

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2026
NAME OF PROVIDER OR SUPPLIER Burlington Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 845 S.Burlington Avenue Los Angeles, CA 90057	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to make reasonable efforts to accommodate and timely respond to one of five sampled residents (Resident 1), request for a room change and failed to document Resident 1's request and the facility's actions in the medical record, in accordance with facility policy. This failure resulted in Resident 1 remaining in an environment that increased her anxiety due to disruptive behaviors exhibited by neighboring residents. During a review of Resident 1's admission Record, dated 7/28/2026, indicated Resident 1 was initially admitted to the facility on [DATE], and readmitted on [DATE] with diagnosis of metabolic encephalopathy (brain dysfunction caused by diseases or toxins in the body). During a review of Resident 1's Minimum Data Set (MDS- resident assessment tool) dated 5/18/2026, indicated Resident 1 had severely impaired cognition (ability to think, remember and reason) for daily decision making. The MDS indicated Resident 1 required supervision (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) for eating, maximal assistance (Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) for oral hygiene, and was dependent (Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) on staff for toileting, showering, upper and lower body dressing, putting on taking off footwear, personal hygiene, roll left and right, sit to lying, lying to sitting on side of bed, sit to stand, and chair to bed transfers. During an observation on 7/28/2026 at 11 AM, in Resident 1's room, Resident 1 was observed laying down in her bed, with head of bed elevated. Resident 1 was unable to provide details about her current living situation, and stated she spoke Spanish. Resident 1 was not interview able at the time of the survey. During a phone interview on 7/28/2026 at 12 PM with Resident 1's Family Member 1 (FM1), FM1 stated he had requested a room change for Resident 1 more than one week earlier because her roommate frequently yelled and another resident across the room also yelled, causing Resident 1 significant anxiety (Persistent feeling of dread or panic that can interfere with daily life). FM1 stated staff was aware of the residents who yell frequently, and he notified Social Services Director (SSD) about a room change request, but was told that no rooms were available, and no other efforts on behalf of the staff were made to accommodate Resident 1's request. During a review of the facility's daily census dated 7/28/2026, the census indicated the facility had two vacant female beds available on 7/28/2026. During an interview on 7/28/2026 at 11:52 AM with Licensed Vocational Nurse 1 (LVN1), LVN1 stated that Resident 2 had a history of depression, and she frequently yelled and cried because she was upset her family does not visit her. The LVN 1 stated when Resident 2 yells, it triggers Resident 1's roommate to start screaming as well. During an (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interview on 7/28/2026 at 12:06 PM with the SSD, the SSD acknowledged Resident 1 had requested a room change about two weeks ago, confirmed that rooms were available on 7/28/2026, and admitted the request and any follow-up actions had not been documented in the resident's medical record. The SSD stated that Resident 1's requested room change had not been completed because she was waiting for a room to become available with a Spanish-speaking roommate. The SSD acknowledged Resident 1's current roommate primarily spoke Korean, and that a shared language had not been a factor in determining Resident 1's current room assignment. The SSD acknowledged Resident 1 had severely impaired cognition and that she had failed to document the reason for delaying the requested room change, as well as failed to meet Resident 1's request in a timely manner, and had not offered Resident 1 any of the available rooms at the time of the survey. During an interview on 7/28/2026 at 12:44 PM with the Administrator, he verified that he was not aware of the situation with Resident 1, but accommodations for resident requests and staff documentation should be provided by staff as best possible. The Administrator stated if staff have issues doing so, this should be communicated to the DON and or himself. During an interview on 7/28/2026 at 1:14 PM with the Director of Nursing (DON), the DON stated she was unaware of Resident 1's room change request, and stated when a resident requests a room change, the request is communicated to the Administrator and or the DON. The DON stated that an interdisciplinary team (IDT) meeting is held to discuss the request and that the facility strives to accommodate resident's needs and complete room changes as soon as possible, when feasible. Any refusals or requests should be documented in progress notes to ensure staff is well aware of the resident's requests and that requests are followed up by staff. Failure to do so placed residents at risk for unmet needs. During a review of the facility's policy and procedures titled Room Change/Roommate Assignment dated 3/2021, indicated changes in room or roommate assignment are made when the facility deems it necessary or when the resident request the change. Resident preferences are taken into account, residents have the right to share a room with their roommate of choice, and documentation of a room change is recorded in the resident's medical record. Inquiries concerning room changes should be referred to the administrator.		