restraints, there shall be an assessment and a review to determine the need for the restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve the symptoms. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following: a. The specific reason for the restraint (as it relates to the resident's medical symptom); b. How the restraint will be used to benefit the resident's medical symptom; and c. The type of restraint, and period of time for the use of the restraint. Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use. 4. During a review of Resident 63's Admission Record (AR), the AR indicated the facility admitted the resident on 7/30/2024, with diagnoses including seizure (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness), dementia, and age-related osteoporosis (happens with age where the bones lose their ability to regrow and reform themselves). During a review of Resident 63's H&P, dated 7/31/2024, the H&P indicated the resident did not have the capacity to understand and make decisions. (continued on next page)

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	12/20/2024

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 - Some	During a review of Resident 63's MDS, dated [DATE], the MDS indicated the resident rarely to never had the ability to make self-understood and understand others. The MDS indicated the resident had visual impairment and the resident was mostly dependent on mobility and activities of daily living (ADL). During a review of Resident 63's Fall Risk Assessment, dated 11/5/2024, the Fall Risk Assessment indicated the resident was high risk for falls. During a review of Resident 63's Care Plan (CP) titled Resident is at risk for falls/injury related to dementia, impaired cognition ., initiated on 11/8/2024, the CP indicated an intervention to provide resident with a safe and clutter-free environment. During a concurrent observation and interview on 12/16/2024, at 9:40 a.m., with Certified Nursing Assistant 5 (CNA 5), inside Resident 63's room, observed Resident 63 with a pillow at the right side of the resident's bed tucked under the sheet. CNA 5 stated the pillow should be touching the resident's back if used for turning not tucked under the sheet because it becomes a restraint. During a concurrent interview and record review on 12/18/2024, at 8:56 a.m., with RN 1, reviewed Resident 63's Order Summary Report, Informed Consent, Restraint Assessment, and Care Plan on the use of pillow tucked under the sheet as a restraint. RN 1 stated there was no physician's order, informed consent, restraint assessment, and care plan on the use of the restraint pillow tucked under the sheet of the resident. RN 1 stated it was important to have a physician's order, informed consent, restraint assessment, and a care plan on the use of pillow tucked under the sheet to ensure appropriate and safe use of the restraint. RN 1 stated obtaining an informed consent honor's the resident's right to agree or disagree with the proposed intervention. RN 1 stated the pillows tucked under the sheet increases the height of bed when the resident falls and it increases the potential for injury of the resident secondary to falls. During an interview on 12/19/2024, at 2:17 p.m., with the DON, the DON stated before applying a pillow tucked under the sheet as a restraint, the staff should obtain an order from the physician, get a consent from the resident or resident representative, perform a restraint assessment, and create a care plan on its use. The DON stated it was important to have a physician's order, restraint assessment, and informed consent to ensure the restraint was appropriate and safe to use. The DON stated the informed consent should be secured to honor the resident's right to accept or decline the use of the pad alarm. The DON stated the care plan serves as a communication to the healthcare team containing the resident's identified problems, the goal of treatment, and the interventions to keep the team on the same page for consistency of care. During a review of the facility's recent P&P titled, Use of Restraints, last reviewed on 9/20/2024, the P&P indicated physical restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. Prior to placing a resident in restraints, there shall be an assessment and a review to determine the need for the restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve the symptoms. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following: (continued on next page)

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	12/20/2024

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 - Some	a. The specific reason for the restraint (as it relates to the resident's medical symptom); b. How the restraint will be used to benefit the resident's medical symptom; and c. The type of restraint, and period of time for the use of the restraint. Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use. 43988 5. During a review of Resident 33's Admission Record, the Admission Record indicated the facility admitted the resident on 10/23/2024 with diagnoses including altered mental status, dementia, difficulty walking, and generalized muscle weakness. During a review of Resident 33's H&P dated 10/24/2024, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 33's MDS dated [DATE], the MDS indicated the resident had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required substantial/maximal assistance with eating and oral hygiene; total assistance from staff with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 33 had impairment of both upper and lower extremities. During a review of Resident 33's Order Summary Report, the Order Summary Report did not indicate a physician's order to place the bed against the wall. During a review of Resident 33's care plan on risk for falls/injury related to dementia and impaired cognition initiated 11/5/2024 and last revised 11/13/2024, did not indicate bed placed against the wall as on the of the interventions. During a review of Resident 33's fall risk assessment dated [DATE], the fall risk assessment indicated the resident was a high risk for falls. During an observation on 12/16/2024 at 9:03 a.m. inside Resident 33's room, observed Resident 33's bed placed against the wall on the right side. During a concurrent observation and interview on 12/17/2024 at 12:45 p.m., inside Resident 33's room with Certified Nursing Assistant 8 (CNA 8), CNA 8 verified Resident 33's right side of the bed was placed against the wall. CNA 8 stated Resident 33's bed had been placed against the wall since the day resident was admitted to the facility. CNA 8 was unable to tell if placing the bed against the wall was a restraint. CNA 8 stated was unable to tell the reason for placing the bed against the wall, but she knows that Resident 33 was a high risk for falls due to impaired cognition. (continued on next page)

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	12/20/2024

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 - Some	During a concurrent interview and record review on 12/19/2024 at 10:15 a.m., reviewed Resident 33's physician's orders, informed consent, restraint assessment, and care plan with the Assistant Director of Nursing (ADON). The ADON stated that prior to starting a restraint, the licensed nurses should complete a restraint assessment to make sure the use of restraint is appropriate then obtain an physician's order and informed consent to ensure both the resident and/or representative were aware of the risks and benefits of the use the restraint, and initiate a care plan to ensure everybody is aware of the intervention used on the resident to prevent delay in providing care to the resident. The ADON verified there was no physician's order, no informed consent, the restraint assessment was not completed, and the care plan was not initiated for placing Resident 33's bed against the wall. The ADON stated placing the bed against the wall can be considered a restraint as it restricts Resident 33's movement from the other side of the bed. The ADON stated the nurses should have completed the restraint assessment, initiated a care plan, obtained a physician's order, and informed consent. During an interview on 12/19/24 at 2:17 p.m., the Director of Nursing (DON) stated per facility policy and procedure (P&P), the nurses are supposed to assess for appropriateness for the use of restraints, obtain physician's order, obtain informed consent, and initiate a care plan prior to start of restraints. The DON stated the purpose of informed consent is for the resident and/or resident representative is to be aware of the risks and benefits of the type of restraint and give them the chance to decline or accept the planned intervention. The DON stated the purpose of care plan is for staff to be aware of the plan of care for the resident to promote consistency in providing care for the resident and prevent delay in the provision of care the resident needs. During a review of the facility's P&P titled, Use of Restraints, last reviewed on 9/20/2024, the P&P indicated physical restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. The P&P further indicated the following: - Prior to placing a resident in restraints, there shall be an assessment and a review to determine the need for the restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve the symptoms. - Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use. - Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following: a. The specific reason for the restraint (as it relates to the resident's medical symptom). b. How the restraint will be used to benefit the resident's medical symptom. c. The type of restraint, and period of time for the use of the restraint. (continued on next page)

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	12/20/2024

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 - Some	6. During a review of Resident 151's Admission Record, the Admission Record indicated the facility originally admitted the resident on 3/1/2024 and readmitted in the facility on 5/30/2024 with diagnoses including absence of left leg above knee, diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), and anxiety disorder. During a review of Resident 151's H&P dated 5/31/2024, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 151's MDS dated [DATE], the MDS indicated the resident had an intact cognition and required set up or clean-up assistance with eating; supervision or touching assistance with oral hygiene; partial/moderate assistance with upper body dressing; totally dependent from staff with lower body dressing and toileting transfers; substantial/maximal from staff with all other activities of daily living. During a review of Resident 151's Order Summary Report, the Order Summary Report indicated a physician's order dated 9/29/2024 for bed against the wall to decrease potential injury and for safety. During a review of Resident 151's fall risk assessments dated 3/1/2024, 5/31/2024, the fall risk assessments indicated Resident 151 was a high risk for falls. The fall risk assessments dated 9/5/2024 and 12/4/2024 indicated the resident was a low risk for falls. During an observation on 12/16/2024 at 9:30 a.m., inside Resident 151's room, observed Resident 151 up on the wheelchair with the bed placed against the wall on the right side. During a concurrent observation and interview on 12/17/2024 at 12:45 p.m. outside Resident 151's room with Certified Nursing Assistant 1 (CNA 1), CNA 1 verified Resident 151's bed was placed against the wall on the right side. CNA 1 stated it was Resident 151's preference to place the bed against the wall. CNA 1 was unable to tell if the bed against the wall a restraint as the resident was still able to get out of the bed from the left side. During a concurrent interview and record review on 12/19/2024 at 10:41 a.m., reviewed Resident 151's physician's orders, informed consent, restraint assessment, and care plan with the Assistant Director of Nursing (ADON). The ADON stated that prior to starting a restraint, the licensed nurses should complete a restraint assessment to make sure the use of restraint is appropriate then obtain an physician's order and informed consent to ensure both the resident and/or representative were aware of the risks and benefits of the use the restraint, and initiate a care plan to ensure everybody is aware of the intervention used on the resident to prevent delay in providing care to the resident. The ADON verified there was no informed consent obtained from the resident and/or resident representative for placing Resident 151's bed against the wall. The ADON stated placing the bed against the wall can be considered a restraint as it restricts Resident 151's movement from the other side of the bed. The ADON stated the nurses should have obtained an informed consent prior to start of the restraint. (continued on next page)

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	12/20/2024

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 - Some	During an interview on 12/19/2024 at 2:17 p.m., the Director of Nursing (DON) stated per facility policy and procedure (P&P), the nurses are supposed to assess for appropriateness for the use of restraints, obtain physician's order, obtain informed consent, and initiate a care plan prior to start of restraints. The DON stated the purpose of informed consent is for the resident and/or resident representative to be aware of the risks and benefits of the type of restraint and give them the chance to decline or accept the planned intervention. The DON stated the nurses should have obtained an informed consent from the resident or resident representative. During a review of the facility's P&P titled, Use of Restraints, last reviewed on 9/20/2024, the P&P indicated physical restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. The P&P further indicated the following: - Prior to placing a resident in restraints, there shall be an assessment and a review to determine the need for the restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve the symptoms. - Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use. -Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following: a. The specific reason for the restraint (as it relates to the resident's medical symptom). b. How the restraint will be used to benefit the resident's medical symptom. c. The type of restraint, and period of time for the use of the restraint.

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	12/20/2024

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376 Based on observation, interview, and record review, the facility failed to thoroughly investigate a physical abuse (deliberately aggressive or violent behavior with the intention to cause harm by one resident towards another) allegation for one of three sampled residents (Resident 85) by failing to include in their final investigation report the precipitating factors (a specific event or trigger to the onset of the current problem) that led to Resident 73 pulling Resident 85's right arm on 12/10/2024 at 1:30 p.m. while passing Resident 73 who was sitting at the edge of the bed. Resident 185 was on his wheelchair on the way to the bathroom accompanied by Certified Nursing Assistant 3 (CNA 3). The incident led to both residents landing on the floor with Resident 85 sustaining a superficial scratch on his right cheek. This deficient practice had the potential to result in unidentified abuse in the facility and failure to protect residents from abuse. Cross Reference F600 Findings: During a review of Resident 85's Admission Record (AR), the AR indicated the facility admitted the resident on 3/24/2019, and readmitted the resident on 5/8/2021, with diagnoses including bipolar disorder (mood swings that range from the lows of depression [a common mental health condition that involves a persistent low mood and loss of interest in activities] to elevated periods of emotional highs), schizophrenia (a mental illness that is characterized by disturbances in thought), and dementia (a progressive state of decline in mental abilities). During a review of Resident 85's History and Physical (H&P), dated 9/4/2024, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 85's Minimum Data Set (MDS, a resident assessment tool), dated 9/17/2024, the MDS indicated the resident had adequate hearing, clear speech, sometimes had the ability to make self-understood, and usually understand others. The MDS indicated Resident 85 had severely impaired cognition (problems with a person's ability to think, learn, remember, use judgement, and make decisions). The MDS indicated the resident was dependent to requiring substantial to maximal assistance on mobility and activities of daily living (ADLs, activities such as bathing, dressing, and toileting a person performs daily). The MDS indicated the resident uses a wheelchair. During a review of Resident 85's Order Summary Report, the Order Summary Report indicated the following physician orders: -6/29/2021 Monitor episodes/s of bipolar disorder monitor for behavior (m/b) uncontrollable extreme mood swings causing stress and anger and tally by hashmarks for (Depakote, used to treat various types of seizure disorders) use. Every shift. (continued on next page)

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	12/20/2024

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-12/10/2024 Right side of face: Cleanse with normal saline solution (NSS, mixture of water and salt for washing wounds) and pat dry. Apply A&D (a moisturizer to treat or prevent dry, rough, scaly, itchy skin and minor skin irritations) and leave open to air for multiple facial scratches every day shift for 14 days. -12/10/2024 Monitor for pain during treatment (0= no pain) (1-3= mild pain) (4-6= moderate pain), (7-9= severe pain), (10= very severe pain). Every day shift. During a review of Resident 85's Psychological Assessment, dated 11/17/2024, the assessment indicated the resident had the following treatment goals: 1. Stabilization of anxiety (a feeling of fear, dread, and uneasiness). 2. Stabilization of irritability/anger and increase appropriate expression of angry feelings. 3. Reduce psychotic symptoms (a collection of symptoms that affect the mind, where there has been some loss of contact with reality). 4. Reduce incidence of inappropriate behaviors. 5. Monitor for decompensation (a loss of ability to maintain normal or appropriate psychological defenses) and recurrence of psychosis (when a person lose some contact with reality). 6. Facilitate healthy coping with stressors, both internal and external. During a review of Resident 85's Change of Condition (COC)/Interact Assessment Form, dated 12/10/2024, the COC/Interact Assessment Form indicated on 12/10/2024 at 1:30 p.m., Resident 85 was being assisted to the bathroom by CNA 3 on a wheelchair passing by Resident 73 who was sitting at the edge of his bed, when suddenly with no precipitating factors (a specific event or trigger to the onset of the current problem) Resident 73 grabbed Resident 85 and dragged the resident down to the floor. The COC/Interact Assessment Form indicated a complete head-to-toe assessment was done by Treatment Nurse 2 (TN 2) and noted a very small superficial scratch on the right cheek of Resident 85 with no complaints of pain. The area was cleansed with NS, patted dry and was left open to air. During a review of Resident 73's Admission Record (AR), the AR indicated the facility admitted the resident on 1/5/2018, and readmitted the resident on 9/15/2024, with diagnoses including major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and anxiety disorder (a condition in which a person has excessive worry and feelings of fear, dread, and uneasiness). During a review of Resident 73's H&P, dated 8/9/2024, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 73's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had an intact cognition (the ability to use mental processes to acquire knowledge, process information, and apply knowledge) (continued on next page)

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	12/20/2024

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 73's Order Summary Report, dated 8/5/2024, the Order Summary Report indicated an order to monitor potential side effects (an effect of a drug or other type of treatment that is in addition to or beyond its desired effect) of antidepressants (Sertraline); sedation, drowsiness, dry mouth, blurred vision, constipation, postural hypotension (a condition that occurs when the blood pressure drops when standing up after sitting or lying down), urinary retention (a condition in which a person is unable to empty all the urine from the bladder), tachycardia (a medical condition where the heart beats faster than normal, usually more than 100 beats per minute while resting), muscle tremors, agitation, headache, skin rash, weight gain, weight loss. 0= absence 1= presence. Every shift. During a review of Resident 73's Care Plan (CP) titled Altered behavior patterns related to anger outbursts manifested by verbally aggressive accusatory- Everyone hates me, no one wants to care for me, open criticism toward staff, initiated on 8/12/2024, the CP indicated an intervention to assess what may cause the behavior and what may trigger behavior; attempt to reduce/eliminate those triggers if possible and if resident will become hostile during care, to stop giving care and resume after resident has calmed down. During a review of Resident 73's Psychological Assessment, dated 11/25/2024, the assessment indicated the resident had the following treatment goals: 1. Stabilization of depressed mood. 2. Stabilization of anxiety. During a review of Resident 73's Telephone Order (physician's order), dated 12/10/2024, the Telephone Order indicated to: -Transfer resident to General Acute Care Hospital 1 (GACH 1) emergency room (ER) for psych evaluation (altered mental status [AMS]). -Bed hold (the right of an individual to resume nursing facility residency after he or she has been away from the facility due to hospitalization or therapeutic leave) for 7 days if resident is admitted . During a review of Resident 73's COC/Interact Assessment Form, dated 12/10/2024, the COC/Interact Assessment Form indicated that CNA 3 reported that while she was wheeling Resident 85 to the bathroom, Resident 73 suddenly grabbed the arm of Resident 85 and fell on the floor next to Resident 73's bed. During a review of Resident 73's Resident Transfer Record, dated 12/10/2024, the record indicated the resident was transferred to GACH 1 for altered mental status and psychological evaluation. During a review of Resident 999's Admission Record (AR), the AR indicated the facility admitted the resident on 8/27/2023, with diagnoses including polyneuropathy (when multiple nerves becomes damaged), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), and hypertension (HTN, high blood pressure). (continued on next page)

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	12/20/2024

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 999's MDS, dated [DATE], the MDS indicated the resident had adequate hearing and had clear speech and had the ability to make self-understood and understand others. The MDS indicated the resident had no cognitive impairment. During an interview on 12/18/2024, at 9:31 a.m., with Registered Nurse 1 (RN 1), RN 1 stated at approximately 1:30 p.m. on 12/10/2024, RN 1 got a report that Resident 73 had an outburst of anger inside Room A. RN 1 stated Resident 73 grabbed the arm of Resident 85 and pulled him (Resident 85) to the ground. Resident 85 sustained a scratch on the right side of his face and bled. RN 1 stated Resident 73 grabbing Resident 85 dragging him (Resident 85) to the floor making Resident 85 sustain facial scratches was a physical abuse from a resident. During an interview on 12/18/2024, at 9:57 a.m., with Social Worker 1 (SW 1), SW 1 stated at around 1 p.m. on 12/10/2024, SW 1 interviewed Resident 999 (witness) and the resident told her that Resident 85 requested CNA 3 to bring him to the bathroom. SW 1 stated Resident 73 also wanted to go to the bathroom at the same time as Resident 85 wanted to go. SW 1 stated per Resident 999, Resident 73 got upset when CNA 3 told him to wait because she is still assisting Resident 85 to the bathroom. Resident 73 started shouting out profanities to Resident 85 and Resident 85 responded to Resident 73 with the finger sign and uttered profanities too. When CNA 3 was wheeling Resident 85 to the bathroom passing by Resident 73 sitting at the edge of his bed, Resident 73 grabbed Resident 85's arm and pulled him (Resident 85) down to the floor including himself (Resident 73). SW 1 stated per Resident 999, Resident 85 had a scratch in his face. SW 1 stated Resident 73 grabbing and pulling Resident 85's arm to the floor is a physical abuse from a resident. During an interview on 12/18/2024, at 10:13 a.m., with Resident 999, inside Room A, with Certified Nursing Assistant/Staffer 1 (CNA/S 1) translating to Resident 999's language, Resident 999 stated Resident 85 was being assisted by CNA 3 to the bathroom when Resident 73 also expressed the need to go to the bathroom. Resident 999 stated CNA 3 told Resident 73 to wait as she was assisting Resident 85 to the bathroom. Resident 999 stated Resident 73 got upset and uttered profanities to CNA 3 and Resident 85. Resident 999 stated Resident 85 replied back to Resident 73 with a finger sign and uttered profanities back to him. Resident 999 stated while CNA 3 was wheeling Resident 85 to the bathroom passing by Resident 73's bed, Resident 73 grabbed Resident 85's arm and pulled him (Resident 85) to the ground and both residents fell on the floor. Resident 999 stated he saw Resident 85 bleeding from the face. Resident 999 stated he had been witnessing multiple times Resident 73 getting upset at the CNAs and at Resident 85 because they spent more time in cleaning Resident 85. Resident 999 stated the staff knows about the issue of Resident 73 complaining about the time the staff were spending to care for Resident 85. During an interview on 12/18/2024, at 11:31 a.m., with Licensed Vocational Nurse 12 (LVN 12), LVN 12 stated she was in charge of Resident 85 on 12/10/2024. LVN 12 stated at around 1:30 p.m., she found Resident 85 on the floor who appeared to have been attacked by Resident 73. LVN 12 stated Resident 85 was calm but Resident 73 was upset and verbally screaming and cussing at the staff and Resident 85. LVN 12 stated Resident 85 sustained a left eyebrow, right cheek, and lip bleeding probably from being hit by Resident 73. LVN 12 stated TN 2 provided treatment to the wounds of Resident 85. LVN 2 stated Resident 73 grabbing onto Resident 85's arm pulling him down to the floor was physical abuse from a resident. (continued on next page)

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	12/20/2024

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/18/2024, at 11:38 a.m., with TN 2, TN 2 stated Resident 85 sustained facial scratches from Resident 73 and she had obtained orders from the physician to apply A&D ointment to the wound and leave open to air. TN 2 stated Resident 73 gets upset when Certified Nursing Assistant 13 (CNA 13) is not working, and he (Resident 73) gives the other CNAs a hard time. During an observation and interview on 12/18/2024, at 11:47 a.m., inside Station 2 Dining Room, observed Resident 85 sitting on his wheelchair with a scratch on the right cheek. Resident 85 nodded when asked if he got the scratch on the right cheek from Resident 73. During an interview on 12/18/2024, at 11:50 a.m., with CNA 13, CNA 13 stated he was aware that Resident 73 likes him (CNA 13), and he (Resident 73) gets upset with the other CNAs when he (CNA 13) is not there, and Resident 73 tends to be verbally abusive to them. During a telephone interview on 12/18/2024, at 7:54 p.m., with Certified Nursing Assistant 14 (CNA 14), stated Resident 73 told her (CNA 14) that he does not like Resident 85. CNA 14 stated she does not know why Resident 73 disliked Resident 85. During an interview on 12/19/2024, at 9:08 a.m., with CNA 3, CNA 3 stated that she witnessed Resident 73 grabbing Resident 85's arm on the way to the bathroom. CNA 3 stated she was wheeling Resident 85 to the bathroom and Resident 73 also expressed the need to go to the bathroom. CNA 3 stated she asked Resident 73 to wait as she was assisting Resident 85 first, she heard Resident 73 uttering some words, but she was not paying attention because she was in a hurry to complete her tasks. CNA 3 stated the act of Resident grabbing Resident 85 dragging him down to the floor sustaining scratches on his face is a physical abuse. During an interview on 12/20/2024, at 8:18 a.m., with SW 1, SW 1 stated she gave her investigation report to the Administrator (ADM) and the DON. SW 1 stated she does not know why the verbal altercations were not included on the final investigation report of the facility. SW 1 stated it was important to include the verbal altercation that happened preceding the physical abuse of Resident 85 by Resident 73 because it exhibits the willfulness of the act of Resident 73 towards Resident 85. During an interview on 12/20/2024, at 12:39 p.m., with the Director of Nursing (DON), the DON stated the investigation process was divided among the ADM, DON, and SW 1. The DON stated residents with verbal aggression do not always result in physical aggression. The DON stated there was no triggering factor, such as verbal or physical interactions, environmental stressors, no unmet needs were identified as potential causes of the sudden behavior when she did her investigation. The DON stated the incident was unprovoked and without any identifiable precedents nor warning signs. The DON stated she did not receive the investigation report gathered by SW 1 which could explain why Resident 73 got upset and acted. The DON stated they did not do a good job in collaborating their investigations that is why the precipitating factors that led to the physical abuse of Resident 85 was not included in their final investigation report. During an interview on 12/20/2024, at 1:42 p.m., with the DON, the DON stated she was at the facility during the incident. The DON stated she got a report from RN 1 that Resident 73 grabbed and pulled Resident 85's arm to the floor and Resident 85 sustained scratches on his face. The DON stated the act of Resident 73 pulling the arm of Resident 85 and dragging Resident 85 to the floor with himself sustaining scratches on the face as a physical abuse. (continued on next page)

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	12/20/2024

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview and record review on 12/20/2024, at 3:02 p.m., with the ADM, the ADM stated that she is the Abuse Coordinator of the facility. The ADM stated she was aware of the interaction of Resident 85 and Resident 73 on 12/10/2024 at 1:30 p.m.The ADM also stated she was the one who finalized and sent the report to the Health Department. The ADM stated the investigation was done by the SW 1, DON, Director of Staff Development (DSD), and herself. The ADM admitted that she was provided information regarding the Resident 85 and Resident 73's verbal exchanges that could have led to the resident altercation by SW 1. The ADM stated she omitted the information regarding the verbal exchanges that happened prior to the physical abuse because she knew the resident and the resident has only been verbally abusive to the staff. Reviewed the facility's Final Investigation Report dated 12/17/2024, with the ADM, reviewed and discussed with the ADM the Follow-up and Conclusion submitted by the facility in the final investigation which indicated despite these efforts, no triggering factors, such as verbal or physical interactions, environmental stressors, nor unmet needs were identified as potential causes of the sudden behavior of Resident 85. The facility investigation indicated the incident was unprovoked and without any identifiable precedent nor warning signs. The ADM stated the omitted verbal exchanges between Resident 73 and Resident 85 could have helped in identifying what triggered Resident 85's aggression. During a review of the facility's recent policy and procedure (P&P), titled Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating, last reviewed on 9/20/2024, the P&P indicated all reports of resident abuse (including injuries of unknown origin), neglect, exploitation, of theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. The individual conducting the investigation as a minimum: a. reviews the documentation and evidence; l. reviews the resident's medical record to determine the resident's physical and cognitive status at the time of the incident and since the incident; o. interviews any witnesses to the incident; s. interviews the resident's roommate, family members, and visitors; u. reviews all events leading up to the alleged incident; and v. documents the investigation completely and thoroughly. During a review of the facility's recent P&P titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program, last reviewed on 9/20/2024, the P&P indicated residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms. The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: 1. Protect residents from abuse, neglect, exploitation, or misappropriation of property by anyone including, but not necessarily limited to: (continued on next page)

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	12/20/2024

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b. other residents. Investigate and report any allegations within time frames required by federal requirements.

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	12/20/2024

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38552 Based on interview and record review, the facility failed to ensure that the discharge information is documented in the resident's medical record and is communicated to the resident for two of two sampled residents (Resident 54 and 75) investigated under Discharge care area by: 1. Failing to take and document the resident's vital signs prior to discharge for Residents 54 and 75. 2. Failing to provide special instructions for Resident 54 including follow-up with the gastrointestinal (GI - relating to your stomach and intestines physician and list of medications. 3. Failing to accurately document Resident 54's exact discharge location address and contact information. These deficient practices had the potential to result in discontinuity of the residents' care and an unsafe transition of care. Cross Reference F661 Findings: a. During a review of Resident 54's Admission Record, the Admission Record indicated the facility admitted the resident on 8/14/2024 with diagnoses including traumatic subdural hemorrhage (a dangerous bleeding that occurs between the skull and the brain) without loss of consciousness, schizoaffective disorder (a mental illness that can affect your thoughts, mood and behavior), epilepsy (happens as a result of abnormal electrical brain activity), and alcoholic cirrhosis of the liver (when healthy liver tissue is replaced by scar tissue, which prevents the liver from functioning normally) without ascites (where fluid builds up in the abdomen, or belly, and can cause swelling). During a review of Resident 54's History and Physical (H&P), dated 8/16/2024, the H&P indicated the resident has the capacity to understand and make decisions. During a review of Resident 54's Nurse Practitioner (NP)/Physician Assistant (PA) Note, dated 12/11/2024, the NP/PA Notes indicated the facility's assessment and plan for resident to follow-up with outpatient GI. During a review of Resident 54's Minimum Data Set (MDS-a resident assessment tool), dated 11/20/2024, the MDS indicated the resident was able to make himself understood and understand others. The MDS indicated Resident 54 needed moderate assistance from staff with toileting hygiene, shower/bathe self, upper and lower body dressing and putting on/taking off footwear. The MDS indicated the resident needed supervision with mobility including lying to sitting, sitting to lying, chair/bed-to-chair transfer, toilet, and tub/shower transfers, and with ambulation. (continued on next page)

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	12/20/2024

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 54's physician's order form, dated 12/16/2024, the physician's order form indicated the resident was discharged on [DATE] to Board and Care 1 (BC 1). During a concurrent interview and record review of Resident 54's Social Service Note, dated 12/17/2024, on 12/19/2024 at 10:07 a.m., with Case Manager 1 (CM 1), CM 1 stated Resident 54's discharge was facility-initiated as resident's health improved and transferred to lower level of care at BC 1. During a concurrent interview and record review of Resident 54's Discharge Summary Report, dated 12/16/2024, with Licensed Vocational Nurse 11 (LVN 11), on 12/19/2024 at 3:42 p.m., LVN 11 stated she was the charge nurse for Resident 54 who was discharged on [DATE]. LVN 11 stated she walked the resident to the car with the resident's son and was discharged to another long-term facility. LVN 11 stated she does not remember the name of the facility. LVN 11 stated she did not document it on the discharge summary report because her supervisor obtained the discharge order. LVN 11 stated she only filled out the discharge summary report and walked the resident to his car. LVN 11 stated she did not do the post discharge plan of care including going over the medications with the resident because that is the supervisor's responsibility. LVN 11 stated it was relayed to her by Registered Nurse 3 (RN 3) that resident was ready for discharge. LVN 11 stated she forgot to document the resident's vital signs. LVN 11 stated she should have documented it right then, but she forgot. LVN 11 stated she did not know she was supposed to write the address on where to send the resident on the discharge summary report. LVN 11 stated she goes by what is documented on the post discharge plan of care. LVN 11 stated she documented resident was discharged to another long-term facility, but it did not match the discharge order. LVN 11 stated she should have reviewed the order before discharging the resident. During an interview on 12/20/2024 at 11 a.m. with CM 1, CM 1 stated the resident did not have family or friend when the resident was discharged . During an interview on 12/20/2024 at 11:23 a.m., with RN 2, RN 2 stated RN supervisors are responsible for obtaining the discharge order, home health information, and placing the orders and any other required durable medical equipment. RN 2 stated in addition, RN supervisors also fill out the discharge packet which includes the post-discharge plan of care and once completed hands it to the charge nurse who then goes over it with the resident. RN 2 stated the resident/resident representative would then sign it acknowledging that they have received the information including appointments, follow-ups, and medications. RN 2 stated it is important to indicate and inform the resident of any upcoming appointments to be scheduled because the resident may miss it or be unaware of it. During a concurrent interview and record review of Resident 54's Post Discharge Plan of Care, dated 12/16/2024, on 12/20/2024 at 11:33 a.m., with RN 2, RN 2 stated she prepared the Post Discharge Plan of Care form and she missed to schedule Resident 54's GI appointment. RN 2 stated there was also no signature from Resident 54. During an interview on 12/20/2024 at 11:34 a.m., RN 2 stated vital signs are checked within that shift and if the shift has passed, the vitals need to be retaken before discharging the resident to check if the resident is stable or else they may miss an abnormal vital sign. (continued on next page)

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	12/20/2024

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/20/2024 at 12:19 p.m., the Director of Nursing (DON) stated discharge planning starts upon admission and may change depending on the resident's improvement or decline while staying at the facility. The DON stated when the resident goes to a lower level of care, a doctor's order is obtained and post-discharge plan of care is done by RN supervisor and social service department. The DON stated depending on the circumstances of their placement, there should be a discharge summary, post-discharge plan of care, discharge order, and a follow-up with the resident. The DON stated RN supervisor can delegate some of the discharge tasks to the licensed nurse/charge nurse. The DON stated best practice is for the licensed nurse to take the resident's vital signs prior to discharge. The DON stated the vital signs taken is to show the assessment of the resident at the time of discharge. The DON stated the discharge summary should have documentation of the resident's discharge location address of where they are going and the reason for discharge. During further interview on 12/20/2024 at 12:30 p.m., the DON stated the licensed nurses are expected to document right away and if they document a late entry to put a date and time on the document. The DON stated the document should be done accurately to show the current assessment and the provided education including medications and special instructions. The DON stated this is done for safe discharge of residents. During an interview on 12/20/2024 at 3:55 p.m. with RN 3, RN 3 stated she was the RN Supervisor who worked on 12/16/2024 when Resident 54 was discharged . RN 3 stated social services and RN 1 prepared Resident 54's discharge paperwork. RN 3 stated she gave the discharge forms including the post-discharge plan of care to LVN 11, for LVN 11 to go over the medications with the resident and to sign the form once completed. RN 3 stated she did not go over the post-discharge plan of care with Resident 54 and should have been done by LVN 11 because LVN 11 has the resident's medications to be given to the resident upon discharge. RN 3 stated they had called for a transportation company to transfer the resident to BC 1. During a review of the facility's policy and procedure (P&P) titled, Transfer of Discharge Documentation, last reviewed 9/20/2024, the P&P indicated that when a resident is transferred or discharged , details of the transfer or discharge will be documented in the medical record and appropriate information will be communicated to the receiving health care facility or provider. The P&P indicated when a resident is transferred or discharged from the facility, the following information will be documented in the medical record including: the new location of the resident; the mode of transportation; a summary of the resident's overall medical, physical, and mental condition; disposition of medications; others as appropriate as necessary. During a review of the facility's P&P titled, Discharge Summary and Plan, last reviewed 9/20/2024, the P&P indicated when a resident's discharge is anticipated, a discharge summary, and post-discharge plan is developed to assist the resident with discharge. The P&P indicated the post-discharge plan is developed by the care planning/interdisciplinary team with the assistance of the resident and his or her family and includes arrangements that have been made for follow-up care and services. The P&P indicated the resident/representative is involved in the post-discharge planning process and informed of the final post-discharge plan. (continued on next page)

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	12/20/2024

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b. During a review of Resident 75's Admission Record, the Admission Record indicated the facility originally admitted the resident on 4/30/2024 and readmitted the resident on 6/12/2024 with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area) affecting right dominant side, and seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness). During a review of Resident 75's History and Physical (H&P), dated 6/13/2024, the H&P indicated the resident does not have the capacity to understand and make decisions. During a review of Resident 75's Orders-Administration Note, dated 12/9/2024, the Orders-Administration Note indicated the resident was discharged home with a family member. During a review of Resident 75's Discharge Summary Report, dated 12/9/2024, the Discharge Summary Report indicated the resident was discharged on [DATE] at 6:45 p.m. to home. During a concurrent interview and record review of Resident 75's Medication Administration Record (MAR) for the month of 12/2024 and nursing progress notes, on 12/19/2024 at 3:20 p.m., with LVN 11, LVN 11 stated there was no documentation noted when Resident 75 was discharged on [DATE] at 6:45 p.m. LVN 11 stated the vital signs are taken at the beginning of the shift and baseline when the resident takes their medications and is not mandatory to be taken right at discharge. LVN 11 stated the resident's vital signs are only taken right at discharge depending on the resident's condition. LVN 11 stated if the resident appears stable then she does not need to take it. During an interview on 12/20/2024 at 11:34 a.m., RN 2 stated vital signs are checked within that shift and if the shift has passed, the vitals need to be retaken before discharging the resident to check if the resident is stable or else they may miss an abnormal vital sign. During an interview on 12/20/2024 at 12:19 p.m., the Director of Nursing (DON) stated discharge planning starts upon admission and may change depending on the resident's improvement or decline while staying at the facility. The DON stated when the resident goes to a lower level of care, a doctor's order is obtained and post-discharge plan of care is done by RN supervisor and social service department. The DON stated depending on the circumstances of their placement, there should be a discharge summary, post-discharge plan of care, discharge order, and a follow-up with the resident. The DON stated RN supervisor can delegate some of the discharge tasks to the licensed nurse/charge nurse. The DON stated the best practice is for the licensed nurse to take the resident's vital signs prior to discharge. The DON stated the vital signs taken is to show the assessment of the resident at the time of discharge. The DON stated the discharge summary should have documentation of the resident's discharge location address of where they are going and the reason for discharge. During further interview on 12/20/2024 at 12:30 p.m., the DON stated the licensed nurses are expected to document right away and if they document a late entry to put a date and time on the document. The DON stated the document should be done accurately to show the current assessment and the provided education including medications and special instructions. The DON stated this is done for safe discharge of residents. (continued on next page)

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	12/20/2024

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Transfer of Discharge Documentation, last reviewed 9/20/2024, the P&P indicated that when a resident is transferred or discharged , details of the transfer or discharge will be documented in the medical record and appropriate information will be communicated to the receiving health care facility or provider. The P&P indicated when a resident is transferred or discharged from the facility, the following information will be documented in the medical record including: the new location of the resident; the mode of transportation; a summary of the resident's overall medical, physical, and mental condition; disposition of medications; others as appropriate as necessary.

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	12/20/2024

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 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. 38552 Based on interview and record review, the facility failed to transmit the Minimum Data Set (MDS-a resident assessment tool) Assessments for one of two sampled residents (Resident 102) investigated under Resident Assessments facility task by, failing to transmit Resident 102's MDS Assessments on 1/21/2021 and 4/21/2021. This deficient practice had the potential to negatively affect the provision of necessary care and services needed by the resident. Findings: During a review of Resident 102's Admission Record, the Admission Record indicated the facility originally admitted the resident on 7/14/2020 and readmitted the resident on 12/6/2024 with diagnoses including acute kidney failure (condition in which the kidneys suddenly cannot filter waste from the blood), gross hematuria (blood is visible in the urine) and retention of urine. During a review of Resident 102's History and Physical (H&P), dated 12/10/2024, the H&P indicated the resident does not have the capacity to understand and make decisions. During a concurrent interview and review of Resident 102's MDS Assessments with the Final Validation Report (facility's documentation of successful MDS file submission), on 12/19/2024 at 8:20 a.m., with MDS Coordinator 1 (MDSC 1), MDSC 1 stated the following: - Assessment Reference Date (ARD) 1/21/2021 - Quarterly MDS; Submitted 2/22/2021. MDSC 1 stated this was submitted late and should have been completed on 2/4/2024 and submitted on 2/18/2021. - ARD 4/21/2021 - Quarterly MDS; Submitted 6/18/2021. MDSC 1 stated this was submitted late and should have been completed 5/5/2024 and submitted on 5/19/2021. During an additional interview on 12/19/2024 at 1:24 p.m., with MDSC 1, MDSC 1 stated it is important to transmit the MDS assessments timely for billing purposes and for completion of the form and ensure to have the correct plan of care to address the resident's needs. MDSC 1 stated not submitting it timely may result in the resident's plan of care to not be followed. During an interview on 12/20/2024 at 2:31 p.m., with the Director of Nursing (DON), the DON stated timely submission of MDS is necessary to communicate the current assessment of the resident and to be made aware the status of the resident. During a review of the facility's policy and procedure (P&P) titled, MDS Completion and Submission Timeframes, last reviewed 9/20/2024, the P&P indicated the timeframes for completion and submission of assessments is based on the current requirements published in the Resident Assessment Instrument (RAI) Manual. (continued on next page)

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	12/20/2024

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 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	During a review of the Centers for Medicare & Medicaid Services (CMS, a federal agency that administers major healthcare programs) Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated 10/2024, the RAI manual indicated providers must transmit all sections of the MDS 3.0 required for their State-specific instrument and all tracking or correction information. The MDS must be transmitted electronically no later than 14 calendar days after the MDS completion date.

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	12/20/2024

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 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43988 Based on observation, record review, and interview the facility failed to ensure residents receive an accurate assessment, reflective of the residents' status at the time of the assessment for two of two sampled residents (Residents 159 and102) by: 1. Failing to indicate on Resident 159's Minimum Data Set (MDS-a resident assessment tool) Assessment that resident was on dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidneys have failed) investigated under dialysis care area. 2. Failing to accurately code Resident 102's last name on the resident's MDS assessments investigated under the Resident Assessment facility task. This deficient practice had the potential to negatively affect Resident 159 and 102's plan of care and delivery of necessary care and services. Findings: 1. During a review of Resident 159's Admission Record, the Admission Record indicated the facility originally admitted Resident 159 on 7/4/2024 and readmitted the resident on 12/10/2024, with diagnoses including type 2 diabetes mellitus (DM 2 - a disorder characterized by difficulty in blood sugar control and poor wound healing), end stage renal disease (ESRD - a condition that occurs when the kidneys have completely stopped working and can no longer filter waste from the blood, requiring either dialysis or a kidney transplant), and generalized muscle weakness. During a review of Resident 159's Minimum Data Set (MDS - a resident assessment tool) dated 10/31/2024, the MDS indicated Resident 159 had moderately impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 159 had a diagnosis of ESRD but did not indicate Resident 159 received dialysis treatments during the assessment period. During a review of Resident 159's History and Physical (H&P) dated 12/16/2024, the H&P indicated Resident 159 had the capacity to understand and make decisions. During a review of Resident 159's Order Summary Report, the Order Summary Report indicated the physician's order dated 12/11/2024 for dialysis treatments every Mondays, Wednesdays, and Fridays at 9:20 a.m. (continued on next page)

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	12/20/2024

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 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	During a concurrent interview and record review on 12/18/2024 at 1:55 p.m., reviewed Resident 159's physician's order, pre and post dialysis treatment record forms, and MDS assessment dated [DATE] with Minimum Data Set Coordinator 1 (MDSC 1), MDSC 1 verified Resident 159's MDS assessment did not indicate resident received dialysis treatment while a resident in the facility during the assessment period. MDSC 1 stated Resident 159 received dialysis treatment on 10/28/2024. MDSC 1 stated Resident 159's assessment was not accurate. MDSC 1 stated the assessment period for a resident's MDS assessment is seven (7) days from the date on the assessment. MDSC 1 stated the MDS coordinator collects data by looking at the resident's medical records, interviews staff and residents when completing the assessments. MDSC 1 stated the MDS coordinator collaborates with the members of the interdisciplinary team (IDT - a group of healthcare professionals from complementary fields who work in tandem to treat a patient) regarding the resident's care. MDSC 1 stated Resident 159's dialysis status should have been assessed accurately as the MDS serves as a clinical picture of the resident and reflects the care the resident needs. During an interview on 12/19/2024 at 2:17 p.m., the Director of Nursing (DON) stated each member of the IDT is responsible to complete their part of the assessment and signed by the MDS Registered Nurse (RN) for completeness and accuracy. The DON stated the purpose of the MDS assessment is for the facility to implement the correct plan of care for the resident to meet their needs. The DON stated Resident 159's MDS assessment should reflect the resident's dialysis status for the facility to provide the necessary care Resident 159 needs timely. During a review of the facility's policy and procedure (P&P) titled, Certifying Accuracy of the Resident Assessment, last reviewed 9/20/2024, the P&P indicated the following: - Any person completing a portion of the MDS must sign and certify the accuracy of that portion of the assessment. - The information captured on the assessment reflects the status of the resident during the observation (look back) period of that assessment. - The resident assessment coordinator is responsible for ensuring that an MDS assessment has been completed for each resident. Each assessment is coordinated and certified as completed by the resident assessment coordinator, who is a registered nurse. 38552 b. During a review of Resident 102's Admission Record, the Admission Record indicated the facility originally admitted the resident on 7/14/2020 and readmitted the resident on 12/6/2024 with diagnoses including acute kidney failure (condition in which the kidneys suddenly cannot filter waste from the blood), gross hematuria (blood is visible in the urine) and retention of urine. During a review of Resident 102's H&P dated 12/10/2024, the H&P indicated the resident does not have the capacity to understand and make decisions. During a concurrent interview and review of Resident 102's MDS Assessments with the Final Validation Report (facility's documentation of successful MDS file submission), on 12/19/2024 at 8:20 PM, with MDS Coordinator 1 (MDSC 1), MDSC 1 stated the following MDS assessments had the resident's first name as the last name: (continued on next page)

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	12/20/2024

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 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	- 7/5/2024 - Comprehensive - 4/8/2024 - Quarterly - 1/9/2024 - Quarterly - 10/10/2023 - Quarterly - 7/11/2023 - Comprehensive - 4/12/2023 - Quarterly - 1/17/2023 - Quarterly - 10/21/2022 - Quarterly - 7/22/2022 - Comprehensive - 4/21/2022 - Quarterly - 1/21/2022 - Quarterly During a concurrent interview and record review of Resident 102's MDS Assessments, on 12/19/2024 at 12:16 p.m., with the MDSC 1, MDSC 1 stated Resident 102's name was changed by the facility's business office staff due to two different names from two different insurances and the MDS staff were not notified. The MDSC 1 stated she looked more into it and found comments after it was transmitted and LVN 5 acknowledged it without correcting. The MDSC 1 stated she already has spoken to her LVN 5 who acknowledged the validation report feedback and will they have to address the comments and make modifications before transmitting the resident's MDS assessments. MDSC 1 stated she will submit the modification to reflect the resident's correct last name. During an interview on 12/20/2024 at 2:26 p.m., with the Director of Nursing (DON), the DON stated the MDS assessments name should match to the appropriate resident. The DON stated the MDS could potentially assess the incorrect resident. The DON stated the MDS assessments are assessments done on a quarterly and annual basis and are comprehensive assessments of the residents' plan of care to assess their needs including mobility, nutritional, and other care needs. During a review of the facility's P&P titled, Electronic Transmission of the MDS, last reviewed 9/20/2024, the P&P indicated the MDS Coordinator is responsible for ensuring that appropriate edits are made prior to transmitting MDS data and that feedback and validation reports from each transmission are maintained for historical purposes and for tracking. During a review of the facility's P&P titled, Certifying Accuracy of the Resident Assessment, last reviewed 9/20/2024, the P&P indicated the following: - Any person completing a portion of the MDS must sign and certify the accuracy of that portion of the assessment. (continued on next page)

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	12/20/2024

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 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	- The information captured on the assessment reflects the status of the resident during the observation (look back) period of that assessment. - The resident assessment coordinator is responsible for ensuring that an MDS assessment has been completed for each resident. Each assessment is coordinated and certified as completed by the resident assessment coordinator, who is a registered nurse.

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	12/20/2024

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376 Based on interview and record review, the facility failed to ensure residents are screened using the Preadmission Screening and Resident Review (PASRR, a federal requirement to help ensure that individuals are not appropriately placed in nursing homes for long-term care) for a mental disorder (MD) or intellectual disability (ID) prior to admission and that individuals identified with serious mental illness (SMI) and/or ID/developmental disability (DD)/related conditions (RC) receive the care and services in maintaining his/her highest practicable level in the most appropriate setting for two of three sampled residents (Resident 124 and 11) investigated under PASRR care area, by: 1. Failing to follow through with Resident 124's PASRR recommendations to obtain a PASRR Level II (a person-centered evaluation that is completed for anyone identified by Level I Screening as having, or suspected of having, a PASSR condition, i.e., SMI, ID, DD, or RC) evaluation for Resident 124. 2. Failing to submit a new Level I Preadmission Screening and Resident Review I for Resident 11, who had discrepancy in the previous PASRR Level I Screening. These deficient practices had the potential to result in inappropriate placement and unidentified specialized services for Residents 124 and 11. Findings: a. During a review of Resident 124's Admission Record (AR), the AR indicated the facility admitted the resident on 4/20/2024, and readmitted the resident on 4/18/2023, with diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thought), dementia (a progressive state of decline in mental abilities), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review of Resident 124's History and Physical (H&P), dated 4/3/2024, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 124's Minimum Data Set (MDS, a resident assessment tool), dated 9/26/2024, the MDS indicated the resident sometimes had the ability to make self-understood and understand others. The MDS indicated the resident had severe cognitive impairment (problems with a person's ability to think, learn, remember, use judgement, and make decisions). During a review of Resident 124's PASRR Level I Screen, dated 5/7/2023, the PASRR indicated a positive Level I and a Level II mental health evaluation is required. During a concurrent interview and record review on 12/18/2024, at 12:11 p.m., with the Assistant Director of Nursing (ADON), reviewed Resident 124's PASRR I. The ADON stated she just redid the PASRR II that day (12/18/2024). The ADON stated she just assumed the responsibility of following up and monitoring of PASRR for residents last month and she does not know who in-charge was of keeping track of PASRR prior to her assuming the role. (continued on next page)

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	12/20/2024

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 12/18/2024, at 1:36 p.m., with Minimum Data Set Coordinator 1 (MDSC 1), reviewed Resident 124's PASRR I. MDSC 1 stated the positive level I PASRR done on 5/7/2023 should have been immediately followed up with a level II mental evaluation. MDSC 1 stated the ADON should have followed it up. MDSC 1 stated the previous ADON left on 12/2023 and the Director of Nursing (DON) should have followed it up. The new ADON just assumed her role on 2/2024. During an interview on 12/19/2024, with the DON, the DON stated the PASRR should have been reviewed on the annual MDS assessment. The DON stated it was important to follow up the results of a resident with a positive level I PASRR to have a PASRR II mental assessment evaluation to ensure the resident receives the necessary services the resident needs to promote holistic resident health needs. During a review of the facility's recent policy and procedure (P&P) titled Preadmission Screening And Resident Review, last reviewed on 9/20/2024, the P&P indicated if the Department of Health Care Services (DHCS)/DDS contractor deems a Level II evaluation is necessary, the facility will assist the DHCS contractor with additional information, face-to-face visit for further evaluation as indicated. The facility's designated staff will review the available information from the PASRR Online System regularly, follow up with the DHCS/DDS contractor on Level II determination /recommendation, and document and maintain the records. 38552 b. During a review of Resident 11's Admission Record, the Admission Record indicated the facility admitted the resident on 10/18/2024 with diagnoses including dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities) with agitation, anxiety disorder, and psychosis (severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality) not due to a substance or known physiological condition. During a review of Resident 11's PASRR, dated 10/17/2024, the PASRR indicated the resident had no diagnoses of serious mental illness such as anxiety disorder, symptoms of psychosis, and/or mood disturbance and has not been prescribed psychotropic (medications capable of affecting the mind, emotions, and behavior) medications for serious mental illness. During a review of Resident 11's General Acute Care Hospital 2 (GACH 2) Discharge Summary Note, dated 10/18/2024, the Discharge Summary Note indicated to discharge the resident with medications including: - Risperidone (antipsychotic-a type of psychiatric medication which are available on prescription to treat psychosis) 0.25 milligrams (mg-a unit of measure) take one tablet by mouth two times daily. - Clonazepam (anti-anxiety medication) take one tablet by mouth daily, take 1 mg in AM and 2 mg in PM. During a review of Resident 11's H&P dated 10/23/2024, the H&P indicated the resident does not have the capacity to understand and make decisions. (continued on next page)

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	12/20/2024

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 11's MDS dated [DATE], the MDS indicated the resident had active diagnoses including anxiety disorder (persistent and excessive worry that interferes with daily activities) and psychotic disorder (severe mental disorders that cause abnormal thinking and perceptions). The MDS indicated the resident is taking high-risk drug class including antipsychotic and antianxiety medications. During a concurrent interview and review of Resident 11's Admission Record and PASRR Level I Screening, dated 10/17/2024, on 12/18/2024 at 8:50 p.m., with MDS Nurse 1 (MDSN 1), MDSN 1 stated PASRR Level I Screening was coded inaccurately. MDSN 1 stated Resident 11 had diagnoses of psychosis, dementia with agitation, anxiety disorder. During further concurrent interview and review of Resident 11's GACH 2 Summary Note, dated 10/18/2024, on 12/18/2024 at 8:52 p.m., with MDSN 1, MDSN 1 stated Resident 11 was prescribed risperidone and clonazepam at the hospital and upon admission to the facility. During a concurrent interview and record review of Resident 11's PASRR, dated 10/17/2024, on 12/18/2024 at 1:40 p.m., with the Assistant Director of Nursing (ADON), the ADON stated she did a sweep and was notified that day about the assessments of some of the residents including Resident 11 was coded inaccurately from the hospital prior to admission. The ADON stated she submitted a new and corrected PASRR Level I Screening that day. During an interview on 12/18/2024 at 1:42 p.m., the ADON stated she was not aware that she was the one checking on the PASRRs upon admission. The ADON stated she was notified that day that it falls under her responsibilities and moving forward she will review and submit a new screening as needed. The ADON stated for residents admitted from the hospital the PASRRs are completed by the hospital and reviewed by their facility for accuracy. The ADON stated the PASRRs should be done accurately to ensure the residents are receiving appropriate care and at the appropriate level of care in the nursing home. During a review of the facility's P&P titled, Preadmission Screening and Resident Review (PASRR), last reviewed 9/20/2024, the policy indicated the purpose of this policy is for the facility to ensure each resident with serious mental illness and/or intellectual/developmental disability/related conditions will have the appropriate setting, as well as if any specialized services and/or rehabilitative services would be needed. The procedure indicated the facility will submit a new Level I PASRR if any error/discrepancy in the previous PASRR screening or the MDS does not match the Level I Screening from the GACHs.

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	12/20/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43988 Based on interview and record review, the facility's licensed nursing staff failed to provide care in accordance with professional standards to four (4) out of 4 sampled residents (Residents 49, 159, 73, and 100) investigated under insulin (a hormone that lowers the level of glucose [a type of sugar] in the blood) by failing to rotate (a method to ensure repeated injections are not administered in the same area) subcutaneous (beneath the skin) insulin administration sites. These deficient practices had the potential for adverse effect (unwanted, unintended result) of same site subcutaneous administration of insulin such as lipodystrophy (abnormal distribution of fat) and cutaneous amyloidosis (is a condition in which clumps of abnormal proteins called amyloids build up in the skin). Cross reference F760 Findings: a. During a review of Resident 49's Admission Record, the Admission Record indicated the facility originally admitted Resident 49 on 9/11/2024 and readmitted the resident on 10/26/2024, with diagnoses including type 2 diabetes mellitus (DM 2 - a disorder characterized by difficulty in blood sugar control and poor wound healing); malignant neoplasm (also known as cancer, a mass of abnormal cells that can spread to other parts of the body) of left kidney, bone, and left lung; and generalized muscle weakness. During a review of Resident 49's Minimum Data Set (MDS - a resident assessment tool) dated 10/31/2024, the MDS indicated Resident 49 had an intact cognition (mental action or process of acquiring knowledge and understanding) and required set up or clean up assistance with eating; partial/moderate assistance with oral hygiene, personal hygiene, and upper body dressing; substantial/maximal assistance with toileting and bathing; and dependent on staff with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 49 had a diagnosis of DM 2 and received insulin. During a review of Resident 49's History and Physical (H&P) dated 9/27/2024, the H&P indicated Resident 49 had the capacity to understand and make decisions. During a review of Resident 49's Order Summary Report, the Order Summary Report indicated the following physician's order: - 10/15/2024: Insulin lispro (a fast-acting insulin) injection solution 100 unit per milliliter (unit/ml - a unit of measurement). Inject as per sliding scale (the increasing administration of the pre-meal insulin dose based on the blood sugar level before the meal): if 70-149 = 0. If blood sugar (BS) is less than (<) 70 and conscious, administer juice, recheck in 15 minutes, and notify physician (MD); 150 - 199 = 3; 200 - 249 = 4; 250 - 299 = 5; 300 - 349 = 6; 350 - 399 = 7; if BS more than (> - a unit of measurement) 400 give 7 units, recheck in 15 minutes, and notify MD, subcutaneously (SQ - injected into the tissue layer between the skin and the muscle) before meals for DM 2 rotate injection sites. (continued on next page)

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	12/20/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 10/15/2024: Insulin detemir solution (a long-acting insulin) 100 unit/ml inject 25 units SQ one time a day for DM 2 hold for BS < 130; rotate injection sites. - 11/22/2024: Lantus solostar (a long-acting nsulin) subcutaneous solution pen-injector 100 unit/ml (insulin glargine) inject 25 units SQ in the morning for DM 2 inject 25 units SQ one time a day for DM 2, hold if BS < 130; rotate injection sites. During a concurrent interview and record review on 12/19/2024 at 9:55 a.m., reviewed Resident 49's Medication Administration Record (MAR - a daily documentation records used by a licensed nurse to document medications and treatments given to a resident) from 10/2024, 11/2024, and 12/2024 with the Assistant Director of Nursing (ADON), the ADON verified the MAR indicated the insulin lispro, detemir, and Lantus were administered as follows: Insulin Detemir solution 100 unit/ml 11/3/24 8:13 a.m. subcutaneously Arm - left 11/4/24 8:34 a.m. subcutaneously Arm - left 11/15/24 9:52 a.m. subcutaneously Arm - left 11/16/24 9:27 a.m. subcutaneously Arm - left Lantus solostar subcutaneous solution pen-injector 100 unit/ml 10/17/24 8:16 a.m. subcutaneously Arm - left 10/18/24 8:02 a.m. subcutaneously Arm - left 10/20/24 8:30 a.m. subcutaneously Arm - right 10/21/24 8:49 a.m. subcutaneously Arm - right 11/23/24 11:23 a.m. subcutaneously Arm - left 11/24/24 9:18 a.m. subcutaneously Arm - left 11/28/24 9:30 a.m. subcutaneously Arm - left 11/29/24 9:09 a.m. subcutaneously Arm - left 11/30/24 9:46 a.m. subcutaneously Arm - left 12/04/24 9:21 a.m. subcutaneously Arm - left 12/05/24 9:21 a.m. subcutaneously Arm - left 12/09/24 9:07 a.m. subcutaneously Arm - left (continued on next page)

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	12/20/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	12/10/24 11:46 a.m. subcutaneously Arm - left Insulin Lispro injection solution 100 unit/ml 10/03/24 5:45 a.m. subcutaneously Arm - left 10/03/24 11:58 a.m. subcutaneously Arm - left 10/05/24 6:44 a.m. subcutaneously Arm - right 10/05/24 12:53 p.m. subcutaneously Arm - right 10/07/24 11:19 a.m. subcutaneously Arm - right 10/07/24 3:42 p.m. subcutaneously Arm - right 10/11/24 5:55 a.m. subcutaneously Arm - left 10/11/24 12:44 p.m. subcutaneously Arm - left 10/12/24 12:49 p.m. subcutaneously Arm - right 10/12/24 4:49 p.m. subcutaneously Arm - right 10/13/24 6:44 a.m. subcutaneously Arm - right 10/13/24 12:26 p.m. subcutaneously Arm - left 10/13/24 6:24 p.m. subcutaneously Arm - left 10/20/24 5:06 p.m. subcutaneously Arm - right 10/21/24 5:54 a.m. subcutaneously Arm - right 10/23/24 1:16 p.m. subcutaneously Arm - left 10/23/24 3:58 p.m. subcutaneously Arm - left 10/29/24 12:21 p.m. subcutaneously Arm - left 10/29/24 4:17 p.m. subcutaneously Arm - left 10/30/24 12:43 p.m. subcutaneously Arm - left 11/09/24 4:57 p.m. subcutaneously Arm - left 11/10/24 12:30 p.m. subcutaneously Arm - left (continued on next page)

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	12/20/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	11/14/24 5:14 p.m. subcutaneously Arm - left 11/15/24 12:55 p.m. subcutaneously Arm - left 11/21/24 5:06 p.m. subcutaneously Arm - left 11/22/24 1:16 p.m. subcutaneously Arm - left 11/23/24 12:22 p.m. subcutaneously Arm - left 11/28/24 5:18 p.m. subcutaneously Arm - right 11/30/24 5:04 p.m. subcutaneously Arm - right 12/13/24 4:51 p.m. subcutaneously Arm - left 12/14/24 11:44 a.m. subcutaneously Arm - left The ADON stated insulin administration should be rotated per standards of practice, manufacturer's guidelines, and according to physician's orders. The ADON verified Resident 49's MAR indicated the insulin administration sites were not rotated and that there a physician's order to rotate injection sites. The ADON stated the insulin administration sites should have been rotated as ordered by the physician to prevent tissue injury such as hardening of the fats and lumps which may affect absorption of the medication. The ADON stated not rotating the insulin administration site can cause lipodystrophy and amyloidosis. During a review of facility-provided manufacturer's guideline for insulin detemir, undated, the manufacturer's guideline indicated injection sites should be rotated within the same regions from one injection to the next to reduce the risk of lipodystrophy. During a review of the facility-provided manufacturer's guideline for insulin lispro dated 3/2013, the manufacturer's guideline indicated insulin lispro administered by SQ injection should be given in the abdominal wall, thigh, upper arm, or buttocks. The guideline further indicated injection sites should be rotated within the same region from one injection to the next to reduce the risk for lipodystrophy. During a review of the facility-provided manufacturer's guideline for Lantus dated 11/2018, the guideline indicated to rotate injection sites to reduce the risk of lipodystrophy. During a review of the facility's policy and procedure (P&P) titled, Insulin Administration, last reviewed 9/20/2024, the P&P indicated a purpose to provide guidelines for the safe, administration of insulin to residents with diabetes. The P&P further indicated to select an injection site: a. Insulin may be injected into the subcutaneous tissue of the upper arm, and the anterior or lateral areas of the thighs and abdomen. avoid the area approximately 2 inches around the navel. b. Injection sites should be rotated, preferably within the same general area (abdomen, thigh, upper arm). (continued on next page)

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	12/20/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. During a review of Resident 159's AR, the AR indicated the facility originally admitted Resident 159 on 7/4/2024 and readmitted the resident on 12/10/2024, with diagnoses including DM 2, dysphagia (difficulty in swallowing) following cerebral infarction (a type of stroke that occurs when an area of brain tissue dies due to a lack of oxygen and blood), and generalized muscle weakness. During a review of Resident 159's MDS, dated [DATE],, the MDS indicated Resident 159 had moderately impaired cognition and required total assistance from staff with all activities of daily living. The MDS indicated Resident 159 had a diagnosis of DM 2 and received insulin. During a review of Resident 159's H&P, dated 12/16/2024, the H&P indicated Resident 159 had the capacity to understand and make decisions. During a review of Resident 159's Order Summary Report, the Order Summary Report indicated the following physician's order: - 9/12/2024 (previous order): Insulin glargine (a long-acting insulin) subcutaneous solution 100 unit/ml inject 18 units SQ at bedtime (HS) for DM, hold if blood sugar (BS) < 100. - 12/10/2024: Insulin glargine subcutaneous solution 100 unit/ml inject 12 units SQ at HS for DM 2, rotate injection sites. Hold for BS < 100. - 12/11/2024: Humulin R (a short acting insulin) injection solution 100 unit/ml (Insulin Regular Human) inject SQ before meals and at HS for DM 2, rotate injection sites. During a concurrent interview and record review on 12/19/2024 at 9:55 a.m., reviewed Resident 159's MAR from 10/2024, 11/2024, and 12/2024 with the ADON, the ADON verified the MAR indicated the insulin glargine and Humulin R were administered as follows: Humulin R Injection Solution 100 unit/ml: 10/26/24 6:47 a.m. subcutaneously Arm - right 10/26/24 8:41 p.m. subcutaneously Arm - right 10/29/24 8:21 p.m. subcutaneously Arm - left 10/30/24 8:22 p.m. subcutaneously Arm - left 10/31/24 5:01 p.m. subcutaneously Arm - left 10/31/24 8:59 p.m. subcutaneously Arm - left 11/05/24 4:39 p.m. subcutaneously Abdomen - left upper quadrant (LUQ) 11/05/24 8:55 p.m. subcutaneously Abdomen - LUQ 11/11/24 6:38 a.m. subcutaneously Arm - left (continued on next page)

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	12/20/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	11/11/24 4:31 p.m. subcutaneously Arm - left 11/12/24 5:27 p.m. subcutaneously Abdomen - LUQ 11/12/24 9:24 p.m. subcutaneously Abdomen - LUQ 11/20/24 6:30 a.m. subcutaneously Arm - left 11/21/24 7:00 a.m. subcutaneously Arm - left 11/25/24 6:40 a.m. subcutaneously Arm - right 11/25/24 5:03 a.m. subcutaneously Arm - right 12/07/24 6:01 a.m. subcutaneously Arm - left 12/07/24 4:42 p.m. subcutaneously Arm - left 12/12/24 5:40 a.m. subcutaneously Arm - left 12/12/24 12:09 p.m. subcutaneously Arm - left 12/14/24 5:50 a.m. subcutaneously Arm - right 12/14/24 12:27 p.m. subcutaneously Arm - right Insulin glargine subcutaneous solution 100 unit/ml 10/27/24 8:14 p.m. subcutaneously Arm - right 10/28/24 8:28 p.m. subcutaneously Arm - right 10/30/24 8:23 p.m. subcutaneously Arm - right 10/31/24 8:59 p.m. subcutaneously Arm - right 11/17/24 9:35 p.m. subcutaneously Abdomen - LUQ 11/18/24 8:49 p.m. subcutaneously Abdomen - LUQ The ADON stated insulin administration should be rotated per standards of practice, manufacturer's guidelines, and according to physician's orders. The ADON verified Resident 159's MAR indicated the insulin administration sites were not rotated and that there a physician's order to rotate injection sites. The ADON stated the insulin administration sites should have been rotated as ordered by the physician to prevent tissue injury such as hardening of the fats and lumps which may affect absorption of the medication. The ADON stated not rotating the insulin administration site can cause lipodystrophy and amyloidosis. (continued on next page)

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	12/20/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of facility-provided manufacturer's guideline for insulin detemir, undated, the manufacturer's guideline indicated injection sites should be rotated within the same regions from one injection to the next to reduce the risk of lipodystrophy. During a review of the facility-provided manufacturer's guideline for insulin lispro dated 3/2013, the manufacturer's guideline indicated insulin lispro administered by SQ injection should be given in the abdominal wall, thigh, upper arm, or buttocks. The guideline further indicated injection sites should be rotated within the same region from one injection to the next to reduce the risk for lipodystrophy. During a review of the facility-provided manufacturer's guideline for Lantus dated 11/2018, the guideline indicated to rotate injection sites to reduce the risk of lipodystrophy. During a review of the facility's P&P titled, Insulin Administration, last reviewed 9/20/2024, the P&P indicated a purpose to provide guidelines for the safe, administration of insulin to residents with diabetes. The P&P further indicated to select an injection site: a. Insulin may be injected into the subcutaneous tissue of the upper arm, and the anterior or lateral areas of the thighs and abdomen. avoid the area approximately 2 inches around the navel. b. Injection sites should be rotated, preferably within the same general area (abdomen, thigh, upper arm). 44376 c. During a review of Resident 73's AR, the AR indicated the facility admitted the resident on 1/5/2018, and readmitted the resident on 9/15/2024, with diagnoses including DM 2, diabetic retinopathy (an eye condition that cause vision loss and blindness in people with diabetes), and chronic kidney disease (a long-term condition where the kidneys are damaged and cannot filter blood properly). During a review of Resident 73's H&P, dated 8/9/2024, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 73's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was on insulin injection. During a review of Resident 73's Order Summary Report, dated 8/5/2024, the Order Summary Report indicated an order for insulin lispro injection solution 100 unit/ml (Insulin Lispro). Inject as per sliding scale: if 150-200= 1. If blood sugar (BS) < 60 give glucagon (a hormone produced by the pancreas that increases blood sugar levels). If BS <70 give orange juice (OJ) and crackers. Notify MD; 200-250= 2; 251-300=3; 301-350=4;351-400=5;401-450=6. BS greater than (>) 400. Notify MD. Rotate injection site, subcutaneously before meals and at bedtime for DM. If BS <60 give glucagon. If BS<70 give OJ and crackers. Notify MD BS>400. Notify MD. Rotate injection site. During a review of Resident 73's Location of Administration Report of Insulin from 10/2024 to 11/2024, the Location of Administration Report indicated insulin lispro 100 unit/ml doses were given subcutaneously on: (continued on next page)

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	12/20/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10/4/2024 at 11:03 a.m. on the Abdomen - Left Lower Quadrant (LLQ) 10/5/2024 at 11:37 a.m. on the Abdomen - LLQ 10/6/2024 at 11:16 a.m. on the Abdomen - LLQ 10/14/2024 at 8:46 p.m. on the Abdomen - LLQ 10/15/2024 at 11:25 a.m. on the Abdomen - LLQ 10/19/2024 at 11:20 a.m. on the Abdomen - Right Lower Quadrant (RLQ) 10/20/2024 at 11:20 a.m. on the Abdomen - RLQ 10/24/2024 at 12:20 p.m. on the Abdomen - LLQ 10/25/2024 at 1:15 p.m. on the Abdomen - LLQ 10/26/2024 at 11:26 a.m. on the Abdomen - LLQ 11/22/2024 at 11:41 a.m. on the Abdomen - LLQ 11/23/2024 at 11:26 a.m. on the Abdomen - LLQ 11/24/2024 at 11:42 a.m. on the Abdomen - LLQ During a review of Resident 73's Care Plan (CP) titled Resident is at risk for hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) related to diabetes mellitus, last revised on 1/18/2024, the CP indicated an intervention to administer medications as ordered. During a concurrent interview and record review on 12/28/2024, at 8:18 a.m. with Registered Nurse 1 (RN 1), reviewed Resident 73's Order Summary Report, MAR, Location of Administration of Insulin, and Care Plan. RN 1 stated there were multiple instances that the insulin administration sites were not rotated on the month of October and November 2024. RN 1 stated the insulin sites of administration should be rotated to prevent skin hardening on the frequented area and to prevent lipodystrophy. During an interview on 12/19/2024, at 2:42 p.m., with the Director of Nursing (DON), the DON stated insulin sites of administration should be rotated to prevent discomfort on the resident and to avoid malabsorption (difficulty in the digestion or absorption) of the medication at the frequented site. During a review of the facility's recent P&P titled Insulin Administration, last reviewed on 9/20/2024, the P&P indicated to select an injection site. a. Insulin may be injected into the subcutaneous tissue of the upper arm, and the anterior or lateral areas of the thighs and abdomen. Avoid the area approximately 2 inches around the navel. (continued on next page)

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	12/20/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. Injection sites should be rotated, preferably within the same general area (abdomen, thigh, upper arm). During a review of the facility-provided Highlights of Prescribing Information for Humalog (insulin lispro injection, USP [rDNA origin]) for injection, with initial U.S. approval in 1996, the prescribing information indicated HUMALOG administered by subcutaneous injection should be given in the abdominal wall, thigh, upper arm, or buttocks. Injection sites should be rotated within the same region (abdomen, thigh, upper arm, or buttocks) from one injection to the next to reduce the risk of lipodystrophy. d. During a review of Resident 100's AR, the AR indicated the facility admitted the resident on 7/8/2020, with diagnoses including DM 2 and long-term use of oral hypoglycemic drugs (a class of medications that help lower blood sugar levels and treat diabetes) and insulin. During a review of Resident 100's H&P, dated 7/8/2024, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 100's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was on insulin injections and was taking hypoglycemic medications. During a review of Resident 100's Order Summary Report, the Order Summary Report indicated the following physician orders: -4/10/2024 Admelog Solostar Solution Pen-Injector 100 unit/ml, (Insulin Lispro [1 unit dial]). Inject 5 unit subcutaneously with meals for DM 2. Rotate injection sites. Hold if BS<100. -5/8/2024 Admelog Solostar Solution Pen-Injector 100 unit/ml (Insulin Lispro [1 unit dial]). Inject as per sliding scale: if 150-200=3 units; 201-250=6 units; 251-300=9 units; 301-350=12 units; 351-400=15 units; <150=0, >400=18 units, subcutaneously. -9/6/2024 Insulin Glargine Solution 100 unit/ml. Inject 24 unit subcutaneously in the morning for DM2 Hold if BS < 110. Rotate injection site. -9/5/2024 Insulin Glargine Solution 100 unit/ml. Inject 24 unit subcutaneously at bedtime for DM. Hold if BS < 110. Rotate injection site, with meals for DM II. Rotate injection sites. Notify MD if BS>/= 400 or <70 and document. During a review of Resident 100's Location of Administration Report of Insulin for 11/2024, the Location of Administration Report indicated Insulin Glargine was subcutaneously given on: 11/3/2024 at 9 p.m. on the Arm - left. 11/4/2024 at 9:33 p.m. on the Arm - left. 11/5/2024 at 9 p.m. on the Arm - left. 11/6/2024 at 9 p.m. on the Arm - left. (continued on next page)

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	12/20/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	11/7/2024 at 8:48 p.m. on the Arm - left. 11/9/2024 at 9 p.m. on the Arm - left. 11/10/2024 at 9:08 p.m. on the Arm - left. 11/15/2024 at 9 p.m. on the Arm - right. 11/16/2024 at 8:41 p.m. on the Arm - right. During a review of Resident 100's Care Plan (CP) titled Resident is at risk for hyperglycemia related to consistently high blood sugar levels, last revised on 7/18/2024, the CP indicated an intervention to administer medications as ordered. During a concurrent interview and record review on 12/18/2024, at 8:32 a.m. with RN 1, reviewed Resident 100's Order Summary Report, MAR, Location of Administration of Insulin, and Care Plan. RN 1 stated there were multiple instances that the insulin administration sites were not rotated on the month of October and November 2024. RN 1 stated the insulin sites of administration should be rotated to prevent skin hardening on the frequented area and to prevent lipodystrophy. During an interview on 12/19/2024, at 2:42 p.m., with the DON, the DON stated insulin sites of administration should be rotated to prevent discomfort on the resident and to avoid malabsorption of the medication at the frequented site. During a review of the facility's recent P&P titled Insulin Administration, last reviewed on 9/20/2024, the P&P indicated to select an injection site. a. Insulin may be injected into the subcutaneous tissue of the upper arm, and the anterior or lateral areas of the thighs and abdomen. Avoid the area approximately 2 inches around the navel. b. Injection sites should be rotated, preferably within the same general area (abdomen, thigh, upper arm). During a review of the facility-provided Highlights of Prescribing Information for Lantus (insulin glargine injection) for subcutaneous injection, with initial approval in 2000, the prescribing information indicated to rotate injection sites to reduce the risk of lipodystrophy.

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	12/20/2024

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38552 Based on interview and record review, the facility failed to ensure there was documented evidence that discharge planning arrangements regarding follow-up gastrointestinal (GI - relating to your stomach and intestines consultation was made and provided to the resident upon discharge for one of three sampled resident (Resident 54) investigated under closed records review. This deficient practice had the potential to result in an unsafe discharge, incomplete documentation, and communication of Resident 54's stay in the facility. Cross Reference F622 Findings: During a review of Resident 54's Admission Record, the Admission Record indicated the facility admitted the resident on 8/14/2024 with diagnoses including traumatic subdural hemorrhage (a dangerous bleeding that occurs between the skull and the brain) without loss of consciousness, schizoaffective disorder (a mental illness that can affect your thoughts, mood and behavior), epilepsy (happens as a result of abnormal electrical brain activity), and alcoholic cirrhosis of the liver (when healthy liver tissue is replaced by scar tissue, which prevents the liver from functioning normally) without ascites (where fluid builds up in the abdomen, or belly, and can cause swelling). During a review of Resident 54's History and Physical (H&P), dated 8/16/2024, the H&P indicated the resident has the capacity to understand and make decisions. During a review of Resident 54's Nurse Practitioner (NP)/Physician Assistant (PA) Note, dated 12/11/2024, the NP/PA Notes indicated the facility's assessment and plan for resident to follow-up with outpatient GI. During a review of Resident 54's Minimum Data Set (MDS-a resident assessment), dated 11/20/2024, the MDS indicated the resident was able to make himself understood and understand others. The MDS indicated Resident 54 needed moderate assistance from staff with toileting hygiene, shower/bathe self, upper and lower body dressing and putting on/taking off footwear. The MDS indicated the resident needed supervision with mobility including lying to sitting, sitting to lying, chair/bed-to-chair transfer, toilet, and tub/shower transfers, and with ambulation. During a review of Resident 54's physician's order form, dated 12/16/2024, the physician's order form indicated the resident was discharged on [DATE] to Board and Care 1 (BC 1) with Home Health Agency 1 (HHA 1). During a concurrent interview and record review of Resident 54's Social Service Note, dated 12/17/2024, on 12/19/2024 at 10:07 a.m., with Case Manager 1 (CM 1), CM 1 stated Resident 54's discharge was facility-initiated as resident's health improved and transferred to lower level of care at BC 1. (continued on next page)

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	12/20/2024

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review of Resident 54's Discharge Summary Report, dated 12/16/2024, with Licensed Vocational Nurse 11 (LVN 11), on 12/19/2024 at 3:42 p.m., LVN 11 stated she was the charge nurse for Resident 54 who was discharged on [DATE]. LVN 11 stated she walked the resident to the car with the resident's son and was discharged to another long-term facility. LVN 11 stated she does not remember the name of the facility. LVN 11 stated she did not document it on the discharge summary report because her supervisor obtained the discharge order. LVN 11 stated she only filled out the discharge summary report and walked the resident to his car. LVN 11 stated she did not do the post discharge plan of care including going over the medications with the resident because that is the supervisor's responsibility. LVN 11 stated it was relayed to her by Registered Nurse 3 (RN 3) that resident was ready for discharge. LVN 11 stated she documented resident was discharged to another long-term facility, but it did not match the discharge order. LVN 11 stated she should have reviewed the order before discharging the resident. During an interview on 12/20/2024 at 11:00 a.m., with CM 1, CM 1 stated the resident did not have family or friend when the resident was discharged . During an interview on 12/20/2024 at 11:23 a.m., with RN 2, RN 2 stated RN supervisors are responsible for obtaining the discharge order, home health information, placing the orders and any other required durable medical equipment. RN 2 stated in addition also fills out the discharge packet which includes the post-discharge plan of care and once completed hands it to the charge nurse who then goes over it with the resident. RN 2 stated once completed the resident/resident representative would sign it acknowledging that they have received the information including appointments, follow-ups, and medications. RN 2 stated it is important to indicate and inform the resident of any upcoming appointments and to be scheduled because the resident may miss it or be unaware of it. During a concurrent interview and record review of Resident 54's NP/PA Note, dated 12/11/2024, and Post Discharge Plan of Care, dated 12/16/2024, on 12/20/2024 at 11:33 a.m., with RN 2, RN 2 stated she prepared this form and she missed to schedule Resident 54's GI appointment. RN 2 stated there is also no signature from Resident 54. During an interview on 12/20/2024 at 12:19 p.m., the Director of Nursing (DON) stated discharge planning starts upon admission and may change depending on the resident's improvement or decline while staying here at the facility. The DON stated when the resident goes to a lower level of care a doctor's order is obtained and post-discharge plan of care is done by RN supervisor and social service department. The DON stated depending on the circumstances of their placement there should be a discharge summary, post-discharge plan of care, discharge order, and a follow-up with the resident. The DON stated RN supervisor can delegate some of the discharge tasks to the licensed nurse/charge nurse. The DON stated best practice is for the licensed nurse to take the resident's vital signs prior to discharge. The DON stated the vital signs taken is to show the assessment of the resident's right at the time of discharge. The DON stated the discharge summary should have documentation of the resident's discharge location address of where they are going and the reason for discharge. During further interview on 12/20/2024 at 12:30 p.m., the DON stated the licensed nurses are expected to document right away and if late entry to put a date and time on the document. The DON stated the document should be done accurately to show the current assessment and provided the education including medications and special instructions provided to the resident. The DON stated this is done for safe discharge of residents. (continued on next page)

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	12/20/2024

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/20/2024 at 3:55 p.m., with RN 3, RN 3 stated she was the RN Supervisor who worked on 12/16/2024 when Resident 54 was discharged . RN 3 stated social services and RN 1 prepared Resident 54's discharge paperwork. RN 3 stated she gave the discharge forms including the post-discharge plan of care to LVN 11, for LVN 11 to go over the medications with the resident and to sign the form once completed. RN 3 stated she did not go over the post-discharge plan of care with Resident 54 and should have been done by LVN 11 because LVN 11 has the resident's medications to be given to the resident upon discharged . RN 3 stated they had called for a transportation company to transfer the resident to BC 1. During a review of the facility's policy and procedure (P&P) titled, Discharge Summary and Plan, last reviewed 9/20/2024, indicated when a resident's discharge is anticipated, a discharge summary, and post-discharge plan is developed to assist the resident with discharge. The P&P indicated the post-discharge plan is developed by the care planning/interdisciplinary team with the assistance of the resident and his or her family and includes arrangements that have been made for follow-up care and services. The P&P indicated the resident/representative is involved in the post-discharge planning process and informed of the final post-discharge plan. During a review of the facility's policy and procedure (P&P) titled, Transfer of Discharge Documentation, last reviewed 9/20/2024, indicated that when a resident is transferred or discharged , details of the transfer or discharge will be documented in the medical record and appropriate information will be communicated to the receiving health care facility or provider. The P&P indicated when a resident is transferred or discharged from the facility, the following information will be documented in the medical record including: the new location of the resident; the mode of transportation; a summary of the resident's overall medical, physical, and mental condition; disposition of medications; others as appropriate as necessary.

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	12/20/2024

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50961 Based on interview and record review, the facility failed to replace the prescription eyeglasses for one of two sampled residents (Resident 20). This failure had the potential to result in a decline of Resident 20's activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) due to poor vision. Findings: During a review of Resident 20's Admission Record (not dated), the Admission Record indicated Resident 20 was admitted on [DATE] with the following diagnoses, but not limited to, glaucoma (an eye disease caused by increased pressure inside the eye that may lead to vision loss), cerebral palsy (a condition that affects a person's ability to move, maintain balance, and posture). During a review of Resident 20's Care Plan, dated 10/8/24, the care plan indicated Resident 20 had impaired visual functioning related to aging and glaucoma. The care plan goal indicated Resident 20 will minimize the risk of injury related to visual impairment by encouraging independence with ADLs and providing and maintaining good eye care. During a review of Resident 20's optometry (a profession of examining and prescribing corrective lenses) report, dated 12/27/23, the optometry report indicated Resident 20 was prescribed eyeglasses for distance to improve vision and quality of life. During an interview on 12/16/24 at 10:36 a.m. with Resident 20, Resident 20 stated she has difficulty seeing objects that are far away and asked surveyor to move closer to her bed. Resident 20 stated she lost her prescription eyeglasses several months ago. During an interview on 12/16/24 at 10:45 a.m. with Certified Nurse Assistant (CNA) 7, CNA 7 stated she does not recall if Resident 20 had prescription eyeglasses in the past. During a concurrent interview and record review on 12/20/24 at 10:15 a.m. with Licensed Social Worker (SW) 1, Resident 20's Inventory List (a list of the resident's clothing and possessions), dated 12/18/23, 9/9/24, and 9/27/24 was reviewed. The Inventory List did not indicate prescription eyeglasses as one of Resident 20's possessions. SW 1 sated Resident 20 has been seen by optometry clinic but does not recall if Resident 20 used to wear glasses. SW 1 stated it is important to update and keep accurate list of residents' possessions to promptly identify and find or replace lost items. During a concurrent interview and record review on 12/20/24 at 10:35 a.m. with Social Services Assistant (SSA) 1, Resident 20's eyeglasses Delivery Confirmation form, dated 4/25/24 was reviewed. The Delivery Confirmation form indicated on 4/25/24, SSA 1 received the prescription eyeglasses for Resident 20. SSA 1 stated handing the prescription eyeglasses to Resident 20 personally. SSA 1 also stated he should have updated Resident 20's Inventory List to account for the new prescription eyeglasses. SSA 1 stated residents' Inventory List helps to identify when residents' possessions are lost. (continued on next page)

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	12/20/2024

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/20/24 at 2:22 p.m., with Director of Nursing (DON), DON stated it is important to account for resident's possessions including eyeglasses, so the facility is aware when items are lost. The delay in providing eyeglasses to the resident could possibly lead to a decline in vision and quality of life. During a review of facility's policy and procedure (P&P) titled, Personal Property, dated March 2023, the P&P indicated residents' personal belongings and clothing are inventoried and documented upon admission and updated as necessary.

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	12/20/2024

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376 Based on observation, interview, and record review, the facility failed to ensure residents received care consistent with professional standards of practice to prevent pressure injury (also called pressure ulcer, the breakdown of skin integrity due to pressure) for four of five sampled residents (Residents 124, 30, 110, and 100) investigated under pressure injury by failing to ensure: 1. Resident 124 and 100's Low Air Loss Mattress (LALM, a mattress that helps prevent and treat pressure wounds by circulating air and relieving pressure on the body) machine was labeled accurately. 2. Residents 30's LALM was set according to resident's weight. 3. Resident 110's LALM had a physician's order. 4. Resident 110's LALM was set to the correct weight. These deficient practices had the potential for development and worsening of pressure ulcers/injuries to residents. Findings: 1. During a review of Resident 124's Admission Record (AR), the AR indicated the facility admitted the resident on 4/20/2022, and readmitted the resident on 4/18/2023, with diagnoses including encephalopathy (a disorder of the brain that can be caused by disease, injury, drugs, or chemicals), dementia (a progressive state of decline in mental abilities), and schizophrenia (a mental illness that is characterized by disturbances in thought). During a review of Resident 124's History and Physical (H&P), dated 4/3/2024, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 124's Minimum Data Set (MDS, a resident assessment tool), dated 9/26/2024, the H&P indicated the resident sometimes had the ability to make self-understood and understand others. The MDS indicated the resident was dependent to requiring substantial to maximal assistance on mobility and activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily). The MDS indicated the resident was at risk of developing pressure injuries and was on a pressure-reducing device for bed. During a review of Resident 124's Order Summary Report, dated 6/12/2023, the Order Summary Report indicated a physician's order for low air loss mattress at setting 3 (160 pounds [lbs., a unit of weight]) for pressure redistribution, wound care, and management. During a review of Resident 124's Care Plan (CP) titled Low-air-loss mattress. At risk for falling from Low-air loss mattress due to involuntary movements ., last revised on 10/26/2023, the CP indicated an intervention to ensure LAL mattresses are inflated and recommended. (continued on next page)

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	12/20/2024

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 124's Braden Scale for Predicting Pressure Sore Risk (tool used to assess risk for pressure injury), dated 9/26/2024, the Braden Scale for Predicting Pressure Sore Risk indicated the resident was moderate risk for developing pressure injury. During a review of Resident 124's Weights and Vitals Summary, dated 12/11/2024, the Weights and Vitals Summary indicated the resident's weight was 163 lbs. During a concurrent observation and interview on 12/16/2024, at 10:11 a.m., with Licensed Vocational Nurse 5 (LVN 5), inside Resident 124's room, observed Resident 124's LALM machine was set at 160; however, the LALM machine was labeled with a sticker indicating to set the machine at 200. LVN 5 stated the resident's latest weight was 163 lbs. LVN 5 stated the machine was incorrectly labeled with the resident's current weight. LVN 5 state labeling the resident's LALM machine incorrectly can confuse the staff and the staff could set the LALM machine at the incorrect setting which can cause skin issues. During an interview on 12/19/2024, at 2:40 p.m., with the Director of Nursing (DON), the DON stated the LALM should be set according to resident's weight. The DON stated the LALM had an order to be set at 160 and the resident's weight was 163 lbs. The weight of the resident should be set nearest the preset settings on the bed which is 160. The DON stated it was the treatment nurses labeling the LALM machine with the setting it needed to be on. The DON stated the LALM machine should be labeled accurately to prevent the LALM machine to be set on a wrong setting that can potentially cause skin issues. During a review of the facility's recent policy and procedures (P&P) titled, Pressure Ulcers/Skin Breakdown-Clinical Protocol. last reviewed on 9/20/2024, the P&P indicated the physician will order pertinent wound treatments, including pressure reduction surfaces, wound cleansing, and debridement (when a doctor removes dead or unhealthy tissues form a wound) approaches, dressings (occlusive, absorptive, etc.), and application of topical agents (used locally, where the medicine is applied on the area being treated). During a review of the facility's recent P&P titled, Prevention of Pressure Injuries, last reviewed on 9/20/2024, the P&P indicated to select appropriate support surfaces based on the resident's risk factors, in accordance with current clinical practice. During a review of the facility-provided user manual titled Low Air Loss Mattress 2 (LALM 2), undated, the user manual indicated weight settings can be used to adjust the pressure of the inflated cells based on the patient's weight and comfort level. During a review of the facility-provided user manual titled Low Air Loss Mattress 3 (LALM 3) undated, the user manual indicated users can adjust the pressure level of the air mattress to a desired firmness by themselves or according to the suggestion from a health care professional. 2. During a review of Resident 100's Admission Record (AR), the AR indicated the facility admitted the resident on 7/8/2020, with diagnoses including type 2 diabetes mellitus, major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and long-term use of anticoagulants (medicines that help prevent blood clots). (continued on next page)

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	12/20/2024

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 100's H&P dated 7/8/2024, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 100's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident required substantial to supervision assistance on mobility and activities of daily living. The MDS indicated the resident was at risk for developing pressure injuries and was on a pressure reducing device for bed. During a review of Resident 100's Order Summary Report, dated 7/13/2023, the Order Summary Report indicated an order for low air loss mattress for wound care, skin management and pressure redistribution setting 200 every day shift. During a review of Resident 100's Care Plan titled Low-air-loss mattress. At risk for falling from low-air-loss mattress due to involuntary movements ., last revised on 7/18/2024, the CP indicated an order to ensure LAL mattress are inflated and recommended. During a review of Resident 100's Braden Scale for Predicting Pressure Sore Risk, dated 9/25/2024, the Braden Scale for Predicting Pressure Sore Risk indicated the resident was at risk for developing pressure injuries. During a review of Resident 100's Weights and Vitals Summary, dated 12/10/2024, the Weights and Vitals Summary indicated the resident's latest weight was 151 lbs.\ During a concurrent observation and interview on 12/16/2024, at 9:46 a.m., with Certified Nursing Assistant 5 (CNA 5), inside Resident 100's room, observed Resident 100's LALM was set at 200 and the LALM machine was labeled with a setting of 160. CNA 5 stated the LALM should be set at 160. During a concurrent interview and record review on 12/18/2024, at 9:05 a.m., with RN 1, reviewed Resident 100's Order Summary Report. RN 1 stated there was a physician's order to set the LALM at 200; however, the label on the machine was incorrect. RN 1 stated the LALM should be set at 200 even though the resident weighed 151 lbs. because of the physician's order. RN 1 stated the mislabeled LALM machine had the potential for staff to set the LALM on the incorrect setting which could cause pressure injury to worsen or develop. During an interview on 12/19/2024, at 2:40 p.m., with the DON, the DON stated the LALM should be set according to resident's weight unless specifically ordered by the provider to set at a specific setting. The DON also stated it was the responsibility of the treatment nurses to label the LALM machine with the resident's current weight. The DON stated the inaccurate labels on the LALM machine was probably due to a resident who was discharged from the facility using a LALM was used in another resident and was not labeled with the weight of the new resident using the LALM machine. The DON stated not setting the LALM according to the resident's weight and not labeling the LALM machine with the accurate weight of the resident can result to development or worsening of pressure injury. During a review of the facility's recent P&P titled, Pressure Ulcers/Skin Breakdown-Clinical Protocol. last reviewed on 9/20/2024, the P&P indicated the physician will order pertinent wound treatments, including pressure reduction surfaces, wound cleansing and debridement approaches, dressings (occlusive, absorptive, etc.), and application of topical agents. (continued on next page)

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	12/20/2024

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's recent P&P titled, Prevention of Pressure Injuries, last reviewed on 9/20/2024, the P&P indicated to select appropriate support surfaces based on the resident's risk factors, in accordance with current clinical practice. During a review of the facility-provided user manual titled Low Air Loss Mattress 2 (LALM 2), undated, the user manual indicated weight settings can be used to adjust the pressure of the inflated cells based on the patient's weight and comfort level. During a review of the facility-provided user manual titled Low Air Loss Mattress 3 (LALM 3), undated, the user manual indicated users can adjust the pressure level of the air mattress to a desired firmness by themselves or according to the suggestion from a health care professional. 3. During a review of Resident 30's Admission Record (AR), the AR indicated the facility admitted the resident on 7/31/2020, with diagnoses including type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), psoriasis vulgaris (a chronic autoimmune disease that causes inflamed, raised, scaly plaques to appear on the skin), and contracture (a permanent tightening of the muscles, tendons, ligaments, or skin that prevents movement of a joint or body part) of the right and left knee. During a review of Resident 30's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was dependent to needing partial to moderate assistance on mobility and activities of daily living (ADL). The MDS is also indicating the resident was at risk for developing pressure injuries. During a review of Resident 30's Braden Scale for Predicting Pressure Sore Risk, dated 10/28/2024, the Braden Scale for Predicting Pressure Sore Risk indicated the resident was moderate risk for developing pressure injury. During a review of Resident 30's Care Plan titled Risk for developing pressure sore, and other types of skin breakdown ., last revised on 11/7/2024, the CP indicated an intervention of treatment as ordered. During a review of Resident 30's Order Summary Report, dated 11/21/2024, the Order Summary Report indicated an order for low air loss mattress for wound care and management, setting based on resident's current weight. During a review of Resident 30's Weights and Vitals Summary, dated 12/9/2024, the Weights and Vitals Summary indicated a current weight of 131 lbs. During a concurrent observation and interview on 12/16/2024, at 10:15 a.m., with CNA 5 inside Resident 30's Room, observed Resident 30's LALM was set at 160 and the label on the LALM machine was indicating 120. CNA 5 stated the LALM should be set according to the resident's weight. During an interview on 12/18/2024, at 9:05 a.m., with Registered Nurse 1 (RN 1), RN 1 stated the LALM should be set at 120 closest to the resident's weight. RN 1 stated setting the LALM closest to the resident's weight maximizes the pressure reducing function of the low air loss mattress to prevent pressure injury. (continued on next page)

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	12/20/2024

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/19/2024, at 2:40 p.m., with the DON, the DON stated the LALM should be set according to resident's weight. The DON also stated it was the responsibility of the treatment nurses to label the LALM machine with the resident's current weight. The DON stated the inaccurate labels on the LALM machine was probably due to a resident who was discharged from the facility using a LALM was used in another resident and was not labeled with the weight of the new resident using the LALM machine. The DON stated not setting the LALM according to the resident's weight and not labeling the LALM machine with the accurate weight of the resident can result to development or worsening of pressure injury. During a review of the facility's recent P&P titled, Pressure Ulcers/Skin Breakdown-Clinical Protocol. last reviewed on 9/20/2024, the P&P indicated the physician will order pertinent wound treatments, including pressure reduction surfaces, wound cleansing and debridement approaches, dressings (occlusive, absorptive, etc.), and application of topical agents. During a review of the facility's recent p P&P titled, Prevention of Pressure Injuries, last reviewed on 9/20/2024, the P&P indicated to select appropriate support surfaces based on the resident's risk factors, in accordance with current clinical practice. During a review of the facility-provided user manual titled Low Air Loss Mattress 2 (LALM 2), undated, the user manual indicated weight settings can be used to adjust the pressure of the inflated cells based on the patient's weight and comfort level. During a review of the facility provided user manual titled Low Air Loss Mattress 3 (LALM 3), undated, the user manual indicated users can adjust the pressure level of the air mattress to a desired firmness by themselves or according to the suggestion from a health care professional. 44244 4. A. During a review of Resident 110's Admission Record, dated 12/18/2024, the Admission Record indicated the facility admitted the resident on 1/6/2021 and readmitted the resident on 7/2/2024 with diagnoses that included acute on chronic heart failure (a condition in which the heart cannot pump enough blood to meet the body's needs), muscle weakness, unspecified dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), and chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing). During a review of Resident 110's History and Physical dated 7/4/2024, the History and Physical indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 110's Minimum Data Set (MDS - resident assessment tool) dated 9/26/2024, the MDS indicated the resident sometimes was able to understand others and sometimes was able to make herself understood. The MDS further indicated the resident was dependent on staff for mobility. During a review of Resident 110's Care Plan (CP) titled, Risk for developing pressure sore, and other types of skin breakdown related to: aging process, incontinence of bowel and bladder, poor/variable food intake, reduced mobility, . initiated 4/8/2024, the CP indicated a goal to minimize the risk for skin breakdown/pressure sore. The CP indicated interventions including pressure relieving devices as indicated, treatments as ordered, and to notify the physician as needed. (continued on next page)

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	12/20/2024

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 110's CP regarding the resident has moisture associated skin damage (MASD) in the Sacro coccyx extending to the bilateral buttocks, initiated 12/8/2024, indicated a goal to promote healing without complications. The CP included interventions including pressure relieving devices for wound healing management. During an observation on 12/16/2024 at 11:15 a.m., Resident 110 lay in bed on Low Airless Mattress 1 (LALM 1). During a concurrent observation, interview, and record review on 12/17/2024 at 4:26 p.m., with Minimum Data Set Coordinator 1 (MDSC 1), MDSC 1 reviewed Resident 110's physician orders for 12/2024. MDSC 1 observed Resident 110 and stated the resident was on a LALM. MDSC 1 stated LALMs were used for PI treatment and PI prevention. MDSC 1 stated the facility process for the use of a LALM is the Treatment Nurse (TN) assesses residents and makes recommendations as needed for a LALM. MDSC 1 stated the TN then calls the physician to place an order for the LALM as appropriate. MDSC 1 stated a physician's order is required for the use of a LALM to ensure the physician assesses the need for the LALM. MDSC 1 stated Resident 110 did not have a physician's order for a LALM. During an interview on 12/18/2024 at 8 a.m. with Treatment Nurse 1 (TN 1), TN 1 stated he made a recommendation to the Director of Nursing (DON) for Resident 110's LALM about a week or two ago. TN 1 stated he did not call the physician to obtain an order for the LALM because he was not sure a LALM was available for the resident. TN 1 stated he went on vacation and when he returned, he observed Resident 110 was on a LALM and he did not think any more about it. TN 1 stated it was an oversite that a physician's order was not obtained for the LALM. During a concurrent interview and record review on 12/18/2024 with the DON, the DON reviewed the facility P&P regarding LALM and PI prevention. The DON stated the facility policy indicated a physician's order is needed for a LALM. The DON stated all resident treatments require a physician order to ensure the treatment is beneficial for the resident. The DON stated the facility process is that the TN or the Registered Nurse Supervisor will ensure a physician's order is placed for a LALM. The DON stated Resident 110 should have had an order for the LALM but there was a miscommunication between the TN and the DON. The DON stated without a physician's order for the LALM there was the potential that a treatment may not be done per the physician's recommendations. During a review of the facility P&P titled, Pressure Ulcers/Skin Breakdown - Clinical Protocol, last reviewed 9/20/2024, the P&P indicated the nursing staff and practitioner will assess and document an individual's significant risk factors for developing pressure ulcers. The physician will order pertinent wound treatments, including pressure reduction surfaces. B. During a review of Resident 110's Weights and Vitals form, dated 12/2024, the form indicated Resident 110's weight was 138 pounds on 12/11/2024. During an observation on 12/16/2024 at 11:15 a.m., Resident 110 lay in bed on a LALM 1. Observed LALM 1 was set to a weight of 280 pounds (lbs, a unit of measurement). Observed no staff were present in the resident's room. (continued on next page)

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	12/20/2024

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 12/16/2024 at 11:20 a.m., Certified Nursing Assistant 2 (CNA 2) entered Resident 110's room and stated Resident 110's assigned CNA was on break. CNA 2 observed Resident 110's LALM and stated it was set to 280 lbs. CNA 2 stated the pump was labeled with a sticker that indicated Setting 120. During a concurrent observation, interview, and record review on 12/17/2024 at 4:26 p.m., with MDSC 1, MDSC 1 reviewed Resident 110's physician orders for 12/2024 and Weights and Vitals form for 12/2024. MDSC 1 observed Resident 110 and stated the resident was on a LALM. MDSC 1 stated LALM were used for PI treatment and PI prevention. MDSC 1 stated LALMs were set according to manufacture instructions and the resident's weight. MDSC 1 stated the resident's weight is used to ensure the mattress functions properly to relieve pressure to the affected area so the resident's skin issue does not become worse. MDSC 1 stated Resident 110 weighs 138 lbs. and the LALM should have been set to 120 lbs., but it wasn't. MDSC 1 stated when Resident 110's LALM was set to 280 lbs., it was not set to the correct setting and could have resulted in ineffective treatment for PI prevention. During a concurrent interview and record review on 12/18/2024 with the DON, the DON reviewed the facility P&P regarding LALM and PI prevention. The DON stated the LALM should be used per manufacture guidelines and the manufacture guidelines indicate to set the LALM according to the resident's weight because the pressure relieving device adjusts based on weight. The DON stated when Resident 110's LALM was not set to the correct weight there was the potential for a reduction in the improvement or Resident 110's skin condition. The DON stated the facility policy was not followed. During a review of the facility Procedure titled, Prevention of Pressure Injuries, last reviewed 9/20/2024, the procedure indicated the purpose was to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors. Select appropriate support surfaces based on the resident's risk factors, in accordance with current clinical practice. Review the interventions and strategies for effectiveness on an ongoing basis. During a review of the facility Policy titled, Pressure-Reducing Mattress, last reviewed 9/20/2024, the policy indicated to provide mattresses that will prevent and/or minimize pressure on the skin. During a review of the facility provided LALM 1 Operation Manual, undated, the manual indicated to use the LALM only for its intended purpose and as described in the manual. The LALM is intended to reduce the incidence of PI while optimizing patient comfort. Use the minus or plus buttons on the panel to select the correct patient weight/pressure level. Users can adjust air mattress to a desired firmness according to patient's weight or the suggestion from a health care professional.

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	12/20/2024

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50961 Based on interview and record review, the facility failed to ensure an ulnar splint (a device that helps correct and manage a hand deformity that causes fingers to drift away from the thumb) was provided for one of two sampled residents (Resident 2. This failure had the potential to affect Resident 20's range of motion and cause contractures (a stiffening/shortening at any joint, that reduces the joint's range of motion) in her hand. Findings: During a review of Resident 20's Admission Record (not dated), the Admission Record indicated Resident 20 was admitted on [DATE] with the following diagnoses, but not limited to, cerebral palsy (a conditions that affects ability to move, maintain balance, and posture), contracture of left hand, generalized muscle weakness, unspecified osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage). During a review of Minimum Data Set (MDS- a resident assessment tool), dated 10/2/24, the MDS indicated Resident 20's cognitive function (a mental processes that enable people to think, understand, make decisions, and complete tasks) was intact. The MDS also indicated Resident 20 required maximal assistance with eating, oral hygiene, upper body dressing. During a review of Resident 20's care plan, dated 11/19/24, the Care Plan indicated Resident 20 had functional limitations to left upper extremity related to contracture. The care plan goal indicated Resident 20 will minimize complications related to decreased mobility or contractures. During a review of Resident 20's Order Summary Report, dated 12/20/24, the Order Summary Report indicated a physician order for a left ulnar splint for contracture management dated 10/25/24. During a concurrent observation and interview on 12/16/24 at 10:36 a.m. with Resident 20 in Resident 20's room, Resident 20 was lying in bed with her left hand clenched in a fist. Resident 20 stated it is very difficult for her to move and exercise her left arm due to a contracture. Resident 20 also stated she has not received the new splint that was promised to her during an occupational therapy (a profession aimed to increase or maintain a person's capability of participating in everyday life activities) session. During a concurrent interview and record review on 12/18/24 at 2:25 p.m. with Occupational Therapist (OT) 1, Resident 20's Occupation Therapy Evaluations and Plan of Treatment, dated 9/10/24 was reviewed. The Occupational Therapy Evaluation and Plan of Treatment indicted a recommendation for a left ulnar deviation splint to focus on contracture of the left wrist. OT 1 also stated she does not know who was responsible for ordering the splint. OT 1 stated the importance of application of the left ulnar splint is to prevent the worsening of the Resident 20's contracture. (continued on next page)

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	12/20/2024

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/19/24 at 1:44 p.m. with Director of Rehabilitation (DOR), DOR stated once a recommendation is made by the therapist the DOR is responsible for ordering the device. DOR stated he could not provide an order confirmation form for left ulnar deviation splint. DOR stated it is important to provide the splint to the resident to maintain and prevent decline in joint movement and worsening of the contracture. During a review of the facility's policy and procedure (P&P) titled, Splinting, dated 2023, the P&P indicated the therapist are responsible for ordering the splint.

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	12/20/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376 Based on observation, interview, and record review, the facility failed to ensure the resident environment was free of accident hazards for four of eight sampled residents (Residents 124, 2, 174, and 334) investigated under accidents, and for one of eight sampled residents (Resident 129) reviewed under physical restraints (any manual method, physical or mechanical device, material or equipment that is attached or adjacent to the resident's body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body) care area by failing to: 1. Ensure Resident 124, 2, and 174's fall mat (a cushioned floor pad designed to help prevent injury should a person fall) did not have a furniture or equipment on top of them. 2. Ensure Resident 334's bed pad alarm (a device that triggers an audible alarm when a patient attempts to rise off the pad) was functioning when the cord was observed unplugged from the bed pad alarm unit or box. 3. Identify, evaluate, and analyze hazards and risks of placing residents' beds against the wall for Resident 129. These deficient practices had increased the chances of Residents 124, 2, 174, and 334 incurring accidents such as slips, trips, and falls with injury; and placed Resident 129 at risk for injury such as entrapment (an event in which a patient is caught, trapped, or entangled in the spaces in or about the bed rail, mattress, wall, or hospital bed frame). Findings: 1. During a review of Resident 124's Admission Record (AR), the AR indicated the facility admitted the resident on 4/20/2022, and readmitted the resident on 4/18/2023, with diagnoses including encephalopathy (a disorder of the brain that can be caused by disease, injury, drugs, or chemicals), dementia (a chronic condition that causes a gradual decline in cognitive functioning, such as thinking, learning, remembering, and reasoning), and schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves). During a review of Resident 124's History and Physical (H&P), dated 4/3/2024, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 124's Minimum Data Set (MDS, a resident assessment tool), dated 9/26/2024, the MDS indicated the resident sometimes had the ability to make self-understood and understand others. The MDS indicated the resident was dependent to requiring substantial to maximal assistance on mobility and activities of daily living (ADLs, activities such as bathing, dressing and toileting a person performs daily). (continued on next page)

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	12/20/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 124's Order Summary Report, dated 4/18/2023, the Order Summary Report indicated a physician's order for restraint- floor mat to decrease potential injury. (Informed consent obtained from resident/responsible party after explanation of risk and benefits and verified with MD) every shift. During a review of Resident 124's Fall Risk Assessment, dated 9/26/2024, the Fall Risk Assessment indicated the resident was high risk for falls. During a review of Resident 124's Care Plan titled At risk for unavoidable declines related to poor safety awareness, dementia, history of falls, last revised on 4/24/2024, the CP indicated an intervention to provide a safe environment. During a concurrent observation and interview on 12/17/2024, at 12:41 p.m., with Certified Nursing Assistant 6 (CNA 6), inside Resident 124's room, observed Resident 124's fall mat at the right side of the bed with a side table on top of it. CNA 6 stated the side table should not be on top of the fall mat because when the resident falls on that side the resident will hit the metal foot part of the side table and sustain injury. During an interview on 12/18/2024, at 8:37 a.m., with Registered Nurse 1 (RN 1), RN 1 stated there should be no equipment or furniture on top of the fall mat so that when the resident falls, they are not going to hit them. RN 1 stated placing a heavy equipment on top of the mat can depress the foam and it will not serve its purpose to lessen the impact of the fall. During an interview on 12/19/2024, with the Director of Nursing (DON), the DON stated the purpose of the mat is to reduce the injury when the residents fall from the bed. The DON stated there should be no furniture or equipment on top of the fall mat to reduce injury to the resident, to prevent the fall mat from being damaged by the sharp edges of equipment on top of them, and to prevent permanent depression of the fall mat due to prolonged pressure on them. During a review of the facility's recent policy and procedure (P&P) titled Accident/Incident Prevention, last reviewed 9/20/2024, the P&P indicated this facility strives to prevent accidents by providing an environment that is free from accident hazards over which the facility has control, as well as identification of each resident at risk for accidents/incidents and the provision of adequate care plans with procedures to prevent accidents. During a review of the facility-provided manufacturer's specifications titled Fall Mat 1 (FM 1) - Fall Mat with Beveled Edge, undated, the specifications indicated sharp objects may cause damage to the mat. Never leave heavy objects on mat surface for extended periods, as indentations and damage may occur. 2. During a review of Resident 2's Admission Record (AR), the AR indicated the facility admitted the resident on 1/3/2022, and readmitted the resident on 8/28/2024, with diagnoses including repeated falls, muscle weakness, and personal history of traumatic brain injury (a damage to the brain caused by a sudden, external force like a bump, blow, or jolt to the head). During a review of Resident 2's H&P, dated 9/2/2024, the H&P indicated the resident had the capacity to understand and make decisions. (continued on next page)

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	12/20/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 2's MDS, dated [DATE], the MDS indicated the resident sometimes had the ability to make self-understood and understand others and the resident had visual impairment. The MDS indicated the resident was dependent to requiring substantial to maximal assistance on mobility and activities of daily living (ADL). During a review of Resident 2's Fall Risk Assessment, dated 11/13/2024, the Fall Risk Assessment indicated the resident was high risk for falls. During a review of Resident 2's Care Plan titled At risk for unavoidable declines related to muscle weakness, difficulty walking, and advanced aging, last revised on 9/12/2024, the CP indicated an intervention to provide a safe environment. During a concurrent observation and interview on 12/17/2024, at 12:41 p.m., with CNA 6, inside Resident 2's room, observed Resident 2's fall mat at the right side of the bed with an oxygen concentrator (a medical device that concentrates oxygen from environmental air and delivers it to a patient in need of supplemental oxygen) on top of it. CNA 6 stated the oxygen concentrator should not be on top of the fall mat because when the resident falls on that side the resident will hit the equipment and sustain injury. During an interview on 12/19/2024, with the DON, the DON stated the purpose of the mat is to reduce the injury when residents fall from the bed. The DON stated there should be no furniture or equipment on top of the fall mat to reduce injury to the resident and to prevent the fall mat from being damaged by the sharp edges of equipment on top of them and to prevent permanent depression of the mat due to prolonged pressure on them. During a review of the facility's recent P&P titled Accident/Incident Prevention, last reviewed 9/20/2024, the P&P indicated this facility strives to prevent accidents by providing an environment that is free from accident hazards over which the facility has control, as well as identification of each resident at risk for accidents/incidents and the provision of adequate care plans with procedures to prevent accidents. During a review of the facility-provided manufacturer's specifications titled Fall Mat 1 (FM 1)- Fall Mat with Beveled Edge, undated, the specifications indicated sharp objects may cause damage to the mat. Never leave heavy objects on mat surface for extended periods, as indentations and damage may occur. 43988 3. During a review of Resident 174's Admission Record, the Admission Record indicated the facility admitted Resident 174 on 11/16/2024 with diagnoses including adult failure to thrive (a condition that happens when an older adult has a loss of appetite, eats and drinks less than usual, loses weight, and is less active than normal), difficulty walking, and generalized weakness. During a review of Resident 174's H&P dated 4/1/2024, the H&P indicated the resident did not have the capacity to understand and make decisions. (continued on next page)

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	12/20/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 174's MDS dated [DATE], the MDS indicated the resident had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required partial/moderate assistance with oral hygiene, substantial/maximal assistance with eating, and total assistance from staff with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). During a review of Resident 174's Order Summary Report, the Order Summary Report indicated a physician's order dated 12/10/2024 for floor mat to decrease potential injury. During a review of Resident 174'2 Fall Risk assessment dated [DATE], the Fall Risk Assessment indicated Resident 174 was a high risk for falls. During a review of Resident 174's care plan (CP) on high risk for falls or injury related to generalized weakness, history of falls, and impaired cognition, initiated on 11/25/2024 and last revised on 12/4/2024, the CP indicated to provide resident with a safe and clutter-free environment as one of the interventions. During an observation on 12/16/2024 at 9:45 a.m. inside Resident 174's room, observed Resident 174 lying in bed asleep with bilateral floor mats. Observed a folded metal chair with the chair legs placed on top of the right floor mat. During a concurrent observation and interview on 12/16/2024 at 10:10 a.m. with CNA 7 inside Resident 174's room, CNA 7 verified Resident 174 had bilateral floor mats with the folded metal chair resting against the wall with the chair legs placed on top of the right floor mat. CNA 7 verified when the chair's legs were moved from the floor mat, an indentation mark remained on the right floor mat. CNA 7 stated there should be no equipment or furniture on top of the floor mat. CNA 7 stated leaving the chair on top of the floor mat for a long period of time can affect the integrity of the floor mat by decreasing the impact of a fall. CNA 7 stated the chair can be unstable and might fall on Resident 174 causing injury. CNA 7 stated the metal chair should not have been left on top of the floor mat as it placed the resident at risk for injury. During an interview on 12/19/2024 at 10:08 a.m., the Assistant Director of Nursing (ADON) there should be no furniture or any equipment on top of the floor mat as the furniture can be unstable and fall on the residents or when the resident tries to get out of bed, the resident can hit the equipment or furniture and cause injury. The ADON stated the folded metal chair should not have been left on top of Resident 174's right floor mat as the chair can get unstable and fall on the resident and can cause injury. During a concurrent interview and record review on 12/19/2024 at 2:27 p.m., reviewed the manufacturer's guideline for Floor Mat 1 (FM 1) with the Director of Nursing (DON). The DON verified the manufacturer's guideline indicated sharp objects can cause to the mat and never leave heavy objects on mat surface for extended periods as indentations and damage may occur. The DON stated the purpose of the mat is to reduce the injury when the residents fall from the bed. The DON stated the folded metal chair inside Resident 174's room should not have been placed on top of the floor mat for an extended period as the chair legs can damage the mat and the chair can be unstable, fall on the resident, and can cause injury. (continued on next page)

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	12/20/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility-provided manufacturer's guideline on FM 1, undated, the guideline indicated sharp objects may cause damage to the mat. The guideline further indicated to never leave heavy objects on mat surface for extended periods as indentations and damage may occur. During a review of the facility's P&P titled, Accident/Incident Prevention, last reviewed on 9/20/2024, the P&P indicated the facility strives to prevent accidents by providing an environment that is free from accident hazards which the facility has control, as well as identification of each resident at risk for accidents/incidents. During a review of the facility's P&P titled, Falls and Fall Risk, Managing, last reviewed 9/20/2024, the P&P indicated the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling., the P&P further indicated environmental factors that contribute to the risk of falls include obstacles in the footpath. 4. During a review of Resident 334's Admission Record, the Admission Record indicated the facility admitted Resident 334 on 12/12/2024 with diagnoses including dementia, anxiety disorder (a condition in which a person has excessive and persistent feelings of fear, dread, and worry that interferes with daily life), and generalized weakness. During a review of Resident 334's H&P dated 12/13/2024, the H&P indicated the resident was able to make decisions for activities of daily living. (ADLs - basic tasks that must be accomplished every day for an individual to thrive). During a review of Resident 334's three-day admission performance date collection form dated 12/12/2024, the form indicated that from day one (1) to day three (3), Resident 334 required supervision with eating, substantial/maximal assistance with mobility and ambulation: partial/moderate assistance with all other ADLs. During a review of Resident 334's Order Summary Report, the Order Summary Report indicated a physician's order dated 12/12/2024 to apply pad alarm in bed to alert staff for unassisted transfer. The physician's order further indicated charge nurse to check proper placement and function every shift. During a review of Resident 334's care plan (CP) on use of sensor pad alarm when in bed due to spontaneous act or behavior of trying to get up unassisted, initiated on 12/13/2024, the CP indicated to monitor the alarm for good working condition and proper placement as needed as one of the interventions. During a concurrent observation and interview on 12/16/2024 at 10:27 a.m. inside Resident 334's room with CNA 10, CNA 10 verified Resident 334's bed pad alarm cord was not connected. CNA 10 stated the purpose of the bed and wheelchair alarms are to alert the resident not to get out of bed unassisted. CNA 10 stated alarms are supposed to be checked for functionality every shift. CNA 10 stated if the bed alarm cord was not plugged, the bed alarm will not sound. CNA 10 stated the bed alarm cord should have been connected to ensure the bed alarm was properly functioning as it placed the resident at risk for falls and cause injury in case Resident 334 tried to get out of bed without assistance. (continued on next page)

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	12/20/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/16/2024 at 10:31 a.m., inside Resident 334's room with CNA 11, CNA 11 stated staff are supposed to check if the bed and wheelchair alarms were properly functioning every shift to ensure the alarm will sound and alert the resident to ask for assistance from staff when getting out of bed. CNA 11 stated she did not check if the bed alarm was properly functioning since the start of shift. CNA 11 stated the bed alarm cord should have been connected to prevent the resident from getting out of bed without assistance if the alarm did not sound which may lead to falls and/or injuries. During an interview on 12/19/2024 10:36 a.m. with the ADON, the ADON stated the bed and wheelchair was used for resident safety to alert the resident not to get out of bed without assistance from the staff as well as alert staff if the resident was getting out bed without staff assistance. The ADON stated the charge nurses are supposed to check should check the bed or wheelchair alarms for functionality and placement every shift by making sure the cord is connected and the battery is working. The ADON stated the staff should have ensured Resident 334's bed alarm was properly functioning by checking if the cord was plugged as it placed the resident at risk for falls and injury if the resident gets out of bed without assistance. During a review of the facility-provided manufacturer's guideline for Bed Pad Alarm 1 (BPA 1), the manufacturer's guideline indicated to test monitor and sensor pad prior to use by inserting the sensor pad's telephone style plug into the sensor mat jack on the monitor until the staff hear of feel the click of the plug locking in place. The guideline further indicated to route the cable through the strain relief, to protect the plug end from accidental pull force applied to the cable. During a review the facility's P&P titled, Personal Alarm, last reviewed 9/20/2024, the P&P indicated the facility will use a sensor pad that conveniently sounds an audible alarm when the sensor detects a patient rising out of the bed or wheelchair reminding the resident to return to a safe position while alerting staff to a potential fall. The P&P further indicated: - Check the alarm system every day for proper functioning. - Nursing will monitor proper functioning and positioning of personal alarm. 44244 5. During a review of Resident 129's Admission Record, dated 12/18/2024, the Admission Record indicated the facility admitted the resident on 9/19/2022 and readmitted the resident on 11/7/2024 with diagnoses that included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (partial paralysis or weakness on one side of the body) following cerebral infarction (stroke - loss of blood flow to a part of the brain) affecting the left non-dominant side of the body, functional quadriplegia (the inability to move due to severe disability or frailty caused by another medical condition), and aphasia (a disorder that makes it difficult to speak). During a review of Resident 129's MDS dated [DATE], the MDS indicated the resident rarely/never was able to understand others and rarely/never was able to make himself understood. The MDS further indicated the resident was dependent on staff for mobility. During a review of Resident 129's Physician Order, discontinued on 11/7/2024, the order indicated: (continued on next page)

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	12/20/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-[Restraint] bed against wall to decrease potential injury and for safety, informed consent obtained after explanation of risks and benefits, every shift, discontinued 11/7/2024. During a review of Resident 129's Order Summary Report, dated 12/18/2024, the Order Summary Report indicated an active order for the following: -[Restraint] bilateral side rails (SR, adjustable rigid plastic bars attached to the bed that may be positioned in various locations on the bed; upper or lower, either or both sides) up and locked when in bed for safety, balance and positioning, every shift, dated 11/7/2024. During an observation on 12/16/2024 at 9:49 a.m., Resident 129 lay awake in bed, Resident 129 looked at the surveyor but did not verbally respond. Observed the resident's right side of the bed was placed against the wall with the right SR in the raised position between the bed and wall. During a concurrent observation and interview on 12/16/2024 at 11:38 a.m. with CNA 3, CNA 3 stood in Resident 129's room and stated the resident's bed was placed close to the wall with the right SR up. CNA 3 stated the resident does not move and requires repositioning every two hours. CNA 3 stated Resident 129's bed was against the wall so the nurses would have more room on the left side of the resident's bed to provide care. During a concurrent observation, interview, and record review on 12/17/2024 at 4:15 p.m. with Licensed Vocational Nurse 4 (LVN 4), LVN 4 reviewed Resident 129's physician orders. LVN 4 stood in Resident 129's room and stated the resident's bed was placed close to the wall but he can't really move and needs to be turned by staff. LVN 4 stated the resident would not be able to move himself or self-correct if he became positioned between the bed and wall or SR and wall. LVN 4 stated she was not sure why Resident 129's bed was placed close to the wall. LVN 4 stated Resident 129 always has his bed close to the wall and there should be a physician's order. LVN 4 reviewed Resident 129's physician orders and stated, when the resident was readmitted from the hospital the physician did not renew the order to place the resident's bed against the wall. LVN 4 stated resident 129 did not currently have an order to place the bed against the wall. During a concurrent interview and record review on 12/17/2024 at 4:15 p.m., Minimum Data Set Coordinator 1 (MDSC 1) reviewed Resident 129's physician orders, restraint assessment forms, and informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) forms. MDSC 1 stated placing a resident's bed against the wall is considered a restraint in the facility and there is potential for injury. MDSC 1 stated there should be a risk assessment completed with informed consent and a physician's order obtained at every admission and readmission of the resident for placing the bed against the wall. MDSC 1 stated Resident 129 previously had an order for the bed against the wall, but the order was discontinued and not renewed when the resident was readmitted to the facility on [DATE]. MDSC 1 stated a risk assessment for placing the bed against the wall was not completed when Resident 129 was readmitted on [DATE]. (continued on next page)

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	12/20/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/18/2024 at 11:06 a.m. with the DON, the DON stated placing a resident's bed against the wall restricts resident movement on one side of the bed and there is a risk for injury including the resident bumping into the wall and entrapment from getting stuck. The DON stated the facility process for placing a resident's bed against the wall is to assess for the need, complete a risk assessment that includes the risk for injury including entrapment, obtain informed consent to place the bed against the wall, and obtain a physician's order. The DON stated this process is followed at every admission and readmission because the resident's condition may have changed. The DON stated a reassessment should be completed because the risks of placing the resident's bed against the wall may outweigh the benefits. The DON stated on prior admissions Resident 129 had the bed against the wall to prevent injury and the resident was a high risk for falls. The DON stated the facility policy was not followed when Resident 129's bed was placed against the wall with the SR in the raised position without completing a risk assessment and obtaining informed consent and a physician's order. The DON stated when the facility policy was not followed there was a potential for resident entrapment. During a review of the facility P&P titled, Accident/Incident Prevention, last reviewed on 9/20/2024, the P&P indicated the facility strives to prevent accidents by providing an environment that is free from accident hazards which the facility has control, as well as identification of each resident at risk for accidents/incidents. In order to provide an environment that is free of accident hazards, the facility will: assess and re-assess restraints, utilizing the less-restrictive measures; and provide care planning with implementation plans. During a review of the facility P&P titled, Use of Restraints, last reviewed on 9/20/2024, the P&P indicated restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully. Restraints shall only be used to treat a resident's medical symptoms and never for discipline or staff convenience, or for the prevention of falls. When the use of restraints is indicated, the least restrictive alternative will be used for the least amount of time necessary, and the ongoing re-evaluation for the need for restraints will be documented. Physical restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. Practices that inappropriately utilize equipment to prevent resident mobility are considered restraints. Prior to placing a restraint, there shall be an assessment and a review to determine the need for restraints. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative. The order shall include the following: the specific reason for the restraint, how the restraint will be used to benefit resident condition, and the type of restraint, and period of time for the use of the restraint.

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	12/20/2024

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43988 Based on observation, interview, and record review, the facility failed to ensure residents with a urinary catheter (a hollow tube inserted into the bladder to drain or collect urine) received appropriate care and services to prevent urinary tract infections (UTI, an infection in the bladder/urinary tract) for three (3) of 3 sampled residents (Residents 49, 153, and 1) investigated under the urinary catheter or UTI care area when the facility failed to ensure Residents 49, 153, and 1's urinary catheter tubing did not have loops while hanging on the side the bed. This deficient practice had the potential for the residents' urine not to flow freely which may lead to development of UTI. Findings: a. During a review of Resident 49's Admission Record, the Admission Record indicated the facility originally admitted Resident 49 on 9/11/2024 and readmitted the resident on 10/26/2024, with diagnoses including obstructive and reflux uropathy (a condition in which the flow of urine is blocked, causing the urine to back up into the kidneys and may cause them to become swollen), retention of urine, and generalized muscle weakness. During a review of Resident 49's Minimum Data Set (MDS - a resident assessment tool) dated 10/31/2024, the MDS indicated Resident 49 had an intact cognition (mental action or process of acquiring knowledge and understanding) and required set-up or clean up assistance with eating; partial/moderate assistance with oral hygiene, personal hygiene, and upper body dressing; substantial/maximal assistance with toileting and bathing; and dependent on staff with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 49 had a diagnosis of obstructive uropathy and had an indwelling catheter. During a review of Resident 49's History and Physical (H&P) dated 9/27/2024, the H&P indicated Resident 49 had the capacity to understand and make decisions. During a review of Resident 49's Order Summary Report, the Order Summary Report indicated the following physician's order dated 9/26/2024: - Foley catheter (FC - a brand of urinary catheter) care everyday shift. - FC French (Fr - a unit of measurement for the size of urinary catheter) 16 per ten (10) ml attached to bedside drainage bag due to obstructive uropathy every shift. - Monitor FC urinary drainage bag and document the following: color, consistency, odor, hematuria (blood in the urine), bladder distention (retention of urine in the bladder), burning sensation, mark (+) for presence of signs and symptoms (S/S) of UTI, mark (0) for absence of S/S of UTI. Document: Y if monitored and any of the above observed. Notify physician and document in nurses' progress notes every shift. (continued on next page)

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	12/20/2024

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 12/16/2024 at 9:10 a.m. inside Resident 49's room with Licensed Vocational Nurse 7 (LVN 7), LVN 7 verified Resident 49's urinary catheter with a basin underneath was hanging on the right side of the bed with the tubing observed with a loop and presence of urine in the loop. LVN 7 stated urinary catheters are supposed to be secured in place with an anchor or leg strap, placed below the level of the bladder and tubing is not supposed to have a loop to let the urine flow freely and prevent the urine to back up and cause urinary retention and UTI. LVN 7 stated Resident 49's urinary catheter tubing should have been repositioned so that the tubing would not have a loop as it placed the resident at risk for urinary retention and development of UTI. During an interview on 12/19/2024 at 10:06 a.m. with the Assistant Director of Nursing (ADON), the ADON stated for FC care, the catheter has to be secured in place with an anchor, the drainage bag should be placed below the level of the bladder, hang the drainage bag on the side of the bed, there should no kinks or loops, and there should be a basin underneath the bag to prevent the drainage bag from touching the floor. The ADON stated the purpose of ensuring there is no loop in the urinary catheter tubing is for the urine to frow freely, prevent the urine to back up and cause UTI. The ADON stated the staff should have ensured Resident 49's urinary catheter tubing did not have any loop while hanging on the side of the bed as it placed the resident at risk for the urine not to flow freely and cause back up which may lead to development of UTI. During a review of the facility's policy and procedure (P&P) titled, Catheter Care, Urinary, last reviewed 9/20/2024, the P&P indicated a purpose to prevent urinary catheter-associated complications, including urinary tract infections by maintaining unobstructed urine flow. The P&P further indicated: - Check the resident frequently to be sure he or she is not lying on the catheter and to keep the catheter and tubing free of kinks. - Always position the drainage bag lower than the bladder to prevent urine from flowing back into the urinary bladder. b. During a review of Resident 153's Admission Record, the Admission Record indicated the facility originally admitted Resident 153 on 5/17/2024 and readmitted the resident on 11/22/2024, with diagnoses including obstructive and reflux uropathy, benign prostatic hyperplasia (a condition that occurs when the prostate gland is larger than normal potentially slowing or blocking the urine flow), and generalized muscle weakness. During a review of Resident 153's MDS dated [DATE], the MDS indicated Resident 153 an intact cognition and required partial/moderate assistance with eating, oral hygiene, and upper body dressing; substantial/maximal assistance with all other activities of daily living. The MDS indicated Resident 153 had a diagnosis of obstructive uropathy and had an indwelling catheter. During a review of Resident 153's H&P dated 11/25/2024, the H&P indicated Resident 153 had the capacity to understand and make decisions. During a review of Resident 153's Order Summary Report, the Order Summary Report indicated the following physician's order dated 11/23/2024: (continued on next page)

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 12/20/2024

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Suprapubic catheter (a hollow tube inserted into the bladder through a small incision in the abdomen to drain or collect urine) 16 Fr per ten (10) ml attached to bedside drainage bag due to obstructive uropathy every shift. - Monitor Foley catheter urinary drainage bag and document the following: color, consistency, odor, hematuria, bladder distention, burning sensation, mark (+) for presence of S/S of UTI, mark (0) for absence of S/S of UTI. Document: Y if monitored and any of the above observed. Notify physician and document in nurses' progress notes every shift. - Foley catheter care every day shift. During a concurrent observation and interview on 12/16/2024 at 9:28 a.m. inside Resident 153's room with LVN 7, LVN 7 verified Resident 153's urinary catheter hanging on the left side of the bed with the tubing observed with a loop and presence of urine in the loop. LVN 7 stated urinary catheters are supposed to be secured in place with an anchor or leg strap, placed below the level of the bladder and tubing is not supposed to have a loop to let the urine flow freely and prevent the urine to back up cause urinary retention and UTI. LVN 7 stated Resident 153's urinary catheter tubing should have been repositioned so that the tubing would not have a loop as it placed the resident at risk for urinary retention and development of UTI. During an interview on 12/19/2024 at 10:06 a.m., the ADON stated for FC care, the catheter has to be secured in place with an anchor, the drainage bag should be placed below the level of the bladder, hang the drainage bag on the side of the bed, there should no kinks or loops, and there should be a basin underneath the bag to prevent the drainage bag from touching the floor. The ADON stated the purpose of ensuring there is no loop in the urinary catheter tubing is for the urine to frow freely, prevent the urine to back up and cause UTI. The ADON stated the staff should have ensured Resident 153 urinary catheter tubing did not have any loop while hanging on the side of the bed as it placed the resident at risk for the urine not to flow freely and cause back up which may lead to development of UTI. During a review of the facility's P&P titled, Catheter Care, Urinary, last reviewed 9/20/2024, the P&P indicated a purpose to prevent urinary catheter-associated complications, including urinary tract infections by maintaining unobstructed urine flow. The P&P further indicated: - Check the resident frequently to be sure he or she is not lying on the catheter and to keep the catheter and tubing free of kinks. - Always position the drainage bag lower than the bladder to prevent urine from flowing back into the urinary bladder. c. During a review of Resident 1's Admission Record, the Admission Record indicated the facility originally admitted Resident 1 on 2/24/2024 and readmitted the resident on 4/4/2024, with diagnoses including obstructive and reflux uropathy, congestive heart failure (CHF - a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), and morbid obesity (a condition that refers to a weight that exceeds an individual's desirable weight by more than 100 pounds [lbs - a unit of measurement for weight]). (continued on next page)

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	12/20/2024

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's MDS dated [DATE], the MDS indicated Resident 1 had moderately impaired cognition and required supervision or touching assistance, and oral and personal hygiene; partial/moderate assistance with toileting, bathing, and lower body dressing; substantial/maximal assistance with all other activities of daily living. The MDS indicated Resident 1 had a diagnosis of obstructive uropathy and had an indwelling catheter. During a review of Resident 1's H&P dated 4/6/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Order Summary Report, the Order Summary Report t indicated the following physician's order dated 4/10/2024: - Foley catheter care everyday shift. - FC 16 Fr per ten (10) ml attached to bedside drainage bag due to obstructive uropathy or urinary retention every shift. - Monitor FC urinary drainage bag and document the following: color, consistency, odor, hematuria, bladder distention, burning sensation, mark (+) for presence of S/S of UTI, mark (0) for absence of S/S of UTI. Document: Y if monitored and any of the above observed. Notify physician and document in nurses' progress notes every shift. During a concurrent observation and interview on 12/16/2024 at 10:32 a.m. inside Resident 1's room with LVN 13, LVN 13 verified Resident 1's urinary catheter hanging on the right side of the bed with the tubing observed with a loop and presence of urine in the loop. LVN 13 stated urinary catheters are supposed to be secured in place with an anchor or leg strap, placed below the level of the bladder and tubing is not supposed to have a loop to let the urine flow freely and prevent the urine to back up cause urinary retention and UTI. LVN 13 stated Resident 1's urinary catheter tubing should have been repositioned so that the tubing would not have a loop as it placed the resident at risk for the urine not to flow freely causing urinary retention and development of UTI. During an interview on 12/19/2024 at 10:06 a.m. with the ADON, the ADON stated for FC care, the catheter has to be secured in place with an anchor, the drainage bag should be placed below the level of the bladder, hang the drainage bag on the side of the bed, there should no kinks or loops, and there should be a basin underneath the bag to prevent the drainage bag from touching the floor. The ADON stated the purpose of ensuring there is no loop in the urinary catheter tubing is for the urine to frow freely, prevent the urine to back up. and cause UTI. The ADON stated the staff should have ensured Resident 1's urinary catheter tubing did not have any loop while hanging on the side of the bed as it placed the resident at risk for the urine not to flow freely and cause back up which may lead to development of UTI. During a review of the facility's P&P titled, Catheter Care, Urinary, last reviewed 9/20/2024, the P&P indicated a purpose to prevent urinary catheter-associated complications, including urinary tract infections by maintaining unobstructed urine flow. The P&P further indicated: - Check the resident frequently to be sure he or she is not lying on the catheter and to keep the catheter and tubing free of kinks. (continued on next page)

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	12/20/2024

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Always position the drainage bag lower than the bladder to prevent urine from flowing back into the urinary bladder.

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	12/20/2024

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43988 Based on observation, interview, and record review, the facility failed to ensure residents receiving enteral feeding (EF - also known as tube feeding, a method of supplying nutrients directly into the stomach) received appropriate care and services to prevent complications of enteral feeding for two (2) of two sampled residents (Residents 159 and 141) investigated under the tube feeding care area by: 1. Failing to label Resident 159's enteral formula bag and water flush bag with the administration rate. 2. Failing to ensure Resident 159's EF formula bag, water flush bag, and medication syringe were changed daily when the bags and syringe indicated a date and time of [DATE] 6 a.m. 3. Failing to cover the feeding tube tip with a cap when the feeding tube was disconnected from Resident 141. These deficient practices had the potential to result in altered nutritional status that can lead to gastrointestinal (GI - relating to stomach and intestines) infection to Residents 159 and 141. Findings: a. During a review of Resident 159's Admission Record, the Admission Record indicated the facility originally admitted Resident 159 on [DATE] and readmitted the resident on [DATE], with diagnoses including asthma (a long-term condition of the airways causing swelling, and narrowing of the airways making it difficult to breath), encounter for attention to gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and generalized muscle weakness. During a review of Resident 159's Minimum Data Set (MDS - a resident assessment tool) dated [DATE], the MDS indicated Resident 159 moderately impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 159 received tube feedings while a resident in the facility. During a review of Resident 159's History and Physical (H&P) dated [DATE], the H&P indicated Resident 159 had the capacity to understand and make decisions. During a review of Resident 159's Order Summary Report, the Order Summary Report indicated the following physician's order dated [DATE]: - Nepro (a brand of nutritionally complete liquid formula) at 40 milliliters per hour (ml/hr - a unit of measurement) for 20 hours via pump to provide 800 ml per 1440 kilocalories (kcal - a unit of measurement) per day. Off at 8 a.m. and on at 12 noon. (continued on next page)

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	12/20/2024

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Flush enteral tube with 30 ml of water every hour for 20 hours to provide 600 ml per day. Off at 8 a.m. and on at 12 noon. During an observation on [DATE] at 9:34 a.m., inside Resident 159's room, observed Resident 159's EF formula bag and water flush bag were labeled with a start date and time of [DATE] at 6 a.m. and did not indicate the administration rate. Further observed Resident 159's medication syringe indicated a date and time of [DATE] at 6 a.m. During a concurrent observation and interview on [DATE] at 11:19 a.m., inside Resident 159's room with Licensed Vocational Nurse 7 (LVN 7), LVN 7 verified Resident 159's EF formula bag and water flush bag indicated the bags were started on [DATE] at 6 a.m. and did not indicate the administration rate. LVN 7 stated all medications syringes, EF formula bags, and water flush bags are changed every 24 hours by the night shift charge nurse. LVN 7 stated the medication syringe should indicate the date and time it was changed. LVN 7 stated the EF formula bag and water flush bag should be labeled with the resident's name, room number, start date and time, and administration rate. LVN 7 stated Resident 159's medication syringe, EF formula bag and water flush bag should have been changed per facility policy so the staff would know the last time the syringe and bags were changed as it was an infection control issue and to prevent complications such as GI problems such as abdominal pain and diarrhea. LVN 7 stated Resident 159's EF formula bag and water flush bag should have indicated the administration rate so the staff would know if the resident was receiving the correct amount of formula and water prescribed by the physician to prevent dehydration (when the body does not have enough water) and malnutrition (a serious condition that happens when your diet does not contain the right amount of nutrients). During an interview on [DATE] at 10:06 a.m. with the Assistant Director of Nursing (ADON), the ADON stated that all EF formula bag, water flush bags, and medication syringes are changed every day by the night charge nurse regardless of any remaining formula in the bag and should be labeled with the resident's name, start date and time and the administration rate. The ADON the purpose of changing the medication syringes, EF formula bags, and water flush bags every day is an infection control issue and to maintain the feeding equipment used on the residents clean. The ADON stated the night shift nurse should have changed Resident 159's medication syringe daily and indicated the date and time was changed to ensure the resident had a clean syringe. The ADON stated the EF formula bag and water flush bag should have been changed daily to prevent complications from possibly expired formula. The ADON stated the night shift nurse should have indicated in the label the start date and time and the administration rate so everyone would be aware that Resident 159 was receiving the correct amount of feeding and water prescribed by the physician to meet their nutritional needs and prevent dehydration and malnutrition. During a review of the facility's policy and procedure (P&P) titled, Enteral Feeding Equipment Maintenance, last reviewed [DATE], the P&P indicated a purpose to ensure that EF equipment is maintained in a clean manner, including the disposal of used equipment that is consistent with infection control guidelines. The P&P further indicated feeding bags are to be labeled with the resident's name, rate of flow, date and time formula was hung. 44376 (continued on next page)

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	12/20/2024

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b. During a review of Resident 141's Admission Record (AR), the AR indicated the facility admitted the resident on [DATE], and readmitted the resident on [DATE], with diagnoses including gastrointestinal hemorrhage (a bleeding disorder in the digestive tract), gastrostomy, and dysphagia (difficulty swallowing). During a review of Resident 141's H&P, dated [DATE], the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 141's MDS dated [DATE], the MDS indicated the resident sometimes had the ability to make self-understood and understand others. The MDS indicated the resident had a feeding tube while a resident in the facility. During a review of Resident 141's Order Summary Report, the Order Summary Report indicated the following physician orders: -[DATE] Enteral Feed Order. Turn pump on at 12 p.m. and turn off at 8 a.m. (or until dose is completed). -[DATE] Enteral Feed Order. Glucerna 1.5 (a brand of nutritionally complete liquid formula) at 60 cubic centimeter (cc, a unit of measurement) per hour for 20 hours via pump to provide 1200 cc/kcal per day. -[DATE] Enteral Feed Order every 6 hours. Flush enteral tube with 200 cc of water every 6 hours (q6) to provide 800 cc/day. During a review of Resident 141's Care Plan titled Resident is on gastrostomy tube (GT, a medical device that provides direct access to the stomach to deliver food, liquids, and medications) feeding. At risk for aspiration (when food or liquid accidentally enters the airway and lungs), dehydration ., last revised on [DATE], the CP indicated a goal of will minimize risk of infection at GT site daily until the next assessment. During a concurrent observation and interview on [DATE], at 9:26 a.m., with LVN 2, inside Resident 141's room, observed Resident 141's tube feeding of Glucerna and water flush bag dated [DATE] were off and disconnected from the resident with the tubing tip with [NAME] valve (a device that helps maintain a closed system during enteral feeding) hanging on the intravenous (IV) pole without a cover exposed to the environment. LVN 2 stated the [NAME] valve should not be connected to the tip of the feeding tube and the tip should be covered with the tube feeding cap to prevent gastric infection to the resident. During an interview on [DATE], at 8:35 a.m., with Registered Nurse 1 (RN 1), RN 1 stated the feeding tube tip should be covered with a cap to prevent exposure to environmental contaminants that can cause infection to residents. During an interview on [DATE], at 2:51 p.m., with the Director of Nursing (DON), the DON stated the feeding tube should have not been disconnected to the resident when stopping the feeding to prevent contamination of the feeding tube tip. The DON added, the staff can also disconnect them from the resident if there was a need it has to be covered with a cap to prevent infection. (continued on next page)

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	12/20/2024

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's recent P&P titled Enteral Feeding Equipment Maintenance, last reviewed on [DATE], the P&P in indicated to ensure that enteral feeding equipment is maintained in a clean manner, including the disposal of used equipment, that is consistent with infection control guidelines. Feeding pumps shall not be disconnected or turned off except when necessary to provide personal care; e.g., shower, bathroom, etc.

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	12/20/2024

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 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50961 Based on interview and record review, the facility failed to ensure Nurse Practitioner (NP) obtained an informed consent (IC-voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) for one of six sample residents (Resident 37) for an antipsychotic medication (a substance that can change how a person's brain works and can affect awareness, thoughts, mood, and behavior) from a resident without the capacity to make medical decisions. This failure had the potential for Resident 37 to not understand the risks and benefits of the treatment. Findings: During a review of Resident 37's Admission Record (not dated), the Admission Record indicated, Resident 37 was admitted on [DATE] with the following diagnoses, but not limited to, dementia (a progressive state of decline in mental abilities), bipolar disorder (a mental illness that causes mood swings that range from the lows of depression to elevated periods of emotional highs), degeneration of nervous system due to alcohol, attention-deficit hyperactivity disorder (a mental disorder with symptoms including inattention, hyperactivity and impulsivity). The Admission Record also indicted Resident 37 did not have a Resident Representative (RR- an individual chosen by the resident or authorized by State or Federal law to act on behalf of the resident). During a review of Minimum Data Set (MDS- a resident assessment tool), dated 9/24/24, the MDS indicated Resident 37's cognitive function (the mental processes that enables people to think, understand, make decisions, and complete tasks) was impaired. During a review of Resident 37's History and Physical (H&P), dated 10/30/24, the H&P indicated Resident 37 did not have the mental capacity to make decisions. During a review of Resident 37's Order Summary, dated 1/10/24, the Order Summary indicated a physician's order for Zyprexa (an antipsychotic medication used to treat episodes of bipolar disorder) 2.5 milligrams (mg), give one tablet by mouth one time a day every Monday, Wednesday, and Friday for bipolar disorder manifested by inability to process external stimuli (factors that come from outside the body and trigger a response) causing anger or stress. During a review of Resident 37's Informed Consent, dated 11/15/24, the Informed Consent indicated Resident 37 provided verbal consent to receive an antipsychotic medication. During an interview on 12/17/24 at 8:38 a.m. with Licensed Vocational Nurse (LVN) 6, LVN 6 stated Resident 37 has episodes of confusion and does not have a RR. LVN 6 also stated Resident 37's H&P and MDS were not reviewed prior to obtaining the IC for an antipsychotic medication. LVN 6 stated the IC was not obtained correctly and had the potential to jeopardize the resident's safety. (continued on next page)

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	12/20/2024

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 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/19/24 at 10:34 a.m. with NP, NP stated he did not review Resident 37's H&P and recent MDS prior to obtaining the IC. NP stated he should have verified Resident 37 had the capacity to make medical decisions prior to obtaining the IC. During an interview on 12/20/24 at 2:22 p.m., with the Director of Nursing (DON), DON stated residents who do not have the capacity to make medical decisions and do not have a RR, an Interdisciplinary Team (IDT) meeting should be organized and include the physician proposing the treatment, nursing staff, and social services to discuss the proposed treatment. DON also stated the facility did not follow their policy and procedures to obtain IC from the resident. During a review of facility's policy and procedure (P&P) titled, Informed Consent, dated 9/20/24, the P&P indicated the physician is responsible for determining what information is necessary to obtain consent when a psychotherapeutic drug is ordered.

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	12/20/2024

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38552 Based on interview and record review, the facility failed to ensure that Licensed Vocational Nurse 4 (LVN 4) was competent in implementing the facility's policy and procedure for transfers and discharges for two of three sampled residents (Resident 54 and 75). This deficient practice had the potential to result in a delay of the provision of necessary care and services. Cross-reference: F622 and F661 Findings: a. During a review of Resident 54's Admission Record, the Admission Record indicated the facility admitted the resident on 8/14/2024 with diagnoses including traumatic subdural hemorrhage (a dangerous bleeding that occurs between the skull and the brain) without loss of consciousness, schizoaffective disorder (a mental illness that can affect your thoughts, mood and behavior), epilepsy (happens as a result of abnormal electrical brain activity), and alcoholic cirrhosis of the liver (when healthy liver tissue is replaced by scar tissue, which prevents the liver from functioning normally) without ascites (where fluid builds up in the abdomen, or belly, and can cause swelling). During a review of Resident 54's History and Physical (H&P), dated 8/16/2024, the H&P indicated the resident has the capacity to understand and make decisions. During a review of Resident 54's Minimum Data Set (MDS-a resident assessment tool), dated 11/20/2024, the MDS indicated the resident was able to make himself understood and understand others. The MDS indicated Resident 54 needed moderate assistance from staff with toileting hygiene, shower/bathe self, upper and lower body dressing and putting on/taking off footwear. The MDS indicated the resident needed supervision with mobility including lying to sitting, sitting to lying, chair/bed-to-chair transfer, toilet, and tub/shower transfers, and with ambulation. During a review of Resident 54's physician's order form, dated 12/16/2024, the physician's order form indicated the resident was discharged on [DATE] to Board and Care 1 (BC 1). During a concurrent interview and record review of Resident 54's Social Service Note, dated 12/17/2024, on 12/19/2024 at 10:07 a.m., with Case Manager 1 (CM 1), CM 1 stated Resident 54's discharge was facility-initiated as resident's health improved and transferred to lower level of care at BC 1. (continued on next page)

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	12/20/2024

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review of Resident 54's Discharge Summary Report, dated 12/16/2024, with Licensed Vocational Nurse 11 (LVN 11), on 12/19/2024 at 3:42 p.m., LVN 11 stated she was the charge nurse for Resident 54 who was discharged on [DATE]. LVN 11 stated she walked the resident to the car with the resident's son and was discharged to another long-term facility. LVN 11 stated she does not remember the name of the facility. LVN 11 stated she did not document it on the discharge summary report because her supervisor obtained the discharge order. LVN 11 stated she only filled out the discharge summary report and walked the resident to his car. LVN 11 stated she did not do the post discharge plan of care including going over the medications with the resident because that is the supervisor's responsibility. LVN 11 stated it was relayed to her by Registered Nurse 3 (RN 3) that resident was ready for discharge. LVN 11 stated she forgot to document the resident's vital signs. LVN 11 stated she should have documented it right then, but she forgot. LVN 11 stated she did not know she was supposed to write the address on where to send the resident on the discharge summary report. LVN 11 stated she goes by what is documented on the post discharge plan of care. LVN 11 stated she documented resident was discharged to another long-term facility, but it did not match the discharge order. LVN 11 stated she should have reviewed the order before discharging the resident. During an interview on 12/20/2024 at 11 a.m. with CM 1, CM 1 stated the resident did not have family or friend when the resident was discharged . During an interview on 12/20/2024 at 11:23 a.m., with RN 2, RN 2 stated RN supervisors are responsible for obtaining the discharge order, home health information, and placing the orders and any other required durable medical equipment. RN 2 stated in addition, RN supervisors also fill out the discharge packet which includes the post-discharge plan of care and once completed hands it to the charge nurse who then goes over it with the resident. RN 2 stated the resident/resident representative would then sign it acknowledging that they have received the information including appointments, follow-ups, and medications. RN 2 stated it is important to indicate and inform the resident of any upcoming appointments to be scheduled because the resident may miss it or be unaware of it. During a concurrent interview and record review of Resident 54's Post Discharge Plan of Care, dated 12/16/2024, on 12/20/2024 at 11:33 a.m., with RN 2, RN 2 stated she prepared the Post Discharge Plan of Care form and she missed to schedule Resident 54's GI appointment. RN 2 stated there was also no signature from Resident 54. During an interview on 12/20/2024 at 11:34 a.m., RN 2 stated vital signs are checked within that shift and if the shift has passed, the vitals need to be retaken before discharging the resident to check if the resident is stable or else they may miss an abnormal vital sign. During an interview on 12/20/2024 at 12:19 p.m., the Director of Nursing (DON) stated discharge planning starts upon admission and may change depending on the resident's improvement or decline while staying at the facility. The DON stated when the resident goes to a lower level of care, a doctor's order is obtained and post-discharge plan of care is done by RN supervisor and social service department. The DON stated depending on the circumstances of their placement, there should be a discharge summary, post-discharge plan of care, discharge order, and a follow-up with the resident. The DON stated RN supervisor can delegate some of the discharge tasks to the licensed nurse/charge nurse. The DON stated best practice is for the licensed nurse to take the resident's vital signs prior to discharge. The DON stated the vital signs taken is to show the assessment of the resident at the time of discharge. The DON stated the discharge summary should have documentation of the resident's discharge location address of where they are going and the reason for discharge. (continued on next page)

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	12/20/2024

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During further interview on 12/20/2024 at 12:30 p.m., the DON stated the licensed nurses are expected to document right away and if they document a late entry to put a date and time on the document. The DON stated the document should be done accurately to show the current assessment and the provided education including medications and special instructions. The DON stated this is done for safe discharge of residents. The DON stated LVN 11 should have checked the discharge order before discharging Resident 54. During an interview on 12/20/2024 at 3:55 p.m. with RN 3, RN 3 stated she was the RN Supervisor who worked on 12/16/2024 when Resident 54 was discharged . RN 3 stated social services and RN 1 prepared Resident 54's discharge paperwork. RN 3 stated she gave the discharge forms including the post-discharge plan of care to LVN 11, for LVN 11 to go over the medications with the resident and to sign the form once completed. RN 3 stated she did not go over the post-discharge plan of care with Resident 54 and should have been done by LVN 11 because LVN 11 has the resident's medications to be given to the resident upon discharge. RN 3 stated they had called for a transportation company to transfer the resident to BC 1. During a review of LVN 11's job description titled, Licensed Vocational Nurse, dated 2/6/2024, the job description indicated LVN 11's duties and responsibilities included the following: - Takes temperature, pulse, blood pressure, and other vital signs to detect deviations from normal and assess condition of patient. - Assures that documentation is accurate: completed timely. - Assists with all admission and discharges. - Establishes and implements patient plans of care and documents care provided appropriately. - Performs other duties or functions as assigned by DON, Administrator or RN. During a review of the facility's policy and procedure (P&P) titled, Staffing, Sufficient and Competent Nursing, last reviewed 9/20/2024, the P&P indicated staff must demonstrate the skills and techniques necessary to care for resident needs including person centered care; communication; and basic nursing skills. During a review of the facility's P&P titled, Transfer of Discharge Documentation, last reviewed 9/20/2024, the P&P indicated that when a resident is transferred or discharged , details of the transfer or discharge will be documented in the medical record and appropriate information will be communicated to the receiving health care facility or provider. The P&P indicated when a resident is transferred or discharged from the facility, the following information will be documented in the medical record including: the new location of the resident; the mode of transportation; a summary of the resident's overall medical, physical, and mental condition; disposition of medications; others as appropriate as necessary. (continued on next page)

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	12/20/2024

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's P&P titled, Discharge Summary and Plan, last reviewed 9/20/2024, indicated when a resident's discharge is anticipated, a discharge summary, and post-discharge plan is developed to assist the resident with discharge. The P&P indicated the post-discharge plan is developed by the care planning/interdisciplinary team with the assistance of the resident and his or her family and includes arrangements that have been made for follow-up care and services. The P&P indicated the resident/representative is involved in the post-discharge planning process and informed of the final post-discharge plan. b. During a review of Resident 75's Admission Record, the Admission Record indicated the facility originally admitted the resident on 4/30/2024 and readmitted the resident on 6/12/2024 with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area) affecting right dominant side, and seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness). During a review of Resident 75's History and Physical (H&P), dated 6/13/2024, the H&P indicated the resident does not have the capacity to understand and make decisions. During a review of Resident 75's Orders-Administration Note, dated 12/9/2024, the Orders-Administration Note indicated the resident was discharged home with a family member. During a review of Resident 75's Discharge Summary Report, dated 12/9/2024, the Discharge Summary Report indicated the resident was discharged on [DATE] at 6:45 p.m. to home. During a concurrent interview and record review of Resident 75's Medication Administration Record (MAR) for the month of 12/2024 and nursing progress notes, on 12/19/2024 at 3:20 p.m., with LVN 11, LVN 11 stated there was no documentation noted when Resident 75 was discharged on [DATE] at 6:45 p.m. LVN 11 stated the vital signs are taken at the beginning of the shift and baseline when the resident takes their medications and is not mandatory to be taken right at discharge. LVN 11 stated the resident's vital signs are only taken right at discharge depending on the resident's condition. LVN 11 stated if the resident appears stable then she does not need to take it. During an interview on 12/20/2024 at 11:34 a.m., RN 2 stated vital signs are checked within that shift and if the shift has passed, the vitals need to be retaken before discharging the resident to check if the resident is stable or else they may miss an abnormal vital sign. During an interview on 12/20/2024 at 12:19 p.m., the Director of Nursing (DON) stated discharge planning starts upon admission and may change depending on the resident's improvement or decline while staying at the facility. The DON stated when the resident goes to a lower level of care, a doctor's order is obtained and post-discharge plan of care is done by RN supervisor and social service department. The DON stated depending on the circumstances of their placement, there should be a discharge summary, post-discharge plan of care, discharge order, and a follow-up with the resident. The DON stated RN supervisor can delegate some of the discharge tasks to the licensed nurse/charge nurse. The DON stated the best practice is for the licensed nurse to take the resident's vital signs prior to discharge. The DON stated the vital signs taken is to show the assessment of the resident at the time of discharge. The DON stated the discharge summary should have documentation of the resident's discharge location address of where they are going and the reason for discharge. (continued on next page)

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	12/20/2024

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During further interview on 12/20/2024 at 12:30 p.m., the DON stated the licensed nurses are expected to document right away and if they document a late entry to put a date and time on the document. The DON stated the document should be done accurately to show the current assessment and the provided education including medications and special instructions. The DON stated this is done for safe discharge of residents. During a review of the facility's P&P titled, Transfer of Discharge Documentation, last reviewed 9/20/2024, the P&P indicated that when a resident is transferred or discharged , details of the transfer or discharge will be documented in the medical record and appropriate information will be communicated to the receiving health care facility or provider. The P&P indicated when a resident is transferred or discharged from the facility, the following information will be documented in the medical record including: the new location of the resident; the mode of transportation; a summary of the resident's overall medical, physical, and mental condition; disposition of medications; others as appropriate as necessary. During a review of the facility's P&P titled, Discharge Summary and Plan, last reviewed 9/20/2024, indicated when a resident's discharge is anticipated, a discharge summary, and post-discharge plan is developed to assist the resident with discharge. The P&P indicated the post-discharge plan is developed by the care planning/interdisciplinary team with the assistance of the resident and his or her family and includes arrangements that have been made for follow-up care and services. The P&P indicated the resident/representative is involved in the post-discharge planning process and informed of the final post-discharge plan.

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	12/20/2024

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 - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 43455 Based on observation, interview, and record review, the facility failed to: 1. Ensure to dispose of medications in a manner that was not retrievable (able to get back), in one (1) of two (2) inspected Medication Rooms (Medication Room Station 1). 2. Not dispose aerosolized (having tiny particles of matter and gas or liquid that turn into a fine mist to be inhaled) inhaler (a device containing a pressurized canister that is inhaled and delivers medication to the lungs) in the pharmaceutical (any medication/drug or dietary supplement for use by humans) waste bin (specialized container for disposing pharmaceutical waste) in one (1) of two (2) inspected Medication Rooms (Medication Room Station 1). As a result, control and accountability of discontinued medications and medications awaiting final disposition (process of returning and/or destroying unused medications) did not follow state and federal regulations and facility policy and procedures (P&P). These deficient practices increased the opportunity for medication diversion (the transfer of a medication from a lawful to an unlawful channel of distribution or use,) and increased the risk that residents in the facility could have accidental exposure to harmful medications possibly leading to physical and psychosocial harm and hospitalization . Findings: 1. During a concurrent observation and interview on 12/17/2024 at 9:35 a.m., with the Director of Nursing (DON,) in Medication Room Station 1, the pharmaceutical waste bin was observed to contain a mixture of intact (not damaged or impaired in any way) lose medication tablets and capsules out of their manufacturer packaging, medications in manufacturer bottles, insulin (hormone that lowers the level of sugar) in the blood) pens and an albuterol (used to prevent and treat wheezing and shortness of breath) inhaler. The DON stated, per facility policy and procedures, medications needed to be disposed of in a manner that the medications could not be retrieved intact (unchanged from original form) by pouring liquid over them to disintegrate (break apart) the medications. The DON stated that the pharmaceutical bin should not contain aerosolized inhalers as they can explode. The DON acknowledged the pharmaceutical waste bin contained medications that were disposed in their original manufacturer packaging and as lose tablets and capsules and contained an albuterol inhaler. The DON stated the pharmaceutical bin did not contain the required amount of liquid to disintegrate the medications, and the medications remained in their original form, allowing for easy access, retrieval and potential re-use. The DON acknowledged that without proper disposal of medications the potential of accidental misuse and diversion of medication, and exposure of harmful substances affecting the safety of all residents and staff. The DON stated the facility failed to destroy the medications found in the pharmaceutical bin in Medication Room Station 1 safely and according to facility policy and state regulations. (continued on next page)

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	12/20/2024

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 - Some	During a review of the P&P titled Discarding and Destroying Medications, dated March 2023, the P&P indicated Medications will be disposed of in accordance with federal, state, and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and controlled substances. 2. Non-controlled .will be disposed of in accordance with state regulations and federal guidelines regarding disposition of non-hazardous medications. 7. For unused, non-hazardous controlled substances that are not disposed of by an authorized collector, the 8. Environmental Protection Agency (EPA) recommends destruction and disposal of the substance with other solid waste following the steps below: a. Take the medication out of the original containers. b. Mix medication, either liquid or solid, with an undesirable substance. During a review of facility's P&P titled, Medication Destruction, last reviewed 9/20//2024, the P&P indicated that Discontinued medications and medications left in the facility after a resident's discharge, .are destroyed. A. All medications are placed in the proper waste container per facility policy. During a review of facility's P&P titled, Hazardous Waste Pharmaceuticals, last reviewed 9/20//2024, the P&P indicated Pharmaceutical Waste that is designated as hazardous by the Environmental Protection Agency is managed in accordance with regulations governing hazardous pharmaceuticals (HWP). 1. A Pharmaceutical is defined as: any drug or dietary supplement for use by humans or other animals. This definition includes, but it not limited to: over the counter drugs, .pharmaceuticals remaining in non-empty containers. 2. Waste is considered hazardous if it meets a listing or exhibits a characteristic (ignitability, corrosivity, reactivity, or toxicity) described in 40 CFR Part 261 Subpart C or D. 3. Hazardous waste pharmaceuticals generated by this facility are managed in accordance with the Resource Conservations and Recovery Act regulations at 40 CFR Part 266 (Subpart P) specific to healthcare facilities. During a review of Recovery Act regulations at 40 CFR Part 266 (Subpart P) at https://www.ecfr.gov/current/title-40/chapter-I/subchapter-I/part-266/subpart-P, accessed 12/30/24, the regulation indicated: Long-term care facility means a licensed entity that provides assistance with activities of daily living, including managing and administering pharmaceuticals to one or more individuals at the facility. This definition includes, but is not limited to, hospice facilities, nursing facilities, skilled nursing facilities, and the nursing and skilled nursing care portions of continuing care retirement communities. (continued on next page)

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	12/20/2024

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 - Some	Non-creditable hazardous waste pharmaceutical means a prescription hazardous waste pharmaceutical that does not have a reasonable expectation to be eligible for manufacturer credit . This includes but is not limited to, ., residues of pharmaceuticals remaining in empty containers . During a review of document titled Recovery Act regulations at 40 CFR Part 261 (Subpart C), https://www.ecfr.gov/current/title-40/chapter-I/subchapter-I/part-261/subpart-C, accessed 12/30/24, the regulation indicated: Characteristic of ignitability: a.3 include an ignitable compressed gas. b. A solid waste that exhibits the characteristic of ignitability has the EPA Hazardous Waste Number of D001. During a review of the document titled A 10-Step Blueprint for Managing Pharmaceutical Waste in US Healthcare Facilities, 2022 Edition, https://www.epa.gov/system/files/documents/202210/10_step_blueprint_guide_final_9-22.pdf, accessed 12/31/24, the document indicated: Table 8: Examples of Incompatible Hazardous Waste Pharmaceuticals Albuterol Inhaler RCRA HW Code D001.

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	12/20/2024

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43455 Based on interview and record review, the facility failed to ensure one (1) of five (5) sampled residents (Resident 132) drug regimen was free from unnecessary medications (any medication in excessive dose, excessive duration, without adequate monitoring) in accordance with the facility policy and procedures (P&P) by failing to ensure Resident 132 had a specific, measurable target behavior related to the use of quetiapine (an antipsychotic [medication capable of affecting the mind, emotions, and behavior] used to treat mental illness). This deficient practice had the potential to place Resident 132 at risk for significant adverse effects (unwanted, unintended results) from the use of unnecessary antipsychotic drugs, which could result to impairment or decline in the resident's mental, physical condition, functional, and psychosocial status. Findings: During a review of Resident 132's Admission Record (a document containing demographic and diagnostic information,) dated 12/19/2024, the Admission Record indicated Resident 132 was originally admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including psychosis (a collection of symptoms that affect the mind, where there has been some loss of contact with reality) and anxiety (a feeling of fear, dread, and uneasiness). During a review of Resident 132's Minimum Data Set (MDS -resident assessment tool), dated 10/1/2024, the MDS indicated resident was moderately impaired with cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS indicated Resident 132 had no mood symptoms, had psychotic disorder diagnosis, and received antipsychotics on a routine basis. During a review of Resident 132's Medication Administration Record ([MAR] - a record of mediations administered to residents) between October through December 2024, the MAR indicated Resident 132 was prescribed the following: quetiapine 25 milligram ([mg] - a unit of measure of mass) via gastrostomy tube ([G-tube] - a tube inserted through the belly that brings nutrition directly to the stomach) twice a day for psychosis manifested by inability to process internal stimuli causing anger or stress, at 9 a.m. and 1 p.m. starting 8/14/2024. quetiapine 37.5 mg via G-tube at bedtime for psychosis manifested by inability to process internal stimuli causing anger or stress, at 9 p.m. starting 8/14/2024. Monitor episodes of psychosis manifested by inability to process internal stimuli causing anger or stress and tally by hashmarks every shift, starting 6/22/2024. (continued on next page)

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	12/20/2024

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/19/2024 at 10:21 a.m., with Licensed Vocational Nurse 8 (LVN 8), LVN 8 stated that the quetiapine order for Resident 132 did not have monitoring for the specific type of internal stimuli causing anger or stress and that there are many different types of anger or stress, such as yelling or hitting, and stress caused by irritation or anxiety. LVN 8 stated that not having monitoring for the specific type of anger or stress, the behavior monitoring would vary between different licensed nurses and the physician will not be able to make an accurate assessment of Resident 132's medication therapy. During an interview on 12/19/2024 at 10:21 a.m., with LVN 1, LVN 1 stated that the quetiapine order for Resident 132 did not have monitoring for the specific type of behavior monitoring and monitoring would vary between different licensed nurses. LVN 1 stated that the quetiapine order does not specify what type of anger or stress to monitor. LVN 1 stated that anger could be expressed verbally or physically, and stress could be caused by agitation or anxiety. LVN 1 stated due to specific behavior not identified, different nurses would document different behaviors resulting in inaccurate behavior date for the physician to assess effectiveness of quetiapine for Resident 132. During a concurrent record review and interview on 12/19/2024 at 11:50 a.m., with the Director of Nursing (DON,) the DON stated the December 2024 MAR indicated that the quetiapine order for Resident 132 did not indicate monitoring for a specific type of internal stimuli causing anger or stress. The DON stated the behavior monitoring was unclear and open to interpretation by different licensed nurses. The DON stated stress could be caused by agitation or irritation, and anger could be verbal like yelling and screaming or physical. The DON stated not having specific behavior monitoring could result in inaccurate assessment by the physician for the effectiveness of Resident 132's quetiapine therapy. The DON stated that the facility failed to have individualized, person-centered care by monitoring non-specific behavior for Resident 132, potentially resulting in the use of unnecessary psychotropic (medication capable of affecting the mind, emotions, and behavior) medication. During a review of facility's P&P titled Behavioral Assessment, Interventions and Monitoring, last reviewed 9/20/2024, the P&P indicated The facility will provide, and residents will receive behavioral health services as needed to attain or maintain the highest practicable, physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care. 10. When medications are prescribed for behavioral symptoms, documentation will include: e. specific target behaviors. During a review of the facility's P&P, titled Psychotropic Medication Use, last reviewed 9/20/2024, the P&P indicated: Residents will not receive medications that are not clinically indicated to treat a specific condition. 1. A psychotropic medication is any medication that affects brain activity associated with mental processes and behavior. 2. Drugs in the following categories are considered psychotropic medications and are subject to prescribing, monitoring, and review requirements specific to psychotropic medications: a. Anti-psychotics (continued on next page)

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	12/20/2024

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Psychotropic medication management includes: d. adequate monitoring for efficacy 4. Residents who have not used psychotropic medications are not prescribed or given these medications unless is determined to be necessary to treat a specific condition that is diagnosed and documented in the clinical record. During a review of the facility's P&P titled Antipsychotic Medication Use, last reviewed 9/2024, the P&P indicated: 1. Residents will only receive antipsychotic medications when necessary to treat specific conditions for which they are indicated and effective. 2. The attending physician and other staff will gather and document information to clarify a resident's behavior. 8. Diagnosis alone do not warrant use of antipsychotic medication. 1) The symptoms are identified as being due to mania or psychosis (such as auditory, visual or other

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	12/20/2024

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43455 Based on observation, interview, and record review, the facility failed to maintain a medication error rate below 5 percent (%) by having two (2) medication errors out of 29 opportunities contributing to an overall error rate of 6.9% for two (2) out of three (3) sampled residents (Resident 28 and 39) observed during the Medication Administration facility task. The medication errors were as follows: 1. Resident 28 did not receive a dose of oyster shell calcium (a medication used as a dietary supplement to provide support to bones) as ordered by Resident 28's physician, and 2. Resident 39 did not receive a dose of docusate (a medication used to treat symptoms of gas such as painful pressure, fullness, and bloating) at the scheduled time as ordered by Resident 39's physician. These failures had the potential to cause Resident 28 and 39 to experience health complications leading to fragile bones, breakage of bones, and constipation resulting in the health and well-being of Resident 28's and 39's being negatively impacted. Findings: a.1. During a review of Resident 28's Admission Record (a document containing demographic and diagnostic information,) dated 12/16/2024 the Admission Record indicated Resident 28 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including abnormalities of gait and mobility, and anemia (a condition where the body does not have enough healthy red blood cells.) During a review of Resident 28's Order Summary Report (a report listing the physician order for the resident), date 12/16/2024, the Order Summary Report indicated Resident 28 was prescribed oyster shell calcium 500 mg to give one (1) tablet by mouth once a day for supplement, starting 12/4/2024. During a review of Resident 28's Medication Administration Record ([MAR] - a document of the medications administered to a resident that is part of the resident's permanent medical record], for December 2024, the MAR indicated Resident 28's oyster shell calcium 500 mg to give one (1) tablet by mouth once a day for supplement, was due at 9 a.m. During an observation on 12/16/2024 at 9:34 a.m., of Medication Cart 2, Licensed Vocational Nurse 1 (LVN 1) was observed not administering oyster shell calcium 500 milligram ([mg]-a unit of measure of mass) tablet to Resident 28. Resident 28 was observed swallowing other medications with a full glass of water. (continued on next page)

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	12/20/2024

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/16/2024 at 12:40 p.m., with LVN 1, LVN 1 stated that she did not administer oyster shell calcium 500 mg tablet during the morning medication administration at 9:34 a.m., as the medication was not available in the medication cart and the facility. LVN 1 stated that medications should be readily available to ensure timely administration of medications at the scheduled times and as ordered by the physician. LVN 1 stated it was important to receive oyster shell calcium and missing doses can harm Resident 28 by not supporting Resident 28's bones, making them more fragile and susceptible (likely) to breakage. LVN 1 stated this was considered a medication error. a.2. During a review of Resident 39's Admission Record dated 12/16/2024, the Admission Record indicated Resident 39 was originally admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis including lactose intolerance. During a review of Resident 39's Order Summary Report dated 12/16/24, the Order Summary Report indicated Resident 39 was prescribed docusate 100 mg to give one (1) capsule by mouth twice a day for constipation, starting 10/30/2024. During a review of Resident 39's MAR for December 2024, the MAR indicated Resident 39's docusate 100 mg to give one (1) capsule by mouth twice a day for constipation, was due at 9 a.m. and 5 p.m. During an observation on 12/16/2024 at 9:52 a.m., in of Medication Cart 1, LVN 2 was observed not administering docusate 100 mg capsule to Resident 39. Resident 39 was observed swallowing other medications with sips of water. During an interview on 12/16/2024 at 1:01 p.m. with LVN 2, LVN 2 stated that he failed to prepare and administer docusate 100 mg capsule during the morning medication administration at 9:52 a.m. to Resident 39, as prescribed by Resident 39's physician. LVN 2 acknowledged the physician's order specified to administer docusate 100 mg at 9 a.m. and that LVN 2 overlooked and missed to administer the medication. LVN 2 stated omitting (missing) doses was considered a medication error. LVN 2 stated it was important to receive medications as ordered by the physician, and missing doses of docusate placed Resident 39 at risk of having constipation. LVN 2 stated that LVN 2 will immediately offer docusate 100 mg to Resident 39. During an interview on 12/19/2024 at 12:12 p.m. with the Director of Nursing (DON,) the DON stated that per facility policy and procedures (P&P) resident medications are administered as per physician orders at the scheduled times. The DON stated that medications should be administered within a 60-minute window from the time scheduled. The DON stated LVN 1 failed to administer oyster shell calcium 500 mg tablet on 12/16/2024 at 9:34 a.m. to Resident 28, as the medication was not available in the medication cart and the facility, and LVN 2 failed to administer docusate 100 mg capsule on 12/16/2024 at 9:52 a.m. to Resident 39. The DON stated these failures were considered medication errors. The DON stated missing the administrations of these medications can cause Resident 28's bones to be more susceptible to breakage and place Resident 39 at risk of having constipation. During a review of the facility's P&P, titled Medication Administration General Guidelines for the Administration of Medications, dated last reviewed 9/20/2024, the P&P indicated: 3. Prior to administration, the medication and dosage schedule on the resident's MAR is compared with the medication label. (continued on next page)

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	12/20/2024

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Medications are administered in accordance with written orders of the attending physician. 10. Medications are administered within 60 minutes of scheduled time (1 hour before and 1 hour later.) During a review of the facility's P&P, titled Adverse consequences and Medication Errors, last reviewed 9/20/2024, the P&P indicated: 5. A medication error is defined as the preparation or administration of drugs or biological which is not in accordance with physician's orders, manufacturer specifications, or accepted professional standards and principles of the professional(s) providing services. 6. Examples of medication error include: a. Omission - a drug is ordered but not administered.

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	12/20/2024

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43455 Based on interview and record review, the facility failed to ensure residents were free of any significant medication errors: 1. For one (1) of three (3) sampled residents (Resident 28) investigated under medication administration by failing to administer epoetin alfa (a medication used to treat anemia [a blood disorder when the body doesn't produce enough red blood cells,]) as prescribed by Resident 28's physician. As a result, Resident 28 received two (2) doses of epoetin alfa, against the physician orders. 2. For four (4) out of four (4) sampled residents (Residents 49, 73, 100 and 159) investigated under insulin (a hormone that lowers the level of sugar in the blood) care area by failing to rotate (a method to ensure repeated injections are not administered in the same area) subcutaneous (the tissue layer between the skin and the muscle) insulin administration sites These deficient practices had the potential for adverse effect (unwanted, unintended result) of same site subcutaneous administration of insulin such as lipodystrophy (abnormal distribution of fat) and cutaneous amyloidosis (is a condition in which clumps of abnormal proteins called amyloids build up in the skin) for Residents 49, 73, 100 and 159, and the potential to cause Residents 28 to experience adverse effects and serious health complications due to subtherapeutic (levels that is below what is used for treating disease or producing an optimal effect) or supratherapeutic (levels greater than would normally be used in treatment of a medical condition causing more adverse effects than benefit) hemoglobin ([Hgb] - an iron-rich protein in red blood cells that carries oxygen from the lungs to the body's tissues and organs. Low levels indicate anemia while high levels thicken the blood causing heart attack, stroke, blood clots) levels resulting in the health and well-being of Resident 28 to be negatively impacted. Cross reference F658 Findings: 1. During a review of Resident 28's Admission Record ([AR] - a document containing demographic and diagnostic information,) dated 12/16/2024, the AR indicated the resident was originally admitted to the facility on [DATE] and was readmitted on [DATE] with diagnosis including anemia. During a review of Resident 28's Laboratory Results Report, dated 11/12/2024, the Laboratory Results Report indicated Resident 28's Hgb level was 10.9 gram (unit of measure of mass) per deciliter (unit of measure of volume.) There were no other laboratory results for Hgb collected at the facility after 11/12/2024. During a review of Resident 28's Medication Administration Record ([MAR] - a record of mediations administered to residents), for November 2024, the MAR indicated Resident 28 was prescribed epoetin alfa to inject 10,000 un SQ once a day every Monday for anemia and to hold if Hgb was greater than or equal to 10, in the morning at 9 a.m. The MAR indicated Resident 28 was administered epoetin alfa 10,000 un by the following Licensed Vocational Nurses (LVNs) on the following days, times, sites, and Hgb levels: (continued on next page)

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	12/20/2024

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	LVN 7 - 11/19/2024 at 9 a.m., on the arm with a documented Hgb level of 10.1 LVN 10 - 11/25/2024 at 9 a.m., on the arm with a documented Hgb level of 10.1 During a concurrent interview and record review on 12/16/2024 at 12:52 p.m., reviewed Resident 28's MAR from November 2024 with Registered Nurse (RN) 1, RN 1 verified the MAR indicated to hold the epoetin alfa dose if Hgb level was greater than or equal to 10. RN 1 stated that Resident 28 was administered epoetin alfa 10,000 un SQ on the arm on 11/19/2024 and 11/25/2024, with documented Hgb level of 10.1 on 11/18/2024 and 11/25/2024. RN 1 stated Resident 28's laboratory result on 11/12/2024 indicated a level of 10.9. RN 1 stated LVN 7 and 10 failed to follow physician orders by administering epoetin alfa which could increase Hgb levels too much causing adverse consequences for Resident 28. During an interview on 12/19/2024 at 12:12 p.m. with the Director of Nursing (DON,) the DON stated according to facility policy and procedures, residents should be administered medications as per physician orders. The DON stated that Resident 28's November 2024 MAR indicated the resident's Hgb level was documented 10.1 on 11/19/2024 and 11/25/2024, and that the physician order indicated to hold epoetin alfa if Hgb was greater than or equal to 10. The DON stated that LVN 7 and 10 administered epoetin alfa 10.000 un SQ on 11/19/2024 and 11/25/2024 and failed to follow physician orders. The DON stated that these were considered significant medication errors. The DON stated administering epoetin alfa beyond the indicated Hgb levels can cause supratherapeutic Hgb levels causing thickened blood. 43988 2. During a review of Resident 49's AR, the AR indicated the facility originally admitted Resident 49 on 9/11/2024 and readmitted the resident on 10/26/2024, with diagnoses including type 2 diabetes mellitus (DM2 - a disorder characterized by difficulty in blood sugar control and poor wound healing); malignant neoplasm (also known as cancer, a mass of abnormal cells that can spread to other parts of the body) of left kidney, bone, and left lung; and generalized muscle weakness. During a review of Resident 49's Minimum Data Set (MDS - a resident assessment tool) dated 10/31/2024, the MDS indicated Resident 49 had an intact cognition (mental action or process of acquiring knowledge and understanding) and required set up or clean up assistance with eating; partial/moderate assistance with oral hygiene, personal hygiene, and upper body dressing; substantial/maximal assistance with toileting and bathing; and dependent on staff with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 49 had a diagnosis of DM 2 and received insulin. During a review of Resident 49's History and Physical (H&P) dated 9/27/2024, the H&P indicated Resident 49 had the capacity to understand and make decisions. During a review of Resident 49's Order Summary Report, the Order Summary Report indicated the following physician's order: (continued on next page)

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	12/20/2024

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 10/15/2024: Insulin lispro (a fast-acting insulin) injection solution 100 unit per milliliter (unit/ml - a unit of measurement). Inject as per sliding scale (the increasing administration of the pre-meal insulin dose based on the blood sugar level before the meal): if 70-149 = 0. If blood sugar (BS) is less than (<) 70 and conscious, administer juice, recheck in 15 minutes, and notify physician (MD); 150 - 199 = 3; 200 - 249 = 4; 250 - 299 = 5; 300 - 349 = 6; 350 - 399 = 7; if BS more than (> - a unit of measurement) 400 give 7 units, recheck in 15 minutes, and notify MD, SQ before meals for DM 2 rotate injection sites. - 10/15/2024: Insulin detemir solution (a long-acting insulin) 100 unit/ml inject 25 units SQ one time a day for DM 2 hold for BS < 130; rotate injection sites. - 11/22/2024: Lantus solostar (a long-acting insulin) subcutaneous solution pen-injector 100 unit/ml (insulin glargine) inject 25 units SQ in the morning for DM 2 inject 25 units SQ one time a day for DM 2, hold if BS < 130; rotate injection sites. During a concurrent interview and record review on 12/19/2024 at 9:55 a.m., reviewed Resident 49's MAR from 10/2024, 11/2024, and 12/2024 with the Assistant Director of Nursing (ADON), the ADON verified the MAR indicated the insulin lispro, detemir, and Lantus were administered as follows: Insulin Detemir solution 100 unit/ml 11/3/24 8:13 a.m. subcutaneously Arm - left 11/4/24 8:34 a.m. subcutaneously Arm - left 11/15/24 9:52 a.m. subcutaneously Arm - left 11/16/24 9:27 a.m. subcutaneously Arm - left Lantus solostar subcutaneous solution pen-injector 100 unit/ml 10/17/24 8:16 a.m. subcutaneously Arm - left 10/18/24 8:02 a.m. subcutaneously Arm - left 10/20/24 8:30 a.m. subcutaneously Arm - right 10/21/24 8:49 a.m. subcutaneously Arm - right 11/23/24 11:23 a.m. subcutaneously Arm - left 11/24/24 9:18 a.m. subcutaneously Arm - left 11/28/24 9:30 a.m. subcutaneously Arm - left 11/29/24 9:09 a.m. subcutaneously Arm - left 11/30/24 9:46 a.m. subcutaneously Arm - left (continued on next page)

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	12/20/2024

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	12/04/24 9:21 a.m. subcutaneously Arm - left 12/05/24 9:21 a.m. subcutaneously Arm - left 12/09/24 9:07 a.m. subcutaneously Arm - left 12/10/24 11:46 a.m. subcutaneously Arm - left Insulin Lispro injection solution 100 unit/ml 10/03/24 5:45 a.m. subcutaneously Arm - left 10/03/24 11:58 a.m. subcutaneously Arm - left 10/05/24 6:44 a.m. subcutaneously Arm - right 10/05/24 12:53 p.m. subcutaneously Arm - right 10/07/24 11:19 a.m. subcutaneously Arm - right 10/07/24 3:42 p.m. subcutaneously Arm - right 10/11/24 5:55 a.m. subcutaneously Arm - left 10/11/24 12:44 p.m. subcutaneously Arm - left 10/12/24 12:49 p.m. subcutaneously Arm - right 10/12/24 4:49 p.m. subcutaneously Arm - right 10/13/24 6:44 a.m. subcutaneously Arm - right 10/13/24 12:26 p.m. subcutaneously Arm - left 10/13/24 6:24 p.m. subcutaneously Arm - left 10/20/24 5:06 p.m. subcutaneously Arm - right 10/21/24 5:54 a.m. subcutaneously Arm - right 10/23/24 1:16 p.m. subcutaneously Arm - left 10/23/24 3:58 p.m. subcutaneously Arm - left 10/29/24 12:21 p.m. subcutaneously Arm - left 10/29/24 4:17 p.m. subcutaneously Arm - left (continued on next page)

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	12/20/2024

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10/30/24 12:43 p.m. subcutaneously Arm - left 11/09/24 4:57 p.m. subcutaneously Arm - left 11/10/24 12:30 p.m. subcutaneously Arm - left 11/14/24 5:14 p.m. subcutaneously Arm - left 11/15/24 12:55 p.m. subcutaneously Arm - left 11/21/24 5:06 p.m. subcutaneously Arm - left 11/22/24 1:16 p.m. subcutaneously Arm - left 11/23/24 12:22 p.m. subcutaneously Arm - left 11/28/24 5:18 p.m. subcutaneously Arm - right 11/30/24 5:04 p.m. subcutaneously Arm - right 12/13/24 4:51 p.m. subcutaneously Arm - left 12/14/24 11:44 a.m. subcutaneously Arm - left The ADON stated insulin administration should be rotated per standards of practice, manufacturer's guidelines, and according to physician's orders. The ADON verified Resident 49's MAR indicated the insulin administration sites were not rotated and that there were physician orders to rotate injection sites. The ADON stated the insulin administration sites should have been rotated as ordered by the physician to prevent tissue injury such as hardening of the fats and lumps which may affect absorption of the medication. The ADON stated not rotating the insulin administration site can cause lipodystrophy and amyloidosis. The ADON stated not rotating sites is considered a medication error due to not following the physician's orders, manufacturer's guideline, and standards of practice. 3. During a review of Resident 159's AR, the AR indicated the facility originally admitted Resident 159 on 7/4/2024 and readmitted the resident on 12/10/2024, with diagnoses including DM 2, dysphagia (difficulty in swallowing) following cerebral infarction (a type of stroke that occurs when an area of brain tissue dies due to a lack of oxygen and blood), and generalized muscle weakness. During a review of Resident 159's MDS, dated [DATE], the MDS indicated Resident 159 had moderately impaired cognition and required total assistance from staff with all activities of daily living ADLs. The MDS indicated Resident 159 had a diagnosis of DM 2 and received insulin. During a review of Resident 159's H&P, dated 12/16/2024, the H&P indicated Resident 159 had the capacity to understand and make decisions. During a review of Resident 159's Order Summary Report, the Order Summary Report indicated the following physician's order: (continued on next page)

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	12/20/2024

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 9/12/2024 (previous order): Insulin glargine (a long-acting insulin) subcutaneous solution 100 unit/ml inject 18 units SQ at bedtime (HS) for DM, hold if blood sugar (BS) < 100. - 12/10/2024: Insulin glargine subcutaneous solution 100 unit/ml inject 12 units SQ at HS for DM 2, rotate injection sites. Hold for BS < 100. - 12/11/2024: Humulin R (a short acting insulin) injection solution 100 unit/ml (Insulin Regular Human) inject SQ before meals and at HS for DM 2, rotate injection sites. During a concurrent interview and record review on 12/19/2024 at 9:55 a.m., reviewed Resident 159's MAR from 10/2024, 11/2024, and 12/2024 with the ADON, the ADON verified the MAR indicated the insulin glargine and Humulin R were administered as follows: Humulin R Injection Solution 100 unit/ml: 10/26/24 6:47 a.m. subcutaneously Arm - right 10/26/24 8:41 p.m. subcutaneously Arm - right 10/29/24 8:21 p.m. subcutaneously Arm - left 10/30/24 8:22 p.m. subcutaneously Arm - left 10/31/24 5:01 p.m. subcutaneously Arm - left 10/31/24 8:59 p.m. subcutaneously Arm - left 11/05/24 4:39 p.m. subcutaneously Abdomen - left upper quadrant (LUQ) 11/05/24 8:55 p.m. subcutaneously Abdomen - LUQ 11/11/24 6:38 a.m. subcutaneously Arm - left 11/11/24 4:31 p.m. subcutaneously Arm - left 11/12/24 5:27 p.m. subcutaneously Abdomen - LUQ 11/12/24 9:24 p.m. subcutaneously Abdomen - LUQ 11/20/24 6:30 a.m. subcutaneously Arm - left 11/21/24 7:00 a.m. subcutaneously Arm - left 11/25/24 6:40 a.m. subcutaneously Arm - right 11/25/24 5:03 a.m. subcutaneously Arm - right 12/07/24 6:01 a.m. subcutaneously Arm - left (continued on next page)

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	12/20/2024

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	12/07/24 4:42 p.m. subcutaneously Arm - left 12/12/24 5:40 a.m. subcutaneously Arm - left 12/12/24 12:09 p.m. subcutaneously Arm - left 12/14/24 5:50 a.m. subcutaneously Arm - right 12/14/24 12:27 p.m. subcutaneously Arm - right Insulin glargine subcutaneous solution 100 unit/ml 10/27/24 8:14 p.m. subcutaneously Arm - right 10/28/24 8:28 p.m. subcutaneously Arm - right 10/30/24 8:23 p.m. subcutaneously Arm - right 10/31/24 8:59 p.m. subcutaneously Arm - right 11/17/24 9:35 p.m. subcutaneously Abdomen - LUQ 11/18/24 8:49 p.m. subcutaneously Abdomen - LUQ The ADON stated insulin administration should be rotated per standards of practice, manufacturer's guidelines, and according to physician's orders. The ADON verified Resident 159's MAR indicated the insulin administration sites were not rotated and that there a physician's order to rotate injection sites. The ADON stated the insulin administration sites should have been rotated as ordered by the physician to prevent tissue injury such as hardening of the fats and lumps which may affect absorption of the medication. The ADON stated not rotating the insulin administration site can cause lipodystrophy and amyloidosis. The ADON stated not rotating sites is considered a medication error due to not following the physician's orders, manufacturer's guideline, and standards of practice. 44376 4. During a review of Resident 73's AR, the AR indicated the facility admitted the resident on 1/5/2018, and readmitted the resident on 9/15/2024, with diagnoses including DM 2, diabetic retinopathy (an eye condition that cause vision loss and blindness in people with diabetes), and chronic kidney disease (a long-term condition where the kidneys are damaged and cannot filter blood properly). During a review of Resident 73's H&P, dated 8/9/2024, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 73's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was on insulin injection. (continued on next page)

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	12/20/2024

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 73's Order Summary Report, dated 8/5/2024, the Order Summary Report indicated an order for insulin lispro injection solution 100 unit/ml (Insulin Lispro). Inject as per sliding scale: if 150-200= 1. If blood sugar (BS) < 60 give glucagon (a hormone produced by the pancreas that increases blood sugar levels). If BS <70 give orange juice (OJ) and crackers. Notify MD; 200-250= 2; 251-300=3; 301-350=4;351-400=5;401-450=6. BS greater than (>) 400. Notify MD. Rotate injection site, subcutaneously before meals and at bedtime for DM. If BS <60 give glucagon. If BS<70 give OJ and crackers. Notify MD BS>400. Notify MD. Rotate injection site. During a review of Resident 73's Location of Administration Report of Insulin from 10/2024 to 11/2024, the Location of Administration Report indicated insulin lispro 100 unit/ml doses were given subcutaneously on: 10/4/2024 at 11:03 a.m. on the Abdomen - Left Lower Quadrant (LLQ) 10/5/2024 at 11:37 a.m. on the Abdomen - LLQ 10/6/2024 at 11:16 a.m. on the Abdomen - LLQ 10/14/2024 at 8:46 p.m. on the Abdomen - LLQ 10/15/2024 at 11:25 a.m. on the Abdomen - LLQ 10/19/2024 at 11:20 a.m. on the Abdomen - Right Lower Quadrant (RLQ) 10/20/2024 at 11:20 a.m. on the Abdomen - RLQ 10/24/2024 at 12:20 p.m. on the Abdomen - LLQ 10/25/2024 at 1:15 p.m. on the Abdomen - LLQ 10/26/2024 at 11:26 a.m. on the Abdomen - LLQ 11/22/2024 at 11:41 a.m. on the Abdomen - LLQ 11/23/2024 at 11:26 a.m. on the Abdomen - LLQ 11/24/2024 at 11:42 a.m. on the Abdomen - LLQ During a review of Resident 73's Care Plan (CP) titled Resident is at risk for hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) related to diabetes mellitus, last revised on 1/18/2024, the CP indicated an intervention to administer medications as ordered. (continued on next page)

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	12/20/2024

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 12/28/2024, at 8:18 a.m. with RN 1, reviewed Resident 73's Order Summary Report, MAR, Location of Administration of Insulin, and Care Plan. RN 1 stated there were multiple instances that the insulin administration sites were not rotated on the months of October and November 2024. RN 1 stated the insulin sites of administration should be rotated to prevent skin hardening on the frequented area and to prevent lipodystrophy. RN 1 stated not rotating insulin administration sites were considered a medication error because they did not follow the physician's order to rotate sites. During an interview on 12/19/2024, at 2:42 p.m., with the DON, the DON stated insulin sites of administration should be rotated to prevent discomfort on the resident and to avoid malabsorption (difficulty in the digestion or absorption) of the medication at the frequented site. The DON stated not rotating insulin administration sites were considered a medication error because they did not follow the doctor's order to rotate insulin administration sites. 5. During a review of Resident 100's AR, the AR indicated the facility admitted the resident on 7/8/2020, with diagnoses including DM 2 and long-term use of oral hypoglycemic drugs (a class of medications that help lower blood sugar levels and treat diabetes) and insulin. During a review of Resident 100's H&P, dated 7/8/2024, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 100's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was on insulin injections and was taking hypoglycemic medications. During a review of Resident 100's Order Summary Report, the Order Summary Report indicated the following physician orders: -4/10/2024 Admelog Solostar Solution Pen-Injector 100 unit/ml, (Insulin Lispro [1 unit dial]). Inject 5 unit subcutaneously with meals for DM 2. Rotate injection sites. Hold if BS<100. -5/8/2024 Admelog Solostar Solution Pen-Injector 100 unit/ml (Insulin Lispro [1 unit dial]). Inject as per sliding scale: if 150-200=3 units; 201-250=6 units; 251-300=9 units; 301-350=12 units; 351-400=15 units; <150=0, >400=18 units, subcutaneously. -9/6/2024 Insulin Glargine Solution 100 unit/ml. Inject 24 unit subcutaneously in the morning for DM2 Hold if BS < 110. Rotate injection site. -9/5/2024 Insulin Glargine Solution 100 unit/ml. Inject 24 unit subcutaneously at bedtime for DM. Hold if BS < 110. Rotate injection site, with meals for DM II. Rotate injection sites. Notify MD if BS>/= 400 or <70 and document. During a review of Resident 100's Location of Administration Report of Insulin for 11/2024, the Location of Administration Report indicated Insulin Glargine was subcutaneously given on: 11/3/2024 at 9 p.m. on the Arm - left. 11/4/2024 at 9:33 p.m. on the Arm - left. (continued on next page)

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	12/20/2024

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	11/5/2024 at 9 p.m. on the Arm - left. 11/6/2024 at 9 p.m. on the Arm - left. 11/7/2024 at 8:48 p.m. on the Arm - left. 11/9/2024 at 9 p.m. on the Arm - left. 11/10/2024 at 9:08 p.m. on the Arm - left. 11/15/2024 at 9 p.m. on the Arm - right. 11/16/2024 at 8:41 p.m. on the Arm - right. During a review of Resident 100's CP titled Resident is at risk for hyperglycemia related to consistently high blood sugar levels, last revised on 7/18/2024, the CP indicated an intervention to administer medications as ordered. During a concurrent interview and record review on 12/18/2024, at 8:32 a.m. with RN 1, reviewed Resident 100's Order Summary Report, MAR, Location of Administration of Insulin, and Care Plan. RN 1 stated there were multiple instances that the insulin administration sites were not rotated on the month of October and November 2024. RN 1 stated the insulin sites of administration should be rotated to prevent skin hardening on the frequented area and to prevent lipodystrophy. RN 1 stated not rotating insulin administration sites were considered a medication error because they did not follow the physician's order to rotate sites. During an interview on 12/19/2024, at 2:42 p.m., with the DON, the DON stated insulin sites of administration should be rotated to prevent discomfort on the resident and to avoid malabsorption of the medication at the frequented site. The DON stated not rotating insulin administration sites were considered a medication error because they did not follow the doctor's order to rotate insulin administration sites. During a review of the facility's policy and procedures (P&P) titled, Insulin Administration, last reviewed 9/20/2024, the P&P indicated a purpose to provide guidelines for the safe, administration of insulin to residents with diabetes. The P&P further indicated to select an injection site: a. Insulin may be injected into the subcutaneous tissue of the upper arm, and the anterior or lateral areas of the thighs and abdomen. Avoid the area approximately 2 inches around the navel. b. Injection sites should be rotated, preferably within the same general area (abdomen, thigh, upper arm). During a review of the facility's P&P titled Adverse consequences and Medication Errors, last reviewed 9/20/2024, the P&P indicated: 2. An 'adverse consequence' is defined as an unpleasant symptoms or event that is due to or associated with a medication, such as an impairment or decline in an individual's mental or physical condition or functional or psychosocial status. An adverse consequence may include: (continued on next page)

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	12/20/2024

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. adverse drug/medication reaction 3. An adverse drug reaction (ADR), a form of adverse consequences, is defined as a secondary and usually undesirable effect of a drug . 4. The staff and practitioner shall strive to minimize adverse consequences by: a. Following relevant clinical guidelines and manufacturer's specifications for use, dose, administration, duration, and monitoring of the medication; 5. A medication error is defined as the preparation or administration of drugs or biological which is not in accordance with physician's orders, manufacturer specifications, or accepted professional standards and principles of the professional(s) providing services. 5. Examples of medication error include: b. Unauthorized drug - a drug is administered without a physician's order. h. Failure to follow manufacturer instructions and/or accepted professional standards. During a review of the facility's P&P titled Medication Administration General Guidelines for the Administration of Medications, dated last reviewed 9/20/2024, the P&P indicated that Medications are administered in accordance with written orders of the attending physician. During a review of facility-provided manufacturer's guideline for insulin detemir, undated, the guideline indicated injection sites should be rotated within the same regions from one injection to the next to reduce the risk of lipodystrophy. During a review of the facility-provided manufacturer's guideline for insulin lispro dated 3/2013, the guideline indicated insulin lispro administered by SQ injection should be given in the abdominal wall, thigh, upper arm, or buttocks. The guideline further indicated injection sites should be rotated within the same region from one injection to the next to reduce the risk for lipodystrophy. During a review of the facility-provided manufacturer's guideline for Lantus dated 11/2018, the guideline indicated to rotate injection sites to reduce the risk of lipodystrophy. During a review of the facility-provided Highlights of Prescribing Information for Humalog (insulin lispro injection, USP [rDNA origin]) for injection, with initial U.S. approval in 1996, the prescribing information indicated Humalog administered by subcutaneous injection should be given in the abdominal wall, thigh, upper arm, or buttocks. Injection sites should be rotated within the same region (abdomen, thigh, upper arm, or buttocks) from one injection to the next to reduce the risk of lipodystrophy.

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	12/20/2024

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43455 Based on observation, interview, and record review, the facility failed to: 1. Remove and discard from use one expired anastrazole (a medication used for breast cancer) medication bottle for Resident 173, in accordance with facility and manufacturer's requirements in one of two inspected medication rooms (Medication room [ROOM NUMBER].) 2. Label one budesonide and formoterol (a combination medication used to treat chronic obstructive pulmonary disease [COPD]- a disease that blocks air flow and makes breathing difficult]) inhalation aerosol (form of medication that is inhaled) for Resident 94 with an open date, in accordance with facility requirements and manufacturer's requirements in one of four inspected medication carts (Medication Cart 1). 3. Remove and discard from use two expired loperamide (a medication used to treat diarrhea) medication boxes for facility stock, in accordance with facility and manufacturer's requirements in two of four inspected medication carts (Medication Carts 2 and 3.) 4. Store one ipratropium with albuterol (a combination medication used to treat and prevent shortness of breath) combination inhalation solution foil pack (package made of foil protecting the inhalation solution from light and degradation) for Resident 127 at room temperature in accordance with the manufacturer's requirements in one of four inspected medication carts (Medication Cart 2.) These practices increased the risk that Residents 94, 127, 173, and other residents in the facility could have received medication that had become ineffective or toxic due to improper storage or labeling, possibly leading to health complications resulting in hospitalization or death. Findings: 1. During a concurrent observation and interview, on 12/17/2024 at 9:35 a.m., with the Director of Nursing (DON) in Medication room [ROOM NUMBER], one bottle of anastrazole was found expired and not discarded, and stored contrary to facility policy and procedures (P&P). The bottle of anastrazole 1mg ([milligram]-unit of measure of mass) tablets for Resident 173 was found stored in the cabinet in Medication room [ROOM NUMBER] and labeled with an expiration date of November 2024 by the manufacturer. According to the manufacturer labeled date, the anastrazole 1 mg tablet bottle should be discarded and removed from use by 11/30/2024. The DON stated that the anastrazole 1 mg tablet medication bottle for Resident 173 had an expiration date of November 2024 was stored in the cabinet in Medication room [ROOM NUMBER]. The DON stated the anastrazole bottle needed to be removed from the cabinet and placed in the expired medication bin by 11/30/2024 to be disposed of and not accidentally used for Resident 173. The DON stated expired medications have lost potency (power) and will not be effective in treating the resident's breast cancer (a disease in which cells in the breast grow out of control. (continued on next page)

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	12/20/2024

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. During a concurrent observation and interview, on 12/17/2024 at 9:55 a.m., of Medication Cart 1, in the presence of Licensed Vocational Nurse 2 (LVN 2), the following medications were found either stored in a manner contrary to their respective manufacturer's requirements, not labeled with an open date as required by their respective manufacturer's specifications, expired and not discarded, or stored and labeled contrary to facility policies: -One open and used budesonide and formoterol inhalation aerosol for Resident 94 was found stored at room temperature and not labeled with a date on which aerosol inhaler was opened and removed from the foil pouch. According to the manufacturer's product storage and labeling, budesonide and formoterol inhalation aerosol inhaler should be stored at room temperature between 68 to 77 degrees Fahrenheit (F - scale for measuring temperature) once the foil pouch was removed to be used or discarded within 3 months. LVN 2 stated the budesonide and formoterol inhaler for Resident 94 was not labeled with a date when first used and removed from the foil pouch, and therefore it was unknown when it would expire. LVN 2 stated per facility policy multi-use (used more than once) medications such as inhalers should be labeled with the date when first opened to know when they expire. LVN 2 stated after opening and removing the foil from budesonide and formoterol inhaler, it should be used within 3 months. LVN 2 stated using the inhaler beyond that date was considered expired and would be ineffective in treating Resident 94's COPD and potentially lead to use of expired medication to Resident 94 causing harm such as exacerbation of COPD, hypoxia (lack of oxygen) and stoppage of breathing. LVN 2 stated that the budesonide and formoterol inhaler needed to be removed from the medication cart and replaced with new ones from pharmacy. 20 3. During a concurrent observation and interview on 12/17/2024 at 11:15 a.m., of Medication Cart 3, with LVN 3, the medication below was found expired and not discarded, and stored contrary to facility policies: -One box of loperamide 2 mg caplets for facility stock was found stored in Medication Cart 3 and labeled with an expiration date of November 2024 by the manufacturer. According to the manufacturer labeled date, the loperamide 2 mg caplet box should be discarded and removed from use by 11/30/2024. LVN 3 stated that the loperamide 2 mg caplet medication box stored in Medication Cart 3 was for facility stock and to be used for any resident with an order for loperamide from that cart. LVN 3 stated the loperamide box was labeled with an expiration date of November 2024 and needed to be removed from Medication Cart 3 and placed in the expired medication bin by 11/30/2024 to be disposed of and not accidentally used for residents. LVN 3 stated expired medications have lost potency and will not be effective in treating diarrhea for residents in the facility. 4. During a concurrent observation and interview, on 12/17/2024 at 11:25 a.m., of Medication Cart 2, with LVN 1, the following medications were found either stored in a manner contrary to their respective manufacturer's requirements, not labeled with an open date as required by their respective manufacturer's specifications, expired and not discarded, or stored and labeled contrary to facility policies: -One box of loperamide 2 mg caplets for facility stock was found stored in Medication Cart 2 and labeled with an expiration date of November 2024 by the manufacturer. According to the manufacturer labeled date, the loperamide 2 mg caplet box should be discarded and removed from use by 11/30/24. (continued on next page)

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	12/20/2024

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-One open ipratropium with albuterol combination inhalation solution foil pouch for Resident 127, was found stored at room temperature and labeled with a date indicating inhalation solution was removed from foil pack on 10/14/2024. Three (3) inhalation solutions were observed stored outside the foil pouch. According to the manufacturer's product storage and labeling, opened foil pouch of ipratropium with albuterol inhalation solutions should always be stored in the foil pouch at room temperature between 36 and 77 degrees Fahrenheit and used or discarded within two weeks of being removed from foil pouch. LVN 1 stated that the loperamide 2 mg caplet medication box stored in Medication Cart 2 was for facility stock and to be used for any resident with an order for loperamide from that cart. LVN 1 stated the loperamide box was labeled with an expiration date of November 2024 and needed to be removed from Medication Cart 2 and placed in the expired medication bin by 11/30/24 to be disposed of and not accidentally used for residents. LVN 1 stated expired medications have lost potency and will not be effective in treating diarrhea for residents in the facility. During the same interview, LVN 2 stated that the ipratropium with albuterol inhalation solution foil pack for Resident 127 was opened and three (3) inhalations were stored outside the foil pouch in the Medication Cart 2 with a date indicating the pouch was opened on 10/14/2024. LVN 2 stated according to the manufacturer guidelines the inhalation vials needed to remain in the foil pouch or when stored outside the pouch discarded within two (2) weeks. LVN 2 stated three (3) ipratropium with albuterol inhalations were considered expired after 10/28/2024. LVN 2 stated giving expired ipratropium with albuterol can be ineffective in treating the shortness of breath for Resident 127, exacerbate (make worse) the situation leading to stoppage of breathing. LVN 2 stated three (3) the ipratropium with albuterol inhalation vials for Resident 127 should be discarded from Medication Cart 2. During an interview, on 12/19/2024 at 12:12 p.m., with the DON, the DON stated that expired medications have lost their potency and will not be effective in treating resident conditions. The DON stated multi-use medication needed to be labeled with the date when opened to know when it would expire. The DON stated without a date open label the medication was considered expired. The DON stated that medications should remain in the foil pouch to be protected from light or if outside the pouch needed to be discarded according to manufacturer recommendation. The DON stated that several licensed nurses failed to remove expired loperamide from Medication Carts 2 and 3, ipratropium with albuterol inhalation vials for Resident 127, and label budesonide and formoterol inhaler with an open date for Resident 94, according to facility and manufacturer guidelines. The DON stated these failures could potentially lead to the administration of expired medication to residents. The DON stated administering expired loperamide to residents will not treat the diarrhea, administering expired budesonide with formoterol to Resident 94 will not treat COPD and administering expired ipratropium with albuterol to Resident 127 will not treat shortness of breath, causing difficulty in breathing, exacerbating the shortness of breath and COPD potentially leading to hospitalization . During a review of the facility's policy and procedures (P&P), titled Storage of Medication, last reviewed on 9/20/24, the P&P indicated that Medications and biologicals are stored safely, and properly, following manufacturer's recommendations or those of the supplier. M. Outdated, contaminated, or deteriorated medications .are immediately removed from stock, disposed of according to procedures for medication disposal, and reordered from the pharmacy if a current order exists. (continued on next page)

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	12/20/2024

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's P&P, titled Discontinued Medications, last reviewed on 9/20/24, the P&P indicated: When medications are expired, discontinued by a prescriber, a resident is transferred or discharged and does not take mediations with him/her, or in the event of a resident's death, the medications are marked as discontinued or stored in a separate location and later destroyed. A. If a medication expires, .the discontinued drug container shall be marked or otherwise identified or shall be stored in a separate location designated solely for this purpose. B. Medications are removed from the medication cart or storage area prior to expiration. During a review of facility's P&P, titled Guide for Special Handling of Medications, dated January 2024, the P&P listed the following: Albuterol/iptratropium solution - protect from light. Refer to specific manufacturer information as some products must always remain stored in the foil pouch and some allow for storage outside the foil pouch for up to 14 days. Budesonide/formoterol inhalation - Date after opening the foil pouch and discard after 3 months.

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	12/20/2024

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 47441 Based on observation, interview, and record review, the facility failed to follow the menu and did not meet nutritional needs of 123 of 168 residents on regular texture diets (diet with no restriction) when staff did not level off the scoop when scooping rice and carrots from the steamtable to the resident's plates. This failure had the potential to result in increased food and nutrient intake resulting to unintended (not done on purpose) weight gain and increased in blood sugar levels for residents on consistent carbohydrate diet ([CCHO] diet with the same amount of carbohydrates per meal). Findings: During a review of the facility's daily spreadsheet titled Winter Menus, dated 12/16/2024, the spreadsheet indicated residents on regular texture and soft mechanical (foods that are chopped) diet would get the following food items on their tray: Fish Filled with tarragon sauce 3 ounces ([oz] a unit of measurement)/ 1 oz. Tartar sauce 1 tablespoon ([Tbsp.], a household measurement) Cajun Country Rice 1/3 cup ([c], a household measurement) Creamed spinach 1/2 c Parsley Sprig 1 Sweet corn salad 1/2 c Fruit Bavarian cream 1/2 c Milk 4 oz. During an observation on 12/16/2024 at 1:07 p.m. at the trayline area (an area where foods were assembled on the trays), [NAME] 1 did not level off the scoop when portioning the rice and carrots from the steamtable to the resident's plate. During a concurrent observation and interview on 12/16/2024 at 1:10 p.m. at the trayline with the Dietary Supervisor (DS), the DS stated the staff used the scoops to ensure correct portions were served to the residents to prevent weight loss or weight gain. The DS stated [NAME] 1 was not leveling off the scoop and giving extra portions of rice and carrots to the residents. The DS stated resident could have unintentional weight gain due to excessive calories and portions and residents who are diabetics (a person who has chronic disease that occurs when body does not produce or use insulin (a hormone that lowers the level of blood sugar) properly, resulting in high sugar levels) could have complications such as high blood sugar from getting extra rice. (continued on next page)

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	12/20/2024

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's policies and procedures (P&P) titled Menu, reviewed on 9/20/2024, the P&P indicated POLICY: Twenty-eight-day cycle menus are prepared by the dietitian and modifications of individual resident menus are made as necessary to comply with physician orders and or resident preferences. The standard menu will ensure nutritional adequacy of all diets, offer variety of food in adequate amounts at each meal, and a standardized production. Procedure: Menus are planned to meet Recommended Daily Allowances of the Food and Nutrition Board, National Research Council, adjusted to age, activity and environment of group involved. Menus are prepared as written using standardized recipes. The Dietary Service Supervisor and cooks are trained and responsible for the preparation and service of therapeutic diet prescribed. During a review of the facility's P&P titled Meal Service, reviewed on 9/20/2024, the P&P indicated Foods are portioned using the proper utensils according to menu spreadsheet. During a review of the facility's Recipe titled Recipe: Cajun Country Rice, dated 2024, the recipe indicated, Portion size 1/3 c (#12 scoop).

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	12/20/2024

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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. 47441 Based on observation, interview and record review, the facility failed to prepare foods in a form designed to meet individual needs when residents on puree diet/level four (4) (food that are soft and pudding-like consistency) received puree spinach that was too sticky and did not fall from the spoon during a spoon tilt test (a method used to determine the stickiness of food and ability of the food to hold together). This deficient practice had the potential to cause coughing, choking (to keep from breathing the normal way) and death for 24 of 168 residents on puree/level 4 diet. Findings: During a review of the facility's daily spreadsheet titled Winter Menus, dated 12/16/2024, the spreadsheet indicated residents on puree/level 4 diet would include the following foods on the tray: Puree fish filled 3 ounces (oz, a unit of measurement) with tarragon sauce (1 oz) on the fish. Puree tartar sauce 1 oz Puree Cajun country rice 3 oz Puree creamed spinach 3oz. Parsley flakes Puree sweet corn 3 oz Puree fruit Bavarian cream 3 oz During an observation on 12/16/2024 at 11:08 a.m. of puree food preparation, staff was using a blender to puree sweet corn and the product looked lumpy. During an observation on 12/16/2024 at 12:13 p.m. of trayline (an area where foods were assembled), the puree spinach looked sticky. (continued on next page)

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	12/20/2024

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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 12/16/2024 at 1:35 p.m. of the puree/level 4 diet test tray (a process of tasting, temping, and evaluating the quality of food) with the Dietary Supervisor (DS) and Registered Dietitian 1 (RD 1), RD 1 stated she was familiar with spoon tilt test but did not use it often. The DS stated they have guidance for the International Dysphagia Diet Standardization Initiative ([IDDSI] a framework for categorizing food textures and drink thickness) diet and puree foods should pass a spoon tilt test. The DS stated the puree food should fall from the spoon and if it did not, the food would be too sticky. The DS stated puree foods are for residents with dysphagia (difficulty swallowing) and the puree spinach did not fall from the spoon during the spoon tilt test. The DS stated the staff might have used too much thickener resulting to sticky puree spinach and it was not okay as residents could choke. The DS stated the flavor and taste could be affected and the product would not be in the right consistency causing residents to complain, reject the food and aspirate from it as a potential outcome. During a review of the facility's policies and procedures (P&P) titled Menu, reviewed on 9/20/2024, the P&P indicated POLICY: Twenty-eight-day cycle menus are prepared by the dietitian and modifications of individual resident menus are made as necessary to comply with physician orders and or resident preferences. Procedure: Menus are planned to meet Recommended Daily Allowances of the Food and Nutrition Board, National Research Council, adjusted to age, activity and environment of group involved. Menus are prepared as written using standardized recipes. The Dietary Service Supervisor and cooks are trained and responsible for the preparation and service of therapeutic diet prescribed. During a review of the facility's Diet Manual titled Regular Puree Diet, reviewed on 9/20/2024, the diet manual indicated The pureed diet is a regular diet that has been designed for residents who have difficulty chewing and swallowing. The texture of the food should be a smooth and moist consistency and able to hold its shape. Foods are prepared in a food processor and blender, with the exception of foods which are normally in a soft and smooth state such as pudding, ice cream, applesauce, mashed potatoes. During a review of the facility's Diet Manual titled IDDSI Transition dated 2024, the Diet Manual indicated The Regular and Puree diets will not include the corresponding IDDSI framework level identifiers, IDSSI Level #7 and IDDSI Level #4, respectively, on spreadsheets and portions of the 2024 Recipe Book #1. Pureed/IDDSI Level 4: This diet and its corresponding recipes have been designed for residents who have difficulty swallowing and or chewing. The texture of the prepared pureed food items included on this diet should be smooth and free of lumps, hold their shape, while not being too firm or sticky, and should not weep. The finished pureed food items, including sauces and gravies, must pass the IDDSI level 4 testing requirements. IDDSI testing requirements: The finished pureed food items must pass IDDSI Level 4 testing requirements (i.e. the fork drip, fork pressure, and spoon tilt tests). During a review of the facility's recipe titled Recipe: Pureed (IDDSI LEVEL 4) Vegetables, dated 2024, the recipe indicated, (5) The finished pureed items should be smooth and free of lumps, hold its shape, while not being too firm or sticky, and should not weep. The finished puree items must pass IDDSI level 4 testing requirements (i.e. the fork drip, fork pressure, and spoon tilt tests). During a review of the IDDSI guideline website titled IDDSI, dated 7/2019, the IDSSI website indicated, Level 4 Pureed is usually eaten with spoon, falls off spoon in a single spoonful when tilted and continues to hold shape on the plate, no lumps, not sticky, and liquid must not separate from solid.

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	12/20/2024

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47441 Based on observation, interview, and record review, the facility failed meet three (3) of 3 sampled resident's (Resident 34, Resident 1, and Resident 20) food preferences when: a. Resident 34 disliked green beans and was given green beans for lunch. b. Resident 1 was restricted lactose (a sugar present in milk) and lactose containing product (yogurt, ice cream, cream, cheese, sour cream, salad dressing) by indicating Resident 1 was allergic (affected with an immune reaction that occurs when the body mistakenly identifies a certain food as harmful, and reaction could lead to various symptoms ranging to mild and life-threatening) to lactose when Resident 1 was not allergic to lactose and liked lactose and lactose-containing product except milk to drink. c. Resident 20 disliked milk products and was given milk shakes for lunch. These deficient practices had the potential to cause frustrations and decrease food intake resulting to unintended (not done on purpose) weight loss. Findings: a. During a review of Resident 34's Admission Record, the Admission Record indicated Resident 34 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including multiple sclerosis (a chronic autoimmune disease that affects the brain and spinal cord), anemia (a condition where the body does not have enough healthy red blood cells) and gastro-esophageal reflux disease ([GERD] a condition in which stomach acid repeatedly flows back up into the tube connecting the mouth and stomach). During a review of Resident 34's Minimum Data Set (MDS - a resident assessment tool) dated 2/21/2024, the MDS indicated Resident 34 was cognitively intact (able to understand and make decisions), and dependent to staff for all assistance when eating. During a review of Resident 34's Physician diet order dated 5/11/2023, Resident 34's diet order indicated regular diet (diet with no restriction), thin consistency, gluten-restricted (a diet that excludes foods that contain gluten, a protein found in wheat, rye, and barley) and lactose-restricted, large portion. During an interview on 12/16/2024 at 3:03 p.m. with Resident 34, Resident 34 stated there was no variety of vegetables and kitchen always send carrots and peas. During an interview on 12/17/2025 at 12:30 p.m. with Resident 34, Resident 34 stated he always received carrots and he got tired of it and did not want to eat it anymore. (continued on next page)

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	12/20/2024

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 12/17/2024 at 12:49 p.m. of Resident 34's tray at bedside and interview with Resident 34, Resident 34 received chicken breast, green beans, and rice. Resident 34's meal ticket indicated residents would have chicken breast, vegetables, brown rice, fruit plate, lemons, 4 ounces (oz, a unit of measurement) juice. Resident 34's meal ticket indicated Resident 34's disliked corn, mashed potatoes, green peas, green beans and milk and milk alternatives. Resident 34 stated he would not eat the beans as he did not like green beans. During an interview on 12/17/2024 at 2:19 p.m. with Registered Dietitian 1 (RD 1), RD 1 stated their process of catering food preferences were as follows: 1. The RD or the Dietary Supervisor (DS) would ask residents about their food preferences upon admission and update food preferences as needed. 2. The RD or the DS would add food likes and dislikes in the system. 3. Food likes and dislikes are printed on the resident's meal tickets. 4. Food dislikes were not to be given on the tray. RD 1 stated Resident 34 disliked green beans and the kitchen staff was aware. RD 1 stated she was not sure why the kitchen staff served Resident 34 green beans. RD 1 stated residents would not eat if they served food they did not like and could cause weight loss. b. During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including type two (2) diabetes (a chronic condition where body does not use insulin (a hormone that lowers the level of blood sugar) effectively or does not produce enough insulin, leading to high blood sugar levels), acute on chronic congestive heart failure (a long-term condition where the heart is unable to pump enough blood to meet the body's needs) and hypothyroidism (a condition where the thyroid gland [a small gland in the front of the neck] is not producing enough thyroid hormones [hormones that regulate growth and energy]). During a review of Resident 1's MDS dated [DATE], the MDS indicated Resident 1 had moderately impaired cognition (a person has significant difficulty with complex tasks and navigating new places) and needed supervision and touching assistance (helper provides verbal cues and/or touching/steadying and /or contact guard assistance as resident completes the activity) when eating. During a review of Resident 1's Physician diet order dated 5/14/2024, Resident 1's diet order indicated consistent carbohydrate diet ([CCHO], diet with the same amount of carbohydrate per meal), regular texture, thin consistency, lactose-free milk with meals. (continued on next page)

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	12/20/2024

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/17/2024 at 12:26 p.m. with Resident 1, Resident 1 stated she was not lactose intolerant (a partial or total inability to digest lactose which may lead in abdominal pain, bloating, diarrhea after consuming milk and other dairy product); however, he did not like milk to drink and tuna on sandwiches. Resident 1 stated she was jealous of other residents receiving other items with dairy and felt she was deprived of other food because her meal ticket indicated she was allergic to lactose, and it was restricting her from getting food with dairy. Resident 1 stated she told the kitchen staff that she was not allergic to lactose, but it was still not fixed. Resident 1 stated she received yogurt and ice cream that day. During a review of Resident 1's undated meal ticket, Resident 1's meal ticket indicated Resident 1's diet order was CCHO, regular texture with lactose listed as a food allergy. During an interview on 12/17/2024 at 2:36 p.m. with Registered Dietitian 2 (RD 2), RD 2 stated he spoke to Resident 1 and Resident 1 was not lactose intolerant or was not allergic to lactose and was okay to get yogurt and cheese. During an interview and record review on 12/18/2024 at 3:01 p.m. with Certified Nursing Assistant 4 (CNA 4), Resident 1's undated meal ticket was reviewed. Resident 1's meal ticket indicated resident was allergic to lactose. CNA 4 stated she took care of Resident 1 and Resident 1 did not like milk to drink but received yogurt on her tray sometimes. CNA 4 stated lactose allergy means resident could not have dairy. CNA 4 stated Resident 1 was not allergic to lactose and just did not want milk to drink. CNA 4 stated she told the kitchen staff about Resident 1 liking egg omelet that contained dairy two (2) months ago and kitchen staff would always give the cheese omelet to her for Resident 1. CNA 4 stated Resident 1 would get upset if she did not get her cheese omelet. During an interview on 12/18/2024 at 4:07 p.m. with RD 1, RD 1 stated when residents did not like their food, they would tell the nurses and the kitchen would offer alternatives. RD 1 stated the kitchen staff needed to verify resident's diet, texture food allergies and food preferences before giving alternate foods to the residents for safety. During an interview on 12/18/2024 at 4:24 p.m. with the Director of Nursing (DON), the DON stated Resident 1 had no known food allergies on 2/26/2024 and on 4/8/2024 staff entered Resident 1 was lactose intolerant. The DON stated lactose intolerant residents should not receive cheese, ice cream, dairy products, milk, and yogurt. The DON stated Resident 1 was not lactose intolerant and milk to drink was meant to be entered as food dislike. The DON stated resident would not enjoy all the options in the menu and it would limit their meal options if lactose was entered as food allergy. The DON stated with limited meal options, residents would be less satisfied resulting to weight loss as a potential outcome. 50961 c. During a review of Resident 20's Admission Record, the Admission Record indicated Resident 20 was admitted on [DATE] with diagnoses that included cerebral palsy (group of neurological conditions that affects ability to move, maintain balance, and posture), dysphagia (difficulty swallowing), and hypothyroidism associated with tiredness, sensitivity to cold. (continued on next page)

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	12/20/2024

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 20's MDS, dated [DATE], the MDS indicated Resident 20's cognitive function (mental processes that enable people to think, understand, make decisions, and complete tasks) was intact. During a review of Resident 20's Care Plan, dated 10/8/2024, the Care Plan indicated Resident 20 has alteration in nutritional status, related to cerebral palsy, hypothyroidism, and anemia. The Care Plan interventions included adherence to food preferences. During a review of Resident 20's Physician diet order dated 10/9/2024, Resident 20's diet order indicated regular texture, thin consistency. During an interview on 12/16/2024 at 10:36 a.m. with Resident 20, Resident 20 stated receiving milkshakes on her meal trays. Resident 20 stated she informed nursing staff many times that she does not like milk or milk alternatives. Resident 20 stated, I am very frustrated with them, I'll eat nothing, I don't like their milkshakes. During a concurrent observation and interview on 12/16/2024 at 1:04 p.m., with Social Services Assistant 1 (SSA) 1, in Resident 20's room, SSA 1 was assisting Resident 20 with meal tray which contained a milk shake. The meal ticket on Resident 20's tray indicated Resident 20 disliked milk shakes (milk alternatives). SSA 1 stated he will notify dietary team to make sure Resident 20 does not get milk or milk alternatives anymore. During an interview on 12/18/2024 at 10:14 a.m., with RD 1, RD 1 stated it was important to follow Resident 20's preferences for meals to prevent the resident's refusal to eat and weight decline. During a review of facility's policy and procedures (P&P) titled Resident Food Preferences, dated 9/20/2024, the P&P indicated, Policy: Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team. Modifications to diet will only be ordered with the resident's or representative's consent. Dietary Service Supervisor (DSS): DSS will meet the resident or representative to go over food preferences, allergies, likes and dislikes upon admission and as needed. DSS will update meal ticket according to resident food preferences, diet order and nourishment. DSS will complete documentation in point click care (PCC). DSS will visit resident periodically to ensure food preferences are being honored. During a review of the facility's P&P titled Menu, reviewed 9/20/2024, the P&P indicated POLICY: Twenty-eight-day cycle menus are prepared by the dietitian and modifications of individual resident menus are made as necessary to comply with physician orders and or resident preferences. The standard menu will ensure nutritional adequacy of all diets, offer variety of food in adequate amounts at each meal, and a standardized production. Procedure: Menus are planned to meet Recommended Daily Allowances of the Food and Nutrition Board, National Research Council, adjusted to age, activity and environment of group involved. Menus are prepared as written using standardized recipes. The Dietary Service Supervisor and cooks are trained and responsible for the preparation and service of therapeutic diet prescribed.

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	12/20/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 47441 Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen when: a. Three (3) of five (5) green racks had chips in the walk-in refrigerator. b. Food preparation surfaces and kitchen equipment were not cleaned and sanitized. 1. Two (2) green racks had dust buildup in the walk-in refrigerator. 2. Walk-in freezer's roof and right-side wall had ice crystal buildup. 3. Bottom shelves of the reach-in refrigerator had dust and dirt debris. 4. Dry storage room floor had food debris. 5. Juice machine filter had dust buildup and racks are sticky and dusty to touch. 6. Scoops and paper drawer had food debris. 7. Ice container had white residue buildup. 8. Coffee machine hot waterspout (a tube or lip projecting from a container, through which liquid can be poured) had dried up mineral water buildup. c. Ten (10) dented cans were stored with non-dented cans. d. Two of two trayline (an area where foods were assembled on the trays) staff's (Dietary Aide 1's [DA 1] and [NAME] 1's) hairs were not fully covered by the hairnet during lunch trayline. These failures had the potential to result in harmful bacteria 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 of 168 of 168 medically compromised residents who received food and ice from the kitchen. Findings: a. During an observation on 12/16/2024 at 8:12 a.m. of the green racks in the walk-in refrigerator, 3 of 5 racks had chips and the paint was coming off. During a concurrent observation and interview on 12/16/2024 at 8:40 a.m. with Registered Dietitian 1 (RD 1), RD 1 stated the racks that had cracks in the walk-in refrigerator was not ideal as it could harbor dirt and bacteria which would result to cross-contamination of residents' food that could lead to foodborne illnesses. (continued on next page)

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	12/20/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of facility's policies and procedures (P&P) titled Sanitizing Equipment and Surfaces, reviewed 9/20/2024, the P&P indicated, Sanitizing solution will be used to sanitize equipment and surfaces after each use or as often as needed. During a review of Food Code 2022, version 1/18/2023, the Food Code 2022 indicated, 4-202.11 Food-Contact Surfaces. (A) Multiuse Food-contact surfaces shall be (1) Smooth (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections. (3) Free of sharp internal angles, corners, and crevices, (4) Finished to have smooth welds and joints. b. 1. During an observation on 12/16/2024 at 8:17 a.m. of the walk-in refrigerator racks, the green racks had dust buildup. During a concurrent observation and interview on 12/16/2024 at 8:40 a.m. of the walk-in refrigerator racks with the Dietary Supervisor (DS) and RD 1, the DS stated it was important to maintain the cleanliness of the refrigerator to prevent infection and cross-contamination that could cause food borne illnesses to residents. RD 1 stated the racks had dust buildup and it was not okay due to cross contamination. 2. During an observation on 12/16/2024 at 8:22 a.m. of the walk-in freezer, the walk-in freezer roof and right-side wall had ice crystal buildup. During a concurrent observation and interview on 12/16/2024 at 8:52 a.m. with the DS, the DS stated there were ice crystal buildup in the walk-in freezer roof and right-side wall. The DS stated they would call the maintenance right away for ice crystals in the freezer for them to check as the freezer could have been left open, system was not functioning well, or the gasket may not be properly sealed. The DS stated the meat could not be stored in the right temperatures causing foodborne illnesses to the residents as a potential outcome. 3. During an observation on 12/16/2024 at 8:32 a.m. of the reach-in freezer, the bottom shelves had dirt and dust buildup. During a concurrent observation and interview on 12/16/2024 at 8:56 a.m. of the reach-in freezer, the DS stated the bottom of the shelf had dirt debris coming from the chipping off the paint of the shelves. The DS stated this was not okay due to physical contamination to the food of the residents causing foodborne illnesses. 4. During an observation on 12/16/2024 at 9:11 a.m. in the dry storage room, there was food and dirt debris on the floor. During a concurrent observation and interview on 12/16/2024 at 9:12 a.m. with the DS, the DS stated there were dry green beans and rice droppings on the floor. The DS stated they cleaned the dry storage room every week and they have a cleaning schedule for it to prevent contamination, infection, and foodborne illnesses to the residents. The DS stated they cleaned spill on the floor right away as it could attract rodents. 5. During an observation and interview on 12/16/2024 at 11:15 a.m. of the juice machine with RD 1, the machine filter was dusty, and the rack surfaces were dirty and sticky to touch. RD 1 stated they clean the juice machine every Tuesday. (continued on next page)

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	12/20/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/16/2024 at 11:35 a.m. with the DS, the DS stated the juice machine filter had dust buildup and it was not acceptable due to cross-contamination. 6. During a concurrent observation and interview on 12/16/2024 at 11:17 a.m. with RD 1, of the drawers where the scoops and paper supplies were stored, the scoop drawer had dirt and food debris. RD 1 stated they must clean the drawer to prevent cross-contamination. 7. During a concurrent observation and interview on 12/16/2024 at 11:28 a.m. of the ice scoop blue container, the blue container had white particle buildup. During a concurrent observation and interview on 12/16/2024 at 11:34 a.m. with the DS, the DS stated there was a lime particle build up coming from the water and it was not acceptable due to cross-contamination. The DS stated the ice scoop container was cleaned yesterday. 8. During a concurrent observation and interview on 12/16/2024 at 11:39 a.m. with the DS, of the coffee machine waterspout, the DS stated there was a lime buildup on the waterspout caused by hard water and it was not good due to cross-contamination. During a review of facility's P&P titled Cleaning Schedule, reviewed on 9/20/2024, the P&P indicated, All areas and equipment in the kitchen should be cleaned daily. The assigned dietary personnel and will deep clean the area equipment assigned for them that day using the dietary cleaning schedule. During a review of the facility's P&P titled Dietary Cleaning Schedule, reviewed on 9/20/2024, the P&P indicated the schedule for cleaning were as follows: Monday: refrigerator shelves, sweep and mop floors in walk-in, ingredient bins throw away left over foods. Tuesday: food preparation area including bottom shelves, and floor corners. Thursday: refrigerator, clean all shelves, dispose all leftovers, wipe down walls and doors. During a review of the facility's P&P titled Ice Machine Cleaning reviewed on 9/20/2024, the P&P indicated, The ice scoop and container will be cleaned and sanitized daily. During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 4-601.11 (A) Equipment Food Contact Surfaces and utensils shall be cleaned: (1) Except as specified in (B) of this section, before use with a different type of raw animal food such as beef, fish, lamb, pork or poultry; (2) Each time there is a change from working with raw foods to working with ready-to-eat food; (3) Between uses with raw fruits and vegetables and with time/temperature control for safety food. (4) Before using or storing a food temperature measuring device, and (5) At the time during the operation when contamination may have occurred. During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated,4-602.13 Nonfood-Contact Surfaces. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. (continued on next page)

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	12/20/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 4-602.12 Cooking and Baking Equipment. (A) The food contact surfaces of cooking and baking equipment shall be cleaned at least every 24 hours. This section does not apply to hot oil cooking and filtering equipment if it is cleaned as specified subparagraph 4-602.11 (D)(6). During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 3-307.11 Miscellaneous Sources of Contamination. Food shall be protected from contamination that may result from a factor or source not specified under Subparts 3-301-3-306. c. During an observation on 12/16/2024 at 9:08 a.m. of the dry storage area, there were four (4) dented cans stored with non-dented cans. During a concurrent observation and interview on 12/16/2024 at 9:15 a.m. with the DS in the dry storage room, the DS stated the dented can section was used to separate dented cans to non-dented cans so the staff would not use the dented cans and return them to the vendor. The DS stated there were 10 dented cans stored with non-dented cans and it was not okay because this were not good for consumption and was potentially hazardous due to botulism (food poisoning cause by a bacterium growing improperly sterilized canned meats and other preserved foods). During a review of facility's P&P titled Storage of Canned and Dry Goods, reviewed on 9/20/2024, the P&P indicated, 10. Canned items should be inspected for damage such as dented, leaking or bulging cans. These items will be stored separately in a designated area- DENTED CANS for return to the vendor or disposed of properly. During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 3-101.11 Safe Unadulterated, and Honestly Presented. Food shall be safe, unadulterated, and, as specified under 3-601. 12, honestly presented. 3-201.11 Compliance with Food Law. A primary line of defense ensuring that food meets the requirements of S3-101.11 is to obtain food from approved sources, the implications of which are discussed below. However, it is also critical to monitor food products to ensure that, after harvesting, processing, they do not fail victim to conditions that endanger their safety, make them adulterated, or compromise their honest presentation. The regulatory community, industry, and consumers should exercise vigilance in controlling the conditions to which foods are subjected and be alert to signs of abuse. FDA considers food in hermetically sealed containers that are swelled or leaking to be adulterated and actionable under the Federal Food, Drug, and Cosmetic Act. Depending on the circumstances, rusted, and pitted or dented cans may also present a serious potential hazard. d. During an observation on 12/16/2024 at 12:49 a.m. two (2) staff in trayline had their hairs not fully covered by hairnets while serving food from the steamtable to resident's plates. During a concurrent observation and interview on 12/16/2024 at 12:50 p.m. of the trayline with the DS, the DS stated DA 1's and [NAME] 1's hairs were sticking out and coming out from the hair net. DS stated the hair should be inside the hair net to prevent physical contamination of hair to food. The DS stated they wanted to avoid hair falling off from food. During a review of facility's P&P titled Sanitation and Infection Control, reviewed on 9/20/2024, the P&P indicated, A hair net or head covering which completely covers all hair should be worn at all times. (continued on next page)

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	12/20/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Food Code 2022, dated 1/18/2023 the Food Code 2022 indicated 2-402 Hair Restraints. 2-402.11 Effectiveness (A) except as provided in (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, and linens, and unwrapped single-service and single use article.

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	12/20/2024

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 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. 38552 Based on interview and record review, the facility failed to follow through their submitted application to the State Agency 1 (SA 1) for the change of medical director to comply with the State and Federal requirement for 12 months of 12 months (12/20/2023 to 12/20/2024). This deficient practice had the potential to result in delay in the medical director's ability to implement necessary changes or improvements in care practices, negatively affecting the quality-of-care residents receive. Findings: During an interview on 12/18/2024 at 11:12 a.m., with the Administrator (ADM), the ADM stated the medical director application was sent to SA 1 last 3/2023. The ADM stated she will provide a copy. The ADM stated they just found the copy last night. During a concurrent interview and review of the facility's mail receipt information, on 12/18/2024 at 11:35 a.m. , the ADM stated the original application was last sent on 6/30/2022 and was delivered to SA 1 on 7/7/2022. The ADM stated the facility mailed the revised application on 3/20/2023. The ADM stated she assumed the position on 3/21/2024. The ADM stated their corporate does the checking on their licensed and what needs to be submitted. The ADM stated she did not check their facility's license to see if they have an active medical director because their corporate notifies her. The ADM stated she should have checked their facility's license and who their current medical director and resubmitted the correction to SA 1. During a concurrent interview and review of SA 1's letter to the facility, dated 1/9/2023, on 12/19/2024 at 11:24 a.m., with the ADM, the ADM stated the letter indicated that SA 1 received the facility's application packet on 7/7/2022 and determined that it was not in compliance. The ADM stated the letter further indicated that it was unable to complete the review of this application packet due to missing, need clarifications, or need corrections. During further concurrent interview and review of the SA 1's letter to the facility, dated 3/1/2023, on 12/19/2023 at 11:30 a.m., with the ADM, the ADM stated letter indicated SA 1 informing them that the deficiencies listed on the 30-Day Correction letter sent on 1/9/2023 were not corrected and that the SA 1 determined their facility's application for the change of medical application was not in compliance with state licensure and/or federal certification requirements. During further interview on 12/20/2024 at 4:03 p.m., the ADM stated she does not have the proof of mailing of when the correction was resubmitted on 3/2023. The ADM stated the purpose of ensuring that there is a medical director in the facility's license is to show that the medical director has sole responsibility in overseeing the physician and clinical services of their building. The ADM stated she does not know what the potential is for not having this information reflected on their license because they have a physician agreement signed by Medical Director. (continued on next page)

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	12/20/2024

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 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the ADM's job description, dated 3/21/2024, the job description indicated the essential duties and responsibilities of the administrator including assuring compliance with Federal, State, and local regulations pertaining to the facility. During a review of the facility's policy and procedure (P&P) titled, Medical Director, last reviewed 9/20/2024, the P&P indicated that physician services are under the general supervision of the medical director. The P&P indicated the medical director functions include assuring that physician services comply with current rules, regulations, and guidelines concerning long-term care. 43988

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	12/20/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43988 Based on observation, interview, and record review, the facility failed to implement and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections by: 1. Failing to ensure the oxygen (O2) nasal cannula (NC) tubing (a small plastic tube, which fits into the person's nostrils for providing supplemental oxygen) was kept off the floor for one (1) of 1 sampled resident (Resident 159) investigated during a random observation. 2. Failing to ensure the staff washed or sanitized their hands prior to distributing trays and assisting residents to eat in the Dining Room Area for Station 2 and failed to offer hand hygiene to the residents prior to eating during Dining Observation Task. 3. Failing to ensure the water temperature in the building especially the areas where the identified water stagnation happens were above 113 degrees Fahrenheit (F, a scale for measuring temperature), to prevent growth of Legionella (a type of bacteria that can cause Legionnaire's disease, a type of pneumonia [an infection of the air sacs in one or both the lungs]) in the water system during Infection Control Task. 4. Failing to ensure the sit-to-stand machine sling (a device that helps people with limited mobility move from seated to standing position) was only for single resident use during Infection Control Task. 5. Failing to ensure Certified Nursing Assistant 1 (CNA 1) performed hand hygiene between providing feeding assistance to two of 16 sampled residents (Resident 155 and 13) observed during the Dining Observation task. 6. Failing to ensure Licensed Vocational Nurse 1 (LVN 1) implemented Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce transmission of multidrug-resistant organisms [MDRO, microorganisms, mainly bacteria, that are resistant to one or more classes of antibiotics] that uses targeted gown and glove use during high contact resident care activities) while administering an enteral feeding (EF or tube feeding, a form of nutrition that is delivered into the digestive system as a liquid) for a resident with a gastrostomy tube (G-tube/GT - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) for one of three sampled residents (Resident 84) reviewed under the Nutrition care area. These deficient practices placed the residents at risk for acquiring infection. Findings: (continued on next page)

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	12/20/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. During a review of Resident 159's Admission Record, the Admission Record indicated the facility originally admitted Resident 159 on 7/4/2024 and readmitted the resident on 12/10/2024, with diagnoses including asthma (a long term condition of the airways causing swelling, and narrowing of the airways making it difficult to breath), end stage renal disease (ESRD - a condition that occurs when the kidneys have completely stopped working and can no longer filter waste from the blood, and generalized muscle weakness. During a review of Resident 159's Minimum Data Set (MDS - a resident assessment tool) dated 10/31/2024, the MDS indicated Resident 159 had moderately impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). During a review of Resident 159's History and Physical (H&P) dated 12/16/2024, the H&P indicated Resident 159 had the capacity to understand and make decisions. During a review of Resident 159's Order Summary Report, the Order Summary Report indicated the physician's order dated 12/11/2024 to administer O2 at two (2) liter per minute (L/min - a unit of measurement) via NC, may titrate (adjust the oxygen level to achieve the desired effect) up to five (5) L/min for O2 saturation less than 90 percent (% - a unit of measurement) every shift for acute respiratory failure with hypoxia (a condition that occurs suddenly when the lungs cannot release enough oxygen into the blood to function properly). During an observation on 12/17/2024 at 12:45 p.m. inside Resident 159's room, observed Resident 159 lying on bed on the lowest position with O2 inhalation at 2 L/min via NC with the tubing touching the floor. During a concurrent observation and interview on 12/17/2024 at 12:50 p.m., inside Resident 159's room with Licensed Vocational Nurse 8 (LVN 8), LVN 8 verified Resident 159 had O2 inhalation at 2 L/min via NC and the O2 tubing was touching the floor. LVN 8 stated when a resident's bed was placed at a low position, any extra tubing that had the potential to touch the floor while in use should be placed inside the plastic storage bag that was provided. LVN 8 stated the NC tubing should have been placed inside the plastic bag provided and not touching the floor. LVN 8 stated the floor was contaminated and placed Resident 159 at risk for acquiring infection due to the contaminated NC tubing. During an interview on 12/19/2024 at 10:06 a.m. with the Assistant Director of Nursing (ADON), the ADON stated if a resident was on O2 therapy and the bed was placed at a low position, the NC tubing should be placed inside the plastic bag provided to prevent the tubing from touching the floor and get contaminated. The ADON stated she was made aware of the NC tubing that was touching the floor. The ADON stated the staff should have ensured Resident 159's NC tubing was not touching the floor by placing the extra tubing inside the plastic bag provided. The ADON stated the NC tubing was already contaminated and placed Resident 159 at risk for acquiring infection. During a review of the facility's policy and procedures (P&P) titled, Oxygen Administration, last reviewed on 9/20/2024, the P&P indicated the oxygen tubing should be used in a manner that prevents it from touching the floor. (continued on next page)

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	12/20/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's P&P titled, Infection Control, last reviewed on 9/20/2024, the P&P indicated the facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. 44376 b. During an observation on 12/16/2024, at 12:27 p.m., observed the food trolley rolled in the Station 2 Dining Room. The staff immediately took the tray out of the trolley to serve to the residents in the Dining Room and the staff also did not offer the residents to sanitize their hands or wash the residents' hands on the sink in the Dining Room. During an interview on 12/16/2024, at 12:34 p.m., with Licensed Vocational Nurse 6 (LVN 6), inside the Station 2 Dining Room, LVN 6 confirmed and stated she was in charge of the distribution of the food trays, and she did not see the staff sanitize or wash their hands prior to serving and assisting the residents to eat in the Dining Room. LVN 6 also confirmed and stated that she did not see the staff offer to sanitize or wash the hands of the residents prior to eating. LVN 6 stated it was important to have the staff wash their hands prior to assisting with feeding and residents to wash their hands prior to eating to prevent food-borne illnesses (an illness that comes from eating contaminated food). During an interview on 12/19/2024, at 3:04 p.m., with the Director of Nursing (DON), the DON stated the staff should have sanitized or washed their hands prior to assisting the residents to eat in the Station 2 Dining Room and offered the residents to wash or sanitize their hands before eating to reduce the risk of spreading germs to the residents. During a review of the facility's recent P&P titled Hand Washing, last reviewed on 9/20/2024, the P&P indicated hand washing must also be performed as follows: -Before and after direct care of individual patients. -Before and after eating. During a review of the facility's recent P&P titled Standard Precautions, last reviewed on 9/20/2024, the P&P indicated hand hygiene is performed with alcohol-based hand rub (ABHR, is the preferred method to use when the hands are not visibly soiled) or soap and water: (1) before and after contact with the resident. Hands are washed with soap and water: (6) before eating and after using the restroom. c. During an interview on 12/19/2024, at 12:12 p.m., with the Maintenance Supervisor (MS), the MS stated he was in-charge of the facility's Water Maintenance Program. The MS stated he does not know how frequent they are meeting for the program and what guidelines they were implementing to reduce the risk of Legionella in the facility. The MS stated the Infection Preventionist (IP) should know, and he will call the IP. (continued on next page)

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	12/20/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 12/19/2024, at 12:13 p.m., with the IP, reviewed the facility's Water Management Program Binder. The IP stated the committee meets every six (6) months and the committee comprises the Administrator (ADM), DON, ADON, Director of Staff Development (DSD), IP, and the Maintenance Supervisor. The IP stated they were following the Centers for Disease Control and Prevention (CDC, a US federal government agency) guidelines to prevent the growth of Legionella in their facility. The IP stated they keep the temperature of the water in the facility assessed areas of water stagnation above 113 degrees F. During a concurrent interview and record review on 12/19/2024, at 12:15 p.m., with the IP and the MS, reviewed the Water Temperature Log of the facility for 12/2024 and recorded as follows: Room B 12/2/2024 113 degrees F Room C 12/9/2024 112 degrees F Room C 12/9/2024 112 degrees F Room E 12/9/2024 112 degrees F Room F 12/10/2024 113 degrees F Room G 12/11/2024 113 degrees F Room H 12/12/2024 113 degrees F Room I 12/12/2024 113 degrees F Room J 12/12/2024 113 degrees F Room E 12/17/2024 113 degrees F Room J 12/17/2024 112 degrees F Room K 12/18/2024 113 degrees F Room L 12/18/2024 113 degrees F Room M 12/18/2024 112 degrees F Room J 12/28/2024 112 degrees F Room N 12/28/2024 111 degrees F Room F 12/19/2024 110 degrees F Room O 12/19/2024 109 degrees F Room N 12/19/2024 112 degrees F (continued on next page)

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	12/20/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The IP and the MS confirmed the dates where the water temperature on the areas being monitored were 113 degrees F and lower for 12/2024. The IP and the MS both stated it was important to keep the temperature of the water above 113 degrees F to prevent the development of Legionella in the facility water system that can cause the residents to get sick. During a review of the facility-provided Toolkit: Developing a Legionella Water Management Program, dated 3/15/2024, the toolkit indicated factors internal to buildings that can lead to Legionella growth: -Water temperature fluctuations. Provide conditions where Legionella grow best (77 degrees F -113 degrees F); Legionella can still grow outside this range. d. During a concurrent observation and interview on 12/19/2024, at 9:42 a.m., with Certified Nursing Assistant 12 (CNA 12), observed a blue sit-to-stand sling hanging on top of the machine with brown stains and dust on them. CNA 12 stated the slings were laundered daily and she uses the slings on multiple residents mostly to bring the residents to the bathroom. Observed CNA 12 wheel the sit to stand machine to transfer a resident to the bathroom without wiping the slings with an antiseptic wipe. During an interview on 12/20/2024, at 9:27 a.m., with the IP, the IP stated the sit-to-stand sling should be wiped before and after patient use to prevent spread of infection. During a review of the facility-provided instruction for use of Sit-to-Stand Sling 1 (SSS 1) Active Slings, undated, the instruction indicated all SSS 1 active slings, except the disposable slings, should be cleaned when it is soiled or stained and between patients. 44244 e.1. During a review of Resident 155's Admission Record, the Admission Record indicated the facility admitted the resident on 4/4/2024 with diagnoses that included unspecified dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), major depressive disorder (persistent feelings of sadness and loss of interest that can interfere with daily living), and altered mental status. During a review of Resident 155's H&P dated 10/9/2024, the H&P indicated the resident had fluctuating capacity to understand and make decisions. During a review of Resident 155's MDS, dated [DATE], the MDS indicated the resident sometimes was able to understand others and sometimes was able to make herself understood. e.2. During a review of Resident 13's Admission Record, the Admission Record indicated the facility admitted the resident on 8/26/2024 with diagnoses that included Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 13's H&P dated 8/28/2024, the H&P indicated the resident did not have the capacity to understand and make decisions. (continued on next page)

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	12/20/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 13's MDS, dated [DATE], the MDS indicated the resident sometimes was able to understand others and sometimes was able to make herself understood. During a dining observation on 12/16/2024 12:24 p.m., observed Resident 155 and Resident 13 sitting at a shared table in the dining room. Observed CNA 1 pull up a chair and sat between Resident 155 and 13. Observed CNA 1 pickup Resident 13's spoon and assisted the resident with feeding. Observed CNA 1 then put down Resident 13's spoon, pick up Resident 155's spoon, and assisted the resident with feeding. CNA 1 continued to alternate between feeding both residents simultaneously until the completion of the meals. Observed CNA 1 did not perform hand hygiene between providing feeding assistance to the two residents. During a follow-up interview on 12/16/2024 at 12:50 p.m., CNA 1 stated she sat and assisted Resident 155 and 13 with feeding at the same time. CNA 1 stated she did not use antibacterial hand rub (ABHR, a method of hand sanitization) between feeding the residents. CNA 1 stated she did not know she should perform hand hygiene between providing feeding assistance to the two residents. During an interview on 12/18/2024 at 10:53 a.m., with the DSD, the DSD stated CNAs are provided in-services regarding providing feeding assistance to residents. The DSD stated the CNA should sanitize their hands between assisting residents. The DSD stated hand hygiene prevents any type of bacteria from spreading between residents and resulting in resident infections. The DSD stated CNA 1 was one of the team leads and knows she should use ABHR between assisting residents with feeding. During a concurrent interview and record review on 12/18/2024 at 10:53 a.m., with the DON, the DON reviewed the facility P&P regarding infection prevention and hand washing. The DON stated handwashing should be done before and after providing care to one resident. The DON stated the importance of performing hand hygiene was to reduce the risk of spreading germs between residents potentially resulting in infection. The DON stated CNA 1 did not follow the facility P&P for hand washing when she (CNA 1) provided feeding assistance to residents and did not perform hand hygiene between residents. During a review of the facility P&P titled, Infection Prevention, last reviewed 9/20/2024, the P&P indicated the facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections. The policies and practices apply equally to all. All personnel will be trained on the infection control policies and practices upon hire and periodically thereafter. The depth of employee training shall be appropriate to the degree of direct resident contact and job responsibilities. During a review of the facility P&P titled, Handwashing/Hand Hygiene, last reviewed 9/20/2024, the P&P indicated the facility considers hand hygiene the primary means to prevent spread of infections. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare associated infections. Hand hygiene products and supplies shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies. Use an alcohol-based hand rub containing at least 70 percent (a unit of measurement) alcohol; or alternatively, soap and water before and after direct contact with residents, and before and after assisting a resident with meals. (continued on next page)

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	12/20/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	f. During a review of Resident 84's Admission Record, the Admission Record indicated the facility admitted the resident on 6/3/2024 and readmitted the resident on 6/6/2024 with diagnoses that included metabolic encephalopathy (an alteration in consciousness due to brain dysfunction), dementia (a progressive state of decline in mental abilities), and gastrostomy. During a review of Resident 84's History and Physical dated 6/8/2024, the History and Physical indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 84's MDS, dated [DATE], the MDS indicated the resident rarely/never was able to understand others and rarely/never was able to make herself understood. The MDS further indicated the resident was dependent on staff for eating, oral and personal hygiene, toileting, bathing, and dressing. During a review of Resident 84's Order Summary Report, dated 11/26/2024, the Order Summary Report indicated EBP due to G-tube, physician order dated 10/15/2024. During a review of Resident 84's CP titled, Enhanced Barrier Precautions, High risk for infection, feeding tubes . initiated 10/4/2024, the CP indicated a goal to reduce the risk for active infection. The CP indicated to post signage for EBPs and provide EBP precautions including gown and gloves. During an EF observation for Resident 84 on 12/17/2024 at 12:36 p.m., observed LVN 1 inside Resident 84's room with a new EF bag and water flush bag. Observed an EBP sign posted on the wall at Resident 84's head of the bed. Observed LVN 1 pulled back Resident 84's blanket and accessed the G-tube. Observed LVN 1 remove the used EF tubing connected to the resident G-tube. Observed LVN 1 connected the new EF tubing to the EF pump and then connected the tubing to Resident 84's G-tube. LVN 1 started the EF and exited the room. Observed LVN 1 did not wear a gown while administering Resident 84's EF. During a follow-up interview on 12/17/2024 at 12:45 p.m. with LVN 1, LVN 1 stated Resident 84 had a G-tube and EBP should be used during administering an EF. LVN 1 stated she did not dond (put on) a gown while administering Resident 84's EF, but she should have. LVN 1 stated EBP prevent the transmission of bacteria from the staff's clothing to the resident. LVN 1 stated it was important to prevent the transmission of bacteria to the resident because bacteria can cause an infection at the G-tube. During a concurrent interview and record review on 12/18/2024 with the DON, the DON reviewed the facility P&P regarding EBP and infection control. The DON stated residents with G-tubes are at increased risk of infection because they have an opening leading to the inside of their bodies. The DON stated EBP signs are posted behind resident beds on the wall to alert staff that the resident requires EBP with high contact care. The DON stated when LVN 1 did not don a gown while administering an EF, the facility P&P for EBP was not followed. During a review of the facility P&P titled, Personal Protective Equipment - Using Gowns, last reviewed 9/20/2024, the P&P indicated the objective of the policy was to prevent the spread of infections. When use of a gown is indicated, all personnel must put on the gown before treating or touching the resident. (continued on next page)

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	12/20/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility P&P titled, Enhanced Barrier (Standard) Precautions, last reviewed 9/20/2024, the P&P indicated EBP are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents. EBP are used as an infection prevention and control intervention that employs targeted gown and glove use during high contact resident care activities. Gloves and gown are applied prior to performing the high contact resident care activity. Examples of high contact resident care activities requiring the use of gown and gloves for EBPs include device use (feeding tube). EBPs are indicated for residents with indwelling medical devices regardless of MDRO colonization. EBPs remain in place for the duration of the resident's stay or until discontinuation of the indwelling medical device that places them at increased risk. Staff are trained prior to caring for residents on EBPs. Signs are posted in the door or wall and head of bed indicating the type of precautions and PPE required.

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	12/20/2024

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 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. 44244 Based on observation, interview, and record review, the facility failed to provide at least 80 square feet (sq ft - unit of measurement) per resident in 41 of 72 rooms. The room size for these rooms had the potential to have inadequate space for resident care and mobility. Findings: During observations from 12/16/2024 to 12/20/2024, observed a sufficient amount of space for residents to move freely inside the rooms with an application for room variance. There was adequate room for the operation and use of wheelchairs, walkers, or canes. The room variance did not affect the care and services provided by nursing staff for the residents. During a review of the facility Room Waiver Request Letter for 41 resident rooms submitted by the Administrator, dated 12/16/2024, the letter indicated that these rooms did not meet the 80 sq ft per resident requirement per federal regulation. The room waiver request indicated the following: Room# Square Footage (sq ft) Bed Capacity Sq Ft per Resident 101 209 3 69.7 103 209 3 69.7 105 209 3 69.7 106 209 3 69.7 116 294 4 73.5 119 154 2 77 120 154 2 77 121 209 3 69.7 122 209 3 69.7 123 209 3 69.7 125 209 3 69.7 126 209 3 69.7 (continued on next page)

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	12/20/2024

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 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	128 209 3 69.7 130 154 3 51.3 131 209 3 69.7 133 209 3 69.7 135 209 3 69.7 201 220 3 73.3 202 220 3 73.3 203 220 3 73.3 204 220 3 73.3 205 220 3 73.3 208 220 3 73.3 209 220 3 73.3 210 220 3 73.3 211 220 3 73.3 214 220 3 73.3 216 220 3 73.3 217 220 3 73.3 218 220 3 73.3 219 154 2 77 220 220 3 73.3 221 154 2 77 222 220 3 73.3 224 220 3 73.3 225 220 3 73.3 (continued on next page)

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	12/20/2024

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 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	228 220 3 73.3 229 220 3 73.3 230 220 3 73.3 231 209 3 69.7 232 154 2 77 The minimum requirement for a 2-bed room should be at least 160 sq ft. The minimum requirement for a 3-bed room should be at least 240 sq ft. The letter further indicated, The space provided in these multiple resident rooms is sufficient to provide access and freedom of movement, does not have adverse effects on the residents' health and safety, and does not impede the ability of the residents in those rooms from reaching his/her highest practicable well-being. During an interview on 12/16/2024 at 9:55 a.m., with Resident 122 in a room measuring 73.3 sq ft per person, the resident stated she did not have an issue with the size of the room. The resident stated there was enough space for the nurses to provide care. During an interview on 12/16/2024 at 1:45 p.m., with Certified Nursing Assistant 3 (CNA 3) standing inside a room measuring 73.3 sq ft per person, CNA 3 stated there was enough space to provide good care to residents. CNA 3 stated she had not heard any complaints by staff or residents regarding the size of any rooms in the facility. During an interview on 12/18/2024 at 11:06 a.m., with the Director of Nursing (DON), the DON stated the facility does have a room waiver, but there is adequate space in all the facility rooms to provide adequate care to residents. The DON stated she was not aware of any staff or resident complaints regarding the size of any of the facility rooms. During a review of the facility policy and procedures titled, Bedrooms, last reviewed on 9/20/2024, the policy and procedures indicated all residents are provided with clean, comfortable, and safe bedrooms that meet federal and state requirements. Bedrooms measure at least 80 square feet of space per resident in double rooms, and at least 100 square feet of space in single rooms. Individual variations on this may be permitted by federal authorities if it is demonstrated that the variation is in accordance with special needs of the resident and will not adversely affect the resident's health and safety.