

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555690	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Alameda Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 925 W. Alameda Ave. Burbank, CA 91506	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interview and record review, the facility failed to respect the rights and dignity for one of three sampled residents, Resident 1. During lunch, a facility staff was witnessed yelling at Resident 1. This deficient practice prevents the facility ' s residents who are dependent on staff from maintaining and/or enhancing their mental health and social interactions.</p> <p>Findings:</p> <p>A review of Resident 1 ' s admission Record indicated an admission date of 2/8/2023 with the following diagnoses of unspecified dementia (a decline in memory, thinking, and language skills), schizoaffective disorder bipolar type (encountering hallucinations and delusions alongside mood changes of extreme highs and lows), and other specified persistent mood disorders.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS- a resident screening tool) dated 5/9/2025 indicated Resident 1 was severely impaired with thought process and judgement.</p> <p>During an interview on 6/11/2025 at 2:08 p.m. with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated on 5/25/2025, approximately during lunch time as 12 p.m. to 1 p.m., lunch trays are being served, Resident 1 started getting aggressive towards Certified Nursing Assistant 2 (CNA 2). CNA 1 indicated witnessing Resident 1 throw a spoon towards CNA 2, and CNA 2 throwing the spoon back towards the direction of Resident 1. CNA 1 indicated never hearing CNA 2 curse back at Resident 1. CNA 1 stated, The only thing I noticed was the CNA (CNA 2) raising her voice back at the resident. CNA 1 also stated, The CNA (CNA 2) failed to provide a dignified existence to the resident (Resident 1) when she raised her voice back at the resident and when she threw the spoon back towards the resident.</p> <p>A record review of the facility provided Policy and Procedure titled Dignity with the last revised date of 2/2021 indicated Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. The policy also indicated the following;</p> <ol style="list-style-type: none"> 1. Residents are treated with dignity and respect at all times. 2. The facility culture supports dignity and respect for residents by honoring resident goals, choices, preferences, values and beliefs. This begins with the initial admission and continues throughout the resident ' s facility stay. 3. Individual needs and preferences of the resident are identified through assessment process. <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. Residents may exercise their rights without interference, coercion, discrimination or reprisal from any person or entity associated with this facility.</p> <p>13. Staff are expected to treat cognitively impaired residents with dignity and sensitivity; for example:</p> <ul style="list-style-type: none"> a. addressing the underlying motives or root causes for behavior; and b. not challenging or contradicting the resident ' s beliefs or statements.